**NHS Superannuation Scheme (Scotland)**

**APPLICATION FOR AWARD OF DEPENDENTS ALLOWANCE**

This form should be completed by the surviving parent/guardian of any child/children under 16 years of age or a dependant if over the age of 16

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|  | **Section 1 - DECEASED MEMBER’S DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Scheme reference number | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  |
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|  | Title | | | | | | Dr |  | | Mr | |  | | Mrs | |  | | Miss | |  | | Ms | |  | | Other | | |  |  |
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|  | **Section 2 – DETAILS OF PARENT OR GUARDIAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **SECTION 3 – DETAILS OF DEPENDANT CHILD** | | | | | | | | | | | | | | | | | | | | |
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|  | **Child 1** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Bank Details** (must be the dependant’s own account if aged over 16, see note at foot of section 4) | | | | | | | | | | | | | | | | | | | |  |
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|  | Bank Details of: | | | |  |  |  | Parent | |  |  | Guardian | | |  | Dependant | | | |  |  |
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|  | Name of account holder | | | | | | |  | | | | | | | | | | | | |  |
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|  | Name of Bank/Building | | | | | | |  | | | | | | | | | | | | |  |
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|  | **SECTION 4 – DECLARATION- TICK ALL THAT ARE APPLICABLE** | | | | | | | | | | | | | | | | | | |
|  | (must be signed by the dependant if aged over 16, see note at foot of this section) | | | | | | | | | | | | | | | | | |  |
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|  | 1) I declare that I am the **\**dependant/parent/guardian******of the child***overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | 2) I declare that although the child overleaf is aged over 16, they have a medical condition that precludes them from \****holding a bank account or signing the declaration*** (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | 3) I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living | | | | | | | | | | | | | | | |  |  |  |
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|  | 4) I declare any child’s allowance paid to me shall be applied to the benefit of said child | | | | | | | | | | | | | | | |  |  |  |
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|  | 5) I declare that the statements made by me on this form are true to the best of my knowledge and belief and confirm that any dependants allowance should be paid into the bank account overleaf | | | | | | | | | | | | | | | |  |  |  |
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|  | * Bank Details - If the dependent is over 16 but has a medical condition that inhibits their ability to hold a bank account, a parent/guardian’s bank account can be used. * Declaration - If the dependent is over 16 but has a medical condition that inhibits their ability to sign the declaration, a parent/guardian can sign the declaration.   **If any of the above apply, ensure declaration 2 above is ticked** | | | | | | | | | | | | | | | | | |  |
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|  | **SECTION 3 – DETAILS OF DEPENDANT CHILD** | | | | | | | | | | | | | | | | | | | | |
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|  | **Child 2** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Bank Details** (must be the dependant’s own account if aged over 16, see note at foot of section 4) | | | | | | | | | | | | | | | | | | | |  |
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|  | **SECTION 4 – DECLARATION - TICK ALL THAT ARE APPLICABLE** | | | | | | | | | | | | | | | | | | |
|  | (must be signed by the dependant if aged over 16, see note at foot of this section) | | | | | | | | | | | | | | | | | |  |
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|  | 1) I declare that I am the **\**dependant/parent/guardian******of the child***overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | 2) I declare that although the child overleaf is aged over 16, they have a medical condition that precludes them from \****holding a bank account or signing the declaration*** (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | 3) I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living | | | | | | | | | | | | | | | |  |  |  |
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|  | 4) I declare any child’s allowance paid to me shall be applied to the benefit of said child | | | | | | | | | | | | | | | |  |  |  |
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|  | 5) I declare that the statements made by me on this form are true to the best of my knowledge and belief and confirm that any dependants allowance should be paid into the bank account overleaf | | | | | | | | | | | | | | | |  |  |  |
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|  | **Notes** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | * Bank Details- If the dependent is over 16 but has a medical condition that inhibits their ability to hold a bank account, a parent/guardian’s bank account can be used * Declaration- If the dependent is over 16 but has a medical condition that inhibits their ability to sign the declaration, a parent/guardian can sign the declaration   **If any of the above apply, ensure declaration 2 above is ticked** | | | | | | | | | | | | | | | | | |  |
