SPPA Scottish Public Pensions Agency
Buidheann Peinnseanan Poblach na h-Alba

Firefighters' 2015 Remedy Cost Reimbursement application form

Before completing this cost reimbursement application form, please refer to the online guidance available on our website.

SECTION 1 – Personal details

Scheme reference number

Full name

Date of birth / /

National Insurance number

Contact Address

Post Code

Telephone Number

Email Address

Your bank details

Name of account holder as it appears on your account

Name of Bank/Building Society

Branch

Branch Address

Post Code

Bank sort code

Account Number

Building society roll number

Bank Account type Current Account ☐ Deposit Account ☐

If your bank is outside the UK, please indicate which country your pension will be paid to:

SPPA will issue the appropriate overseas form to you for completion.

SECTION 2 – Reimbursement Claim

I have suffered a direct financial loss, and I wish to make a claim. The claim I am making is for (please select which claim type you are making):

Accountancy services	☐
Independent financial advice	☐
Legal services	☐
Other direct financial loss (please specify)	

Reimbursement claim amount

Reimbursement claims may be subject to maximum limits. Please refer to the guidance for full details.

The total amount of reimbursement I am claiming is: £

My Evidence

You should consider what evidence you need to provide that will best support your claim as the Scheme Manager will require this to decide whether your claim can be accepted or not.

The evidence I am providing is (please select all that apply)

Receipt	☐
Invoice	☐
Bank statement	☐
Other evidence (please specify)	

SECTION 3 - Justification for reimbursement claim

Please refer to the online guidance and provide in your own words, a statement which justifies your claim. This should include, but is not limited to:

- The reason why your claim for reimbursement should be met.
- Why this is an eligible claim.
- How this claim is attributable to remedy.

I am making a claim for reimbursement because:

SECTION 4 – Declaration

Please read each of the statements below and if you agree, sign, date and return the entire form, along with your evidence:

- I confirm that I have completed the form, including providing my justification for making a reimbursement claim.
- Where necessary I have sought evidence to establish the financial loss that I have suffered.

I declare that the information I have provided in this reimbursement application form is true to the best of my knowledge.

Signed									
Date			/			/				

Returning Your Application Form

You can return your application form in the following ways:

- **Online** - Complete the application form and email it along with supporting evidence to **sppacostreimbursement@gov.scot**
- **By post** - Complete the application form and send it along with copies of supporting evidence to: **Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**.

What happens next

Once we receive your completed application, we will:

- Review the information you have provided, along with any supporting documents
- Contact you if we require any further details or clarification
- Assess your claim in line with the relevant reimbursement criteria
- Confirm the outcome of your application in writing
- Arrange reimbursement if your claim is approved

You do not need to contact us after submitting your application - we will get in touch to confirm the outcome once your claim has been reviewed.