

NHS Superannuation Scheme (Scotland) (NHSSS(S))

APPLICATION FOR RE-INSTatement OF WIDOW/ERS PENSION

When this form has been completed by the Applicant it should be attested by a duly qualified person and returned to the Scottish Public Pensions Agency

COMPLETION OF THIS FORM DOES NOT GUARANTEE ENTITLEMENT TO BENEFITS
THIS WILL BE CHECKED UPON RECEIPT

SECTION 1 - DECEASED MEMBER'S PERSONAL DETAILS

Scheme reference number

Surname

Forename(s)

Title Dr Mr Mrs Miss Ms Other

National Insurance number

Date of birth / /

Date of death / /

SECTION 2 - APPLICANTS DETAILS

Surname

Forename(s)

Title Dr Mr Mrs Miss Ms Other

National Insurance number

Date of birth / /

Contact address	<input type="text"/>	
	<input type="text"/>	
	Post code	<input type="text"/>
Telephone number	<input type="text"/>	
Mobile number	<input type="text"/>	
Email address	<input type="text"/>	
Date of marriage to deceased	<input type="text"/>	<input type="text"/>
Date of marriage/cohabiting to present spouse/cohabitee	<input type="text"/>	<input type="text"/>
No. of dependents in household	<input type="text"/>	

SECTION 3 - STATEMENT OF JOINT HUSBAND/WIFE INCOME

Please detail the total monthly income

	(a) Before marriage/cohabitation	(b) After marriage/cohabitation
Wages	£ <input type="text"/>	£ <input type="text"/>
Pension	£ <input type="text"/>	£ <input type="text"/>
DSS Benefits	£ <input type="text"/>	£ <input type="text"/>
Please state details of "other income" entries. (please include additional sheet if required)		
	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>

SECTION 4 - DECLARATION

I declare that I am the widow/er and I apply for the reinstatement of a widow/er's pension under the National Health Service Superannuation Scheme (Scotland) Regulations 1995. The statements made by me on this form are true to the best of my knowledge and belief.

Signed

Date

 / /

SECTION 5 - WITNESS DECLARATION

To be signed by a responsible person who knows the applicant although is not related. I declare that the above names signed this form in my presence today.

Witness full name

Signed

Date

 / /

Address

Post code

Occupation

Please complete and return to: Scottish Public Pensions Agency,
 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE