

**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 MEMBER'S PERSONAL DETAILS

Scheme reference number

Surname

Forename(s)

Title Dr Mr Mrs Miss Ms Other

National Insurance number

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)

Title	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
National Insurance number	<input type="text"/>					
Date of birth	<input type="text"/>		/	<input type="text"/>		/
Contact address	<input type="text"/>					
	<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"/>					
Relationship to deceased						
Spouse	<input type="checkbox"/>	Nominated partner			<input type="checkbox"/>	
Civil partner	<input type="checkbox"/>	Legal Personal representative			<input type="checkbox"/>	

SECTION 3 – DETAILS OF APPLICABLE SHORT TERM PENSION

Short term pension payable by the employer in accordance with the Teachers Pension Schemes

Is the employing authority paying any short term pension? Yes No

If yes, please indicate to whom the short term pension is being paid

Widow(er), Civil Partner or Partner	<input type="checkbox"/>
Widow(er), Civil Partner or Partner with one child	<input type="checkbox"/>
Widow(er), Civil Partner or Partner with 2 or more children	<input type="checkbox"/>
Only one Child	<input type="checkbox"/>
2 or more children	<input type="checkbox"/>

Monthly rate of short-term pension £ Payment cessation date

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

Return date						Salary rate	Number of hours worked	Full time equivalent hours e.g 1365 or 1820
Day	Month			Year				
3	1	0	3					

To date of leaving

Leaving Date						Salary rate	Number of hours worked	Full time equivalent hours e.g 1365 or 1820
Day	Month			Year				

Salary increases and unpaid leave

Start date			End date			Number of hours worked	Annual rate of salary	Reason
Day	Month	Year	Day	Month	Year			

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

 / /

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

Return date						Salary rate	Number of hours worked
Day		Month		Year			
3	1	0	3			LONG TERM SUPPLY	
3	1	0	3			SHORT TERM SUPPLY	

To date of leaving

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

Salary increases and unpaid leave

Start date			End date			Number of hours worked	Annual rate of salary	Reason
Day	Month	Year	Day	Month	Year			

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

 / /

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 (including overtime)
Day	Month		Year				
3	1	0	3				

To date of leaving

Leaving Date						Salary rate	CARE Pensionable Pay (including overtime)
Day	Month		Year				

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 date			Notional Pay	Reason
Day	Month	Year	Day	Month	Year		

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

 / /