

NHS Superannuation Scheme (Scotland)**APPLICATION FOR LUMP SUM ON DEATH AND WIDOW(ER)'S/PARTNER'S PENSION
DEATH WITH PRESERVED BENEFITS/DEATH IN RECEIPT OF PENSION**

Before completing the claim form please read the guidance notes at the back of the application. Further information and guidance on Death and Family Benefits is available on our website at www.pensions.gov.scot

Please complete all relevant fields of the application form as incomplete information will delay your application.

TYPE OF APPLICATION

Death in Receipt of Pension

☐

Death with Preserved Benefits

☐**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

 / /

Marital Status

Single (never married)

☐

Married or Civil Partnership

☐

Divorced or Dissolved Civil Partnership

☐

Widowed

☐

Section 2 – APPLICANTS INFORMATION. RELATIONSHIP TO THE DECEASED

Spouse*

☐

Civil Partner

☐

Date of Marriage/Civil Registration

 / /

Surviving Partner

☐

Nominee

☐

Legal Personal Representative

☐

Section 3 - APPLICANTS DETAILS

Surname

Forename(s)

Title

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

National Insurance number

Date of birth

 / /

Contact Address

Post Code

Contact Number

Email Address

Marital Status

Single (never married)

☐

Married or Civil Partnership

☐

Divorced or Dissolved Civil Partnership

☐

Widowed

☐

Section 4 – APPLICANTS BANK DETAILS

Name of account holder	<input type="text"/>											
Name of Bank/Building Soc.	<input type="text"/>											
Branch & Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
	Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building Society roll Number (If applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Account type	Current Account	<input type="checkbox"/>						Deposit Account	<input type="checkbox"/>			

Unmarried Partner Applications - Continue through Sections 5-8

Spouse/Civil Partner Applications - Go to Section 9

Nominee/Legal Personal Representative - Go to Section 9

UNMARRIED PARTNERS APPLICATIONS ONLY

Section 5 – ABOUT YOU AND YOUR PARTNER

How long had you and your partner lived together?

(see personal checklist part 3)

Years

Months

Were you living together at the time of your partner's death?

Yes

☐

No

☐

If **No**, give details of why you were living apart and where you were living on a separate sheet and send with the application

Had the deceased ever been married to or been in a Civil Partnership with a previous partner?

Yes

☐

No

☐

Have you ever been married to or been in a Civil Partnership with a previous partner?

Yes

☐

No

☐

If **Yes**, provide copies of all relevant Divorce Decree absolute(s), Dissolution of Civil Partnership(s) or previous partner's Death Certificate(s).

UNMARRIED PARTNERS APPLICATIONS ONLY

Section 6 – ABOUT YOU AND YOUR PARTNER'S FINANCIAL CIRCUMSTANCES

Did you and your partner have any of the following joint financial arrangements.

Joint mortgage or tenancy

Yes

☐

No

☐

Joint bank account

Yes

☐

No

☐

Were you beneficiaries of each other's wills?

Yes

☐

No

☐

Were you beneficiaries of each other's life assurance?

Yes

☐

No

☐

Did you and your partner share any other joint financial commitments not shown in the above list?

Yes

☐

No

☐

SEE SECTION 7 for evidence requirements

UNMARRIED PARTNERS APPLICATIONS ONLY

Section 6 (cont)

Please give any other information about you and your partner's financial arrangements that would support your claim. For example, whether you shared day-to-day living expenses and whether you are experiencing additional expense following your partner's death (continue on a separate sheet if necessary)

UNMARRIED PARTNERS APPLICATIONS ONLY

Section 7 - SUPPORTING EVIDENCE REQUIREMENTS

As well as the standard evidence required (see Section 9), unmarried partner applications **must** come with evidence of:

Cohabitation - A Mortgage Statement, Tenancy Agreement or Council Tax Statement in Joint names. This must show that both parties were cohabiting for at least two years prior to the death of the member

Financial Interdependence - A Joint Bank Account

If there is no joint bank account separate bank accounts for both member and applicant as long as the addresses on the statements are the same and are dated at least two years prior to the death of the member up to a point within eight weeks of death

Marital Entitlement - Divorce Certificates or Death Certificates of previous spouses

Miscellaneous - Additional evidence to support your application

Shared Utility Bills (landline phone, gas, electricity, water), Wills, Life Assurance

UNMARRIED PARTNERS APPLICATIONS ONLY**Section 8 – CONFIRMATION- TICK ALL THAT APPLY**

I confirm that the following applied at the time of my partners death:

My partner and I had lived together for the length of time stated in Section 5 of this form, during which time our financial affairs were interdependent (or I was financially dependent on my partner)

☐

We had an exclusive, committed and long term relationship with each other and we intended to continue this indefinitely

☐

We were not married to or had formed a civil partnership with each other

☐

We were not related in a way that would have prevented marriage or civil partnership

