

### TEACHERS PENSION SCHEMES SCOTLAND APPLICATION FOR DEATH IN SERVICE TO BE COMPLETED BY EMPLOYERS

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

This form should be completed in BLOCK CAPITALS and sent to the Scottish Public Pensions Agency (SPPA) as soon as possible following the death of a serving teacher.

At the same time, form TEACH: DTH APP must be sent to the deceased's spouse, civil partner, partner or the legal personal representative for completion.

Any amendments arising after submission of this form to SPPA should be notified IMMEDIATELY.

Leaver form STPS02 should be sent to SPPA as soon as possible.

SECTION 1 - DECEASED	SECTION 1 - DECEASED MEMBER'S PERSONAL DETAILS									
Scheme reference number										
Surname										
Forename(s)										
Title	Dr Mr Mrs Miss Ms Other									
National Insurance number	r									
Marital status (i.e. single, married, widowed,										
divorced, civil partner) Date of birth										
Date of death										

### SECTION 2 – DETAILS OF THE DECEASED'S SPOUSE, CIVIL/NOMINATED PARTNER OR LEGAL PERSONAL REPRESENTATIVE

Surname

Forename(s)



SCOTTISH PUBLIC PENSIONS AGENCY

Title	Dr Mr Mrs Miss Ms Other
National Insurance number	
Date of birth	
Contact address	
	Post code
Telephone number	
Mobile number	
Email address	
Relationship to deceased Spouse	Nominated partner
Civil partner	Legal Personal representative

SECTION 3 – DETAILS OF APPLICABLE SHOR	SECTION 3 – DETAILS OF APPLICABLE SHORT TERM PENSION									
Short term pension payable by the employer in ac	cordance with the Tea	achers Pension Schemes								
Is the employing authority paying any short term pension? Yes No										
If yes, please indicate to whom the short term pen	sion is being paid									
Widow(er), Civil Partner or Partner										
Widow(er), Civil Partner or Partner with one child										
Widow(er), Civil Partner or Partner with 2 or more	children									
Only one Child										
2 or more children										
Monthly rate of short-term £	Payment cessation date									

# SECTION 3A – DECEASED'S PENSIONABLE SALARY DETAILS IF FULL TIME (STSS Only)

### Information supplied must be in 365 days format Period used for return date needs to be for the financial year preceding date of death

		Retur	n date	9		Salary rate	Number of days worked	
D	ay	Mc	Month Year		ear	Salary Tale	Number of days worked	
3	1	0	3					

To date of leaving

	Leaving Dat	е	Salary rate	Number of days worked		
Day	Month	Year	Salary Tale			

### Salary increases and unpaid leave

	Start date End date							End	date			Number of days	Annual rate of	Reason
D	ay	Мо	onth	Ye	ear	Da	ay	Мо	nth	Ye	ear	worked	Salary	Reason

To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer	
Name (BLOCK CAPITALS)	
Telephone number	
Email address	
Signed	
Date	



SCOTTISH PUBLIC PENSIONS AGENCY

## SECTION 3B – DECEASED'S PENSIONABLE SALARY DETAILS IF PART TIME (STSS Only)

Information supplied must be in 1365 hours format

Period used for return date needs to be for the year preceding date of death

		Retur	n date	e			Number of	Full time equivalent hours
Day		Мс	onth	Ye	ear	Salary rate	hours worked	e.g 1365 or 1820
3	1	0	3					

#### To date of leaving

Г

		Leavin	ig Dat	е		O al a munato	Number of	Full time equivalent hours		
D	Day		Month		Ionth Year		ear	Salary rate	hours worked	e.g 1365 or 1820

#### Salary increases and unpaid leave

		Start	date	Э				End	date			Number of hours	Annual rate of salary	Reason
D	ay	Мо	nth	Ye	ear	Da	ay	Мо	nth	Ye	ear	worked		

To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer	
Name (BLOCK CAPITALS)	
Telephone number	
Email address	
Signed	
Date	

٦



### SECTION 3C - DECEASED'S PENSIONABLE SALARY DETAILS IF SUPPLY (STSS Only)

Information supplied must be in 1365 hours format Period used for return date needs to be for the year preceding date of death

		Retur	n date	9			Number of hours
D	ay	Month		Month Year		Salary rate	worked
3	1	0	3			LONG TERM SUPPLY	
3	1	0	3			SHORT TERM SUPPLY	

To date of leaving

	Leaving Dat	te		Number of hours worked		
Day	Month	Year	Salary rate			
			LONG TERM SUPPLY			
			SHORT TERM SUPPLY			

#### Salary increases and unpaid leave

Start date								End	date			Number of hours	Annual rate of	Reason
Da	ay	Мо	onth	Ye	ear	Da	ay	Month Year		ear	worked	salary	Reason	

To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer

Name (BLOCK CAPITALS)

Telephone number

Email address

Signed

Date

/		/			]			



SCOTTISH PUBLIC PENSIONS AGENCY

## SECTION 3D – DECEASED'S CAREER AVERAGE RELATED EARNINGS DETAILS (Teachers' 2015 Scheme Only)

Information supplied must be in 1365 hours format Period used for return date needs to be for the year preceding date of death

Return date						Salary rate	CARE Pensionable Pay			
D	ay	Мс	onth	Ye	ear	Jaiary Tale	(including overtime)			
3	1	0	3							

To date of leaving

Leaving Date						Salary rate	CARE Pensionable Pay			
Day		Мо	nth	Ye	ear	Salary Tale	(including overtime)			

Employer's Pensionable/Notional Pay (complete if the member's pensionable pay was reduced e.g. Sick Pay). The pay figure that the Employer's contributions are based on should be entered.

	Start date End da							End	date			Notional Pay	Passan	
D	ay	Мо	nth	Ye	ear	Day		Month		Year		Notional Pay	Reason	

To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer	
Name (BLOCK CAPITALS)	
Telephone number	
Email address	
Signed	
Date	