

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 teachersbereavement@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.

Section 1 - deceased member's personal details

Scheme reference number

Surname

Forename(s)

Title

Dr Mr Mrs Miss Ms Other National Insurance
numberMarital status (i.e. single,
married, widowed,
divorced, civil partner)Date of birth
(DD/MM/YYYY) / / Date of death
(DD/MM/YYYY) / /

Section 2 – details of the deceased's spouse, civil/nominated partner or legal personal representative

Surname

Forename(s)

Title

Dr Mr Mrs Miss Ms Other National Insurance
numberDate of birth
(DD/MM/YYYY) / /

Contact address

Post code

Telephone number

Mobile number

Email address

Relationship to deceased

Spouse

Nominated partner

Civil partner

Legal Personal representative

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

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 pension 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

Return date				Salary rate	Number of days worked
Day	Month	Year			
3	1	0	3		

To date of leaving

Leaving Date				Salary rate	Number of days worked
Day	Month	Year			

Salary increases and unpaid leave

Start date			End date			Number of days 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 (DD/MM/YYYY)

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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
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 (DD/MM/YYYY)

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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
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 (DD/MM/YYYY)

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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			
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 (DD/MM/YYYY)

 / /

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