

### 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)<br>Date of birth      |  |  |  |  |  |  |  |  |  |  |
| Date of death                                  |  |  |  |  |  |  |  |  |  |  |

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

Surname

Forename(s)



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| 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<br>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<br>CAPITALS) |  |
| Telephone number         |  |
| Email address            |  |
| Signed                   |  |
| Date                     |  |



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## 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<br>equivalent hours |
|-----|---|-------|--------|----|-----|-------------|--------------|-------------------------------|
| Day |   | Мс    | onth   | Ye | ear | Salary rate | hours worked | e.g 1365 or<br>1820           |
| 3   | 1 | 0     | 3      |    |     |             |              |                               |

#### To date of leaving

Г

|   |     | Leavin | ig Dat | е |            | O al a munato | Number of | Full time<br>equivalent hours |              |                     |
|---|-----|--------|--------|---|------------|---------------|-----------|-------------------------------|--------------|---------------------|
| D | Day |        | Month  |   | Ionth Year |               | ear       | Salary rate                   | hours worked | e.g 1365 or<br>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<br>CAPITALS) |  |
| Telephone number         |  |
| Email address            |  |
| Signed                   |  |
| Date                     |  |

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### 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<br>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

| / |  | / |  |  | ] |  |  |  |
|---|--|---|--|--|---|--|--|--|



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## 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<br>CAPITALS) |  |
| Telephone number         |  |
| Email address            |  |
| Signed                   |  |
| Date                     |  |