☐

Neither of us was married to or had formed a civil partnership with anyone else

☐

Neither of us was nominated as the non-legal partner of anyone else

☐**Section 9 – ENCLOSED DOCUMENTS****1-3 Required for all applications*****4-6 Only required for unmarried partner applications**

Documents enclosed, photocopies only. **Please tick**

1. Marriage/civil partnership certificate

☐

2. Applicants (as named in Section 2) full birth certificate

☐

* (not required if the applicant is the Personal Legal Representative, e.g. solicitor acting for the estate)

3. Members full death certificate

☐

4. Divorce decree or dissolution or nullity of civil partnership for both parties

☐

5. Previous partners death certificate

☐

6. Documents proving financial interdependence and Cohabitation

☐

Section 10 – DEPENDANT CHILDREN (see Annexe A)

Had the deceased any eligible children at the time of death? Yes ☐ No ☐

If the answer is 'Yes', form AW9 – Application for Award of Child Allowance should also be completed

Information on qualification for entitlement as a dependent child can be found in Annexe A at the back of this application form

Section 11 – DECLARATION To be completed by the applicant

I declare that the statements made by me on this form are true to the best of my knowledge and belief. I have included all the relevant certificates and evidence.

Signed

Date

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

SPPA Privacy Policy

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

ANNEX A - DEPENDENTS: NOTES FOR GUIDANCE

A child's allowance is payable to any DEPENDANT child of a deceased member who at the date of death was in receipt of a pension or was entitled to benefits under the NHS Superannuation Scheme (Scotland) Regulations.

A child must have been dependent on the member at the date of death, and born before or not more than one year after the member left pensionable employment or died, and if the member dies after leaving pensionable employment was dependent when the member left pensionable employment.

Members whose pensionable service ended before 1 April 2008

A child is dependent if under age 17 or over age 17 but has not reached the age of 23 and in full time education; or is in full time training for a trade, profession or vocation, for which they are not receiving remuneration in excess of the allowable maximum.

A child is dependent if over age 17 but has not reached the age of 23 and taking a break in full time education, or full time training for a trade, profession or vocation, where the Scottish Ministers' are satisfied that the child intends to return to some such education or training. The allowance will cease to be payable after 12 months if the child has not returned to full time education or training, but may be reinstated if the child later returns to such education or training if Scottish Ministers' are satisfied that the child intended to do so at the start of the break.

A child who has ceased to be a dependent child will be treated as a dependent child if they return to full time education or training for a trade, profession or vocation, for which they are not receiving remuneration in excess of the allowable maximum before reaching age 21 and within 12 months after ceasing to be a dependent child.

A child who is incapable of earning a living because of permanent physical or mental infirmity from which they were suffering at the time the member died will be treated as a dependent child for so long as they remain incapable of earning a living.

Members whose pensionable service ended on or after 1 April 2008

A child is a dependent child for so long as they:

(a) are age under 23

Or

(b) age 23 or over and incapable of earning a living because of permanent physical or mental infirmity from which they were suffering at the time the member died

No allowance shall be payable to, or for the benefit of, a child who is incapable of earning a living because of permanent physical or mental infirmity for any period exceeding one month during which the child is maintained out of money provided by Parliament in a hospital or other institution.

PERSONAL CHECKLIST

You should complete and keep this part of the form for future reference

Application for award of pension Superannuation No

1. Date the application was sent to SPPA / /

2. Documents enclosed (you may wish to tick the documents you have sent as a reminder)

Only photocopies of supporting documents should be sent.

Marriage/civil partnership certificate ☐ Applicants birth certificate ☐

Spouse/partners full death certificate ☐ Divorce decree or dissolution or nullity of civil partnership certificate ☐

Previous partners full death certificate ☐ Documents proving financial interdependence ☐

3. Under the NHS Scheme regulations, benefits may be payable to a surviving partner upon their death. The member must have accrued service post 1 April 2008. The benefits will be paid to the surviving partner, provided that at the date of death the member and partner were:

- Living together in an exclusive committed long-term relationship of at least two years
- Free to marry or enter a civil partnership during the above period
- Financially interdependent

To ensure that the SPPA are satisfied that the above criteria continued to be met at the time of the member's death, the surviving partner will be asked to provide supporting evidence.

Examples of supporting evidence include:

- Confirmation that you lived in a shared household
- Confirmation of shared household spending
- Children of the member and/or partner are being jointly brought up
- Shared bank accounts or investments
- A loan or mortgage in joint names
- Wills, naming each other as the main beneficiary
- A mutual power of attorney
- The partner being nominated as the main beneficiary of life insurance
- The death of the member leading to substantive living costs for the partner

If the member did not have service post 1 April 2008, the surviving partner may still be entitled to benefits. Please contact the SPPA for further information prior to completing the application

4. You will be advised of the amount of death benefit(s) by the SPPA. If you change your address before then please let the SPPA know at once. The address is: 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE, or you can telephone 01896 893000 quoting the deceased member's superannuation (SB) number.

5. SPPA Payroll will be responsible for the payment of your pension

