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| **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 and sent to the Scottish Public Pensions Agency (SPPA) as soon as possible following the death of a serving teacher.

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)

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.

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|  | **Section 1 - deceased member’s personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | Surname | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | Marital status (i.e. single, married, widowed, divorced, civil partner) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Section 2 – details of the deceased’s spouse, civil/nominated partner or legal personal representative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | Contact address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Email address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | **Relationship to deceased** | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | |  | | |  | | |  | | | | | |  | | | | |  | | | | |  | | | |  |
|  | | Spouse | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | Nominated partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | |
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|  | | Civil partner | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | Legal Personal representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | |
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| **Section 3 – details of applicable short term pension** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  | | |
| Short term pension payable by the employer in accordance with the Teachers Pension Schemes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is the employing authority paying any short term pension? | | | | | | | | | | | | | | | | | | |  | | Yes | | |  | |  | No | |  |  | | |  |
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| If yes, please indicate to whom the short term pension is being paid | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | |  |
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| Widow(er), Civil Partner or Partner | | | | | | | | | | | |  |  | |  | |  |  |  |  | | | | | | | | | | | | |  |
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| Widow(er), Civil Partner or Partner with one child | | | | | | | | | | | | | | | | |  |  |  |  | | | | | | | | | | |  | | |
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| Widow(er), Civil Partner or Partner with 2 or more children | | | | | | | | | | | | | | | | | | |  |  | |  | | |  | |  |  | |  |  | | |
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| Only one Child | | | | | | | | | | | | | | | | | | |  |  | |  | | |  | |  |  | |  |  | | |
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| 2 or more children | | | | | | | | | | | | | | | | | | |  |  | |  | | |  | |  |  | |  |  | | |
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| Monthly rate of short-term pension | | | | | | | | £ | | | | | |  | | Payment cessation date | | | | | | |  | | | | | | | | |  | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return date | | | | | | | | | | | | Salary rate | | | | | | | | | Number of days worked | | | | | | | | |
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| Start date | | | | | | | | End date | | | | | | | Number of days worked | | | | | Annual rate of Salary | | | | | Reason | | | | |
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| Name of employer | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return date | | | | | | | | | | | | Salary rate | | | | | | | | | Number of hours worked | | | | | | Full time equivalent hours e.g 1365 or 1820 | | | |
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| Salary increases and unpaid leave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start date | | | | | | | | End date | | | | | | | Number of hours worked | | | | | Annual rate of salary | | | | | Reason | | | | | |
| Day | | | Month | | Year | | | Day | | | Month | | Year | |
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| To the best of my knowledge all information given in this form is correct and signed and dated by the member. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of employer | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return date | | | | | | | | | | | | Salary rate | | | | | | | | | | | | Number of hours worked | | | | | | | | |
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| 3 | | 1 | | 0 | | 3 | |  | |  | | LONG TERM SUPPLY | | | | | | | | | | | |  | | | | | | | | |
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| Salary increases and unpaid leave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start date | | | | | | | | End date | | | | | | | Number of hours worked | | | | | Annual rate of salary | | | | | | | | Reason | | | | |
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| Name of employer | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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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 (including overtime) | | | | | | | | | | |
| Day | | | | Month | | | | Year | | | |
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| Leaving Date | | | | | | | | | | | | Salary rate | | | | | | | | | | CARE Pensionable Pay (including overtime) | | | | | | | | | | |
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| 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 | | | | | | | | | | |
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| Name of employer | | | | | | |  | | | | | | | | | | | | | | | |  |
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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)