

**NHS Superannuation Scheme (Scotland)****APPLICATION FOR LUMP SUM ON DEATH AND WIDOW(ER)'S/PARTNER'S PENSION  
DEATH IN SERVICE**

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](http://www.pensions.gov.scot)

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

**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

Name of Bank/Building Soc.

Branch &amp; Address

  
  

Post Code

Bank sort code

Account Number

Building Society roll

Number (If applicable)

Bank Account type

Current Account

☐

Deposit Account

☐**Spouse/Civil Partner Applications - Go to Section 9****Unmarried Partner Applications - Continue through Sections 5-8****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 application 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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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](http://www.pensions.gov.scot)

## SECTION 12 TO BE COMPLETED BY THE EMPLOYING AUTHORITY

Section 12 should be completed by the **employer** and forwarded to SPPA along with Sections 1 - 11. Delay in submission of this application may result in late payment of benefits.

### SECTION 12 – SALARY DETAILS GUIDANCE

**Section 12 should be completed by the employer, any amendments arising after the submission of this form should be notified to SPPA immediately.**

#### **1995 Members**

For 1995 members, complete **section 12A** for whole time or **Section 12B** for part time.

#### **2008 Members**

For 2008 members, complete **section 12C** for whole time or **Section 12D** for part time.

#### **2015 Members**

If the member is in the 2015 Scheme only, complete **section 12C** for whole time or **Section 12D** for part time.

If the member also has protected 1995 service, complete **section 12A** for whole time or **Section 12B** for part time.

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



## Section 12A – 1995 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY

Inclusive date to which earnings will be paid  /  /   
(Please include any period of untaken annual leave)

Annual rate of salary at date of retiral £

### WHOLE TIME OFFICER

Particulars of service and pensionable pay for the last 3 years (including Domiciliary Consultation fees paid)

Period to which pensionable pay relates (365 days) with dates if rates change		No of days contributing		Pay (pensionable pay) (i.e. that on which employer's contributions are based)		Dates of unpaid leave during the annual period in column (1)
		Cont'	Non cont'	Pay exclude other superannuable payments (OSPs)	OSPs	
(1)		(2)	(3)	(4)	(5)	(6)
Final year						
2 <sup>nd</sup> year						
3 <sup>rd</sup> year						

Total annual pensionable pay (4) + (5)	Final year	2 <sup>nd</sup> year	3 <sup>rd</sup> year

Are pay and OSPs provisional or final? P ☐ F ☐

Please complete the declaration at Section 12F

## Section 12B – 1995 SECTION AND 2015 SCHEME MEMBERS – PART-TIME OFFICER & BANK WORKERS ONLY

Inclusive date to which earnings will be paid  /  /   
(Please include any period of untaken annual leave)

Part-time officer – part time fraction for contracted hours i.e. 20/37.5

Annual whole time equivalent rate of salary at date of retiral

£

### PART-TIME OFFICER & BANK WORKERS

Particulars of service and pensionable pay for the last 3 years (including Domiciliary Consultation fees paid)

Period to which pensionable pay relates (365 days) with dates if rates change		No of days contributing		Basic part-time pensionable pay (i.e. that on which employer's contributions are based)			No of hours (estimate/ actual hours) worked during period in col (1)	Standard whole time hours for period on col (1)	Annual whole time equivalent pensionable pay for col (4) with dates of change similar to col (1)
		Cont'	Non cont'	Actual pay (exclude OSPs)	OSPs to be uprated by SPPA	OSPs not to be uprated by SPPA			
(1)		(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8)
Final year									
2 <sup>nd</sup> year									
3 <sup>rd</sup> year									

	Final year	2 <sup>nd</sup> year	3 <sup>rd</sup> year
Total annual pensionable pay (4) + (5)			
Domiciliary Consultation fees			

Are pay and OSPs provisional or final? P ☐ F ☐

Please complete the declaration at Section 12F

## Section 12C – 2008 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY

Inclusive date to which earnings will be paid  /  /   
(Please include any period of untaken annual leave)

Earning details for the whole year prior to the final part year (required for all whole time staff)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
3	1	0	3						

Earning details for the final part year from 1 April to the inclusive date to which earnings will be paid (please include any period of untaken annual leave)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
0	1	0	4						

Total pensionable pay for final part year

£

Annual rate of salary at date of retiral

£

Are pay and OSPs provisional or final? P ☐ F ☐

Please complete the declaration at Section 12F

## Section 12D – 2008 SECTION AND 2015 SCHEME MEMBERS – PART TIME OFFICER & BANK WORKERS ONLY

Inclusive date to which earnings will be paid   /   /      
(Please include any period of untaken annual leave)

Earning details for the whole year prior to the final part year (required for all whole time staff)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
3	1	0	3						

Earning details for the final part year from 1 April to the inclusive date to which earnings will be paid (please include any period of untaken annual leave)									
Part-time fraction for contracted hours i.e. 20/37.5								/	
Day		Month		Year		Total superannuable pay (inc OSP Payments)	Non con days	Dates of unpaid leave	Annual whole time equivalent pensionable pay
0	1	0	4						

Total pensionable pay for final part year

£

Domiciliary Consultation fees paid to an officer over the last 365 days

£

Are pay and OSPs provisional or final?	P	<input type="checkbox"/>	F	<input type="checkbox"/>
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Please complete the declaration at Section 12F

## Section 12E – PRACTITIONER MEMBERS ONLY – PLEASE COMPLETE FOR ALL SECTIONS/SCHEMES

Period to which entry relates		Total pensionable earnings for period	Notes
Annual return			
Annual return			
Annual return			

Inclusive date to which earnings will be paid  /  /

## Section 12F – EMPLOYER DECLARATION

To the best of my knowledge all information given in this form is correct and signed and dated by the member

Signature	<input type="text"/>
Name (in BLOCK LETTERS please)	<input type="text"/>
Official Designation	<input type="text"/>
Employing authority	<input type="text"/>
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"/>
Telephone No	<input type="text"/>
Email address	<input type="text"/>
Date	<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"/>

**NOTES FOR GUIDANCE**

- The applicant should complete sections 1 to 11 of this form and attach photocopies of the supporting documents. Application may be made by the widow/widower/ civil partner/surviving partner, formal nominee or on behalf of the deceased's legal personal representative where there is no legal widow/widower.
- On completion of sections 1 to 11 return this form together with the supporting documents to the deceased's employing authority for completion. The employer will complete section 12 and forward the form and certificate(s) to the Scottish Public Pensions Agency.
- Any death lump sum granted under the NHS Schemes (Scotland) regulations which is payable to the legal representative of the deceased should be included in the confirmation of estate.
- Payment of a lump sum on death must be made within 2 years of death or it will become liable for payment of tax.
- Please return this form together with the death certificate and marriage/civil partnership certificate (photocopies only), where applicable to the deceased's employing authority for completion. They will forward the form and certificate(s) to the Scottish Public Pensions Agency.
- **Do not send this form directly to the Scottish Public Pensions Agency**

## **ANNEXE A - DEPENDENTS**

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