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|  | **SECTION 3 – DETAILS OF DEPENDANT CHILD** | | | | | | | | | | | | | | | | | | | | |
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|  | **Child 3** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Surname | | | | | | | | | |  | Forenames (in full) | | | | | | | | |  |
|  |  | | | | | | | | | |  |  | | | | | | | | |  |
|  | Date of Birth | | | | | | | | | |  | National Insurance Number (if applicable) | | | | | | | | | |
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|  | **Bank Details** (must be the dependant’s own account if aged over 16, see note at foot of section 4) | | | | | | | | | | | | | | | | | | | |  |
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|  | Bank Details of: | | | |  |  |  | Parent | |  |  | Guardian | | |  | Dependant | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Name of account holder | | | | | | |  | | | | | | | | | | | | |  |
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|  | Name of Bank/Building | | | | | | |  | | | | | | | | | | | | |  |
|  | Society | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Branch Address | | | | | | |  | | | | | | | | | | | | |  |
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|  | Building Society Roll | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 4 – DECLARATION- TICK ALL THAT ARE APPLICABLE** | | | | | | | | | | | | | | | | | | |
|  | (must be signed by the dependant if aged over 16, see note at foot of this section) | | | | | | | | | | | | | | | | | |  |
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|  | 1) I declare that I am the **\**dependant/parent/guardian******of the child***overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | 2) I declare that although the child overleaf is aged over 16, they have a medical condition that precludes them from \****holding a bank account or signing the declaration*** (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | 4) I declare any child’s allowance paid to me shall be applied to the benefit of said child | | | | | | | | | | | | | | | |  |  |  |
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|  | 5) I declare that the statements made by me on this form are true to the best of my knowledge and belief and confirm that any dependants allowance should be paid into the bank account overleaf | | | | | | | | | | | | | | | |  |  |  |
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|  | **Notes** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 3 – DETAILS OF DEPENDANT CHILD** | | | | | | | | | | | | | | | | | | | | |
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|  | **Child 4** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Surname | | | | | | | | | |  | Forenames (in full) | | | | | | | | |  |
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|  | Date of Birth | | | | | | | | | |  | National Insurance Number (if applicable) | | | | | | | | | |
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|  | Contact Address | | | | | | |  | | | | | | | | | | | | |  |
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|  | **Bank Details** (must be the dependant’s own account if aged over 16, see note at foot of section 4) | | | | | | | | | | | | | | | | | | | |  |
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|  | Bank Details of: | | | |  |  |  | Parent | |  |  | Guardian | | |  | Dependant | | | |  |  |
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|  | Name of account holder | | | | | | |  | | | | | | | | | | | | |  |
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|  | Name of Bank/Building | | | | | | |  | | | | | | | | | | | | |  |
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|  | Building Society Roll | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **SECTION 4 – DECLARATION- TICK ALL THAT ARE APPLICABLE** | | | | | | | | | | | | | | | | | | |
|  | (must be signed by the dependant if aged over 16, see note at foot of this section) | | | | | | | | | | | | | | | | | |  |
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|  | 1) I declare that I am the **\**dependant/parent/guardian******of the child***overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | 2) I declare that although the child overleaf is aged over 16, they have a medical condition that precludes them from \****holding a bank account or signing the declaration*** (\* *Delete as appropriate)* | | | | | | | | | | | | | | | |  |  |  |
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|  | **Notes** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Please include any further dependents details on a separate sheet and attach to this application**

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| Please return the form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE  Alternatively email a copy to [bereavementsteam@gov.scot](mailto:bereavementsteam@gov.scot) |

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The Scottish Public Pensions Agency (SPPA) is an executive Agency of the Scottish Government. On the behalf of the Scottish Ministers, we undertake our role as a pension scheme administrator in accordance to the **Pensions Act 1995, The Public Services Pension Act 2013 and The Occupational and Personal Pension Schemes (Disclosure of Information) Regulations 2013**.

This privacy statement relates to the personal information we collect, why we collect it and what we do with it. Full information on our Privacy Policy can be found on the SPPA website at [www.pensions.gov.scot](http://www.pensions.gov.scot)