

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 ME	EMBER'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 P	ARENT OR GUARDIAN
Section 2 – DETAILS OF P	ARENT OR GUARDIAN
	PARENT OR GUARDIAN
Surname	PARENT OR GUARDIAN Dr Mr Mrs Miss Ms Other
Surname Forename(s)	
Surname Forename(s) Title	
Surname Forename(s) Title National Insurance number	Dr Mr Mrs Miss Ms Other
Surname Forename(s) Title National Insurance number Date of birth	Dr Mr Mrs Miss Ms Other
Surname Forename(s) Title National Insurance number Date of birth	Dr Mr Mrs Miss Ms Other Ms / / / / / / / / / / / / / / / / / /
Surname Forename(s) Title National Insurance number Date of birth	Dr Mr Mrs Miss Ms Other

Surname		Forence	nes (in fu	II)			
		Forenai	nes (iii iu	11)			
Date of Birth		Nationa	Insuran	ce Nun	nber (if	applicat	ole)
/ //							
Contact Address							
L		Post Code					
Bank Details (must be the dependa			6 soo note	at foot	of socti	on 4)	
				7			
Bank Details of:	Parent	Guard	dian]	Deper	ndant	
Name of account holder							
Name of Bank/Building							
Society							
Branch							
Branch Address							
						1	<u> </u>
		Post Code					
Bank Sort Code							
Account Number]			
Building Society Roll							

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 in their ability to hold a bank account, a parent/guardian's bank account can be Declaration - If the dependent is over 16 but has a medical condition that inh their ability to sign the declaration, a parent/guardian can sign the declaration 	used. ibits

If any of the above apply, ensure declaration 2 above is ticked

Child 2						
Surname		Forenan	nes (in fu	II)		
Date of Birth		National	Insuranc	e Numb	er (if applica	ble)
1 1						
Contact Address						
		Post Code				
Bank Details (must be the deper	ndant's own accou	nt if aged over 1	6, see note	at foot of	section 4)	
Bank Details of:	Parent	Guard	dian	De	ependan	
Name of account holder						
Name of Bank/Building						
Society						
Branch						
Branch Address						
Branon / tadicos						
	L	Post Code				
Bank Sort Code						
A (N)]		
Account Number						
Building Society Roll Number						

and apply for be	I am the *dependant/parent/guardian of the child overleaf enefits under the NHS Superannuation Scheme (Scotland) Delete as appropriate)	
medical condition	although the child overleaf is aged over 16, they have a on that precludes them from *holding a bank account or claration (* Delete as appropriate)	
,	the child named overleaf suffers from permanent ill health and incapable of earning a living	
4) I declare any said child	child's allowance paid to me shall be applied to the benefit of	
my knowledge a	the statements made by me on this form are true to the best of and belief and confirm that any dependants allowance should bank account overleaf	
Signed		
Date		

If any of the above apply, ensure declaration 2 above is ticked

Child 3								
Surname		Forenar	nes (in fu	ıll)				
Date of Birth		Nationa 	l Insuran	ce Nu	ımbe	r (if a	pplicab	le)
/								
Contact Address								
		Post Code						
B								
Bank Details (must be the depe	ndant's own accou	nt if aged over 1	6, see note	e at foo _	ot of s	ectio	n 4)	
Bank Details of:	Parent	Guard	dian		De	pend	dant	
Name of account holder								
Name of Bank/Building								
Society								
Society Branch								
Name of Bank/Building Society Branch Branch Address								
Society Branch								
Society Branch		Post Code						
Society Branch Branch Address		Post Code						
Society Branch Branch Address Bank Sort Code		Post Code						
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Society Branch Branch Address		Post Code						

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Signed	
Date / / /	
Notes	
 Bank Details- If the dependent is over 16 but has a medical condition that inh their ability to hold a bank account, a parent/guardian's bank account can be Declaration- If the dependent is over 16 but has a medical condition that inhibit their ability to sign the declaration, a parent/guardian can sign the declaration 	used oits

If any of the above apply, ensure declaration 2 above is ticked

		nes (in fu	ıll)				
)						
	Nationa	l Insuran	ce Nu	mbe	r (if ap	oplicab	le)
	Post Code						
							<u> </u>
ndant's own accou 	ınt if aged over 1	6, see not	e at foc	ot of s	ection	า 4)	
Parent	Guar	dian		De	pend	lant	
	Post Code						
			1				
			_ 				
	<u> </u>	Parent Guard	Parent Guardian	Parent Guardian	Parent Guardian De	Parent Guardian Depend	Parent Guardian Dependant

and apply for b	at I am the *dependant/parent/guardian of the child overleaf benefits under the NHS Superannuation Scheme (Scotland) Delete as appropriate)	
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Signed		
Date		
Notes		
their ab	etails- If the dependent is over 16 but has a medical condition that in ility to hold a bank account, a parent/guardian's bank account can b tion- If the dependent is over 16 but has a medical condition that inf	e used

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 nhsbereavement@gov.scot

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