

**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

Section 1 - DECEASED MEMBER'S 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 - DETAILS OF PARENT OR GUARDIAN**

Surname

Forename(s)

Title

Dr Mr Mrs Miss Ms Other

National Insurance number

Date of birth

 / /

Contact Address

Post Code

Contact Number

Email Address

SECTION 3 – DETAILS OF DEPENDANT CHILD**Child 1**

Surname

Forenames (in full)

Date of Birth

 / /

National Insurance Number (if applicable)

Contact Address

Post Code

Bank Details (must be the dependant's own account if aged over 16, see note at foot of section 4)

Bank Details of:

Parent

Guardian

Dependant

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

Post Code

Bank Sort Code

Account Number

Building Society Roll
Number

Bank Account type

Current Account

Deposit Account

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)

- 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*)
- 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*)
- 3) I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living
- 4) I declare any child's allowance paid to me shall be applied to the benefit of said child
- 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

Signed

Date

 / / **Notes**

- 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

SECTION 3 – DETAILS OF DEPENDANT CHILD**Child 2**

Surname

Forenames (in full)

Date of Birth

 / /

National Insurance Number (if applicable)

Contact Address

Post Code

Bank Details (must be the dependant's own account if aged over 16, see note at foot of section 4)

Bank Details of:

Parent

Guardian

Dependant

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

Post Code

Bank Sort Code

Account Number

Building Society Roll
Number

Bank Account type

Current Account

Deposit Account

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)

- 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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- 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

Signed

Date

 / / **Notes**

- 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

SECTION 3 – DETAILS OF DEPENDANT CHILD**Child 3**

Surname

Forenames (in full)

Date of Birth

 / /

National Insurance Number (if applicable)

Contact Address

Post Code

Bank Details (must be the dependant's own account if aged over 16, see note at foot of section 4)

Bank Details of:

Parent

Guardian

Dependant

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

Post Code

Bank Sort Code

Account Number

Building Society Roll
Number

Bank Account type

Current Account

Deposit Account

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)

- 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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- 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

Signed

Date

 / / **Notes**

- 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

SECTION 3 – DETAILS OF DEPENDANT CHILD**Child 4**

Surname

Forenames (in full)

Date of Birth

 / /

National Insurance Number (if applicable)

Contact Address

Post Code

Bank Details (must be the dependant's own account if aged over 16, see note at foot of section 4)

Bank Details of:

Parent

Guardian

Dependant

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

Post Code

Bank Sort Code

Account Number

Building Society Roll
Number

Bank Account type

Current Account

Deposit Account

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)

- 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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Signed

Date

 / / **Notes**

- 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

Please include any further dependents details on a separate sheet and attach to this application

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

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