

NHS (SCOTLAND) SUPERANNUATION SCHEME

DEATH IN SERVICE

APPLICATION FOR AWARD OF LUMP SUM ON DEATH AND WIDOW(ER)'S/NOMINATED NON LEGAL PARTNER'S PENSION

PART 1 DECEASED MEMBER'S PERSONAL DETAILS

Surname

Forenames (*in full*)
Title (*tick box*)
 Dr Mr Mrs Miss Ms
National Insurance Number (*if known*)

<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"/>
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Superannuation Number

Date of Birth

Date of Death

Was the deceased a member of the scheme as a result of a pension sharing order?

 Yes No

PART 2 APPLICANTS DETAILS

Surname

Forenames (*in full*)

Date of Birth

National Insurance 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"/>
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Title (*tick box*)

Dr Mr Mrs Miss Ms

Address

Please state in which capacity you are completing this application

Spouse / Civil Partner

Nominated Non-legal partner

Legal Personal Representative

Nominee

Date of marriage/civil registration (if applicable)

PART 3 DEPENDANT CHILDREN

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

PART 4 **BANK DETAILS** *(if you have any difficulties with this section, ask your bank)*

Name of account holder	<input style="width: 100%;" type="text"/>											
Name of Bank/Building Society	<input style="width: 100%;" type="text"/>											
Branch	<input style="width: 100%;" type="text"/>											
Branch Address	<input style="width: 100%;" type="text"/>											
	<input style="width: 100%;" type="text"/>											
	<input style="width: 100%;" 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"/>
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	<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"/>				

PART 5 **DECLARATION**

I hereby apply for

- Widow's/widower's/civil partner's pension/non-legal partner's pension
- Lump Sum on Death

<input type="checkbox"/>
<input type="checkbox"/>

payable under the NHS Superannuation Scheme (Scotland) Regulations.

I declare that the statements made by me on this form are true to the best of my knowledge and belief. I have attached the relevant certificates (where applicable)

Signed _____ Date _____

PART 6A WHOLE-TIME OFFICER (only)

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

- This form must be sent, together with the appropriate documents, to SPPA.
- Any amendments arising after submission of this form must be notified immediately.
- The final pay must be confirmed after date of death.

1. Inclusive date to which earnings will be paid
(please include any period of untaken annual leave).

2. WHOLE-TIME OFFICER					
Particulars of service and pensionable pay for the best year of 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		Pay (pensionable pay) (ie that on which Employer's contributions are based)		Dates of Unpaid Leave during the Annual Period in Column (1)
	Contributing	Non Contributing	Pay Exclude Other Superannuable Payments (OSP's)	OSP's	
(1)	(2)	(3)	(4)	(5)	(6)
Total Pensionable Pay (4) + (5) for Annual Period. £			<input type="text"/>		
Are Pay and OSP's Provisional or Final? P <input type="checkbox"/> F <input type="checkbox"/> (please tick box)					
Annual/Weekly rate of pensionable pay at date of death. £			<input type="text"/>		

EMPLOYING AUTHORITY**PLEASE ENSURE THAT PART 7 IS COMPLETED AND SIGNED**

PART 6B PART-TIME OFFICER (only)

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

- This form must be sent, together with the appropriate documents, to SPPA.
- Any amendments arising after submission of this form must be notified immediately.
- The final pay must be confirmed after date of death.

1. 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

2. PART-TIME OFFICER								
Details of service and pensionable pay for the best of the last three years (<u>excluding</u> Domiciliary Consultation Fees)								
Period to which Part-time Earnings (pensionable pay) relates (365 days) with dates, if rates change	No of Days		Basic Part-time pensionable pay (ie that on which Employers contributions are based)			*No of Hours (Estimated/Actual hours) worked during period in Col (1)	Standard Whole-time Hours for period in Col (1)	Annual Whole-time Equivalent pensionable pay for Col (4) with dates of change similar to Col (1). Dates of Unpaid Leave during the period in Col (1)
	Contributing	Non Contributing	Actual *pay <u>Exclude</u> (OSP's)	OSPS Not Uprated	OSP's Uprated			
(1)	(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8)
Bank Nurse work (if <u>not</u> already included in period above)	—	—			—		—	
Total Pensionable Pay (4) + (5) for Annual Period £ <input style="width: 200px; height: 20px;" type="text"/>								
Domiciliary Consultation Fees paid to a part-time officer over the best of the last 3 years (or less if appropriate).								
These details should be for the same period as Column 1 above: £						<input style="width: 150px; height: 20px;" type="text"/>		
Annual/Weekly rate of pensionable pay at date of death: £						<input style="width: 200px; height: 20px;" type="text"/>		
Are Earnings and OSP's Provisional or Final? P <input type="checkbox"/> F <input type="checkbox"/>								

* Additional pay (excluding OSP's) and Hours for either additional hours worked and/or Bank nurse hours worked should be included in the respective columns (4) and (6). Note: the additional pay should not be included with OSP's. The OSP's will be uprated by SPPA using the hours in columns (6) and (7). Bank Nurse work can be recorded separately as shown provided it has not already been included in the earlier columns (4) and (6) (pay/hours).

PART 7 FOR WHOLE-TIME AND PART-TIME EMPLOYEES

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

1. Applicant's National Insurance No:

2. The date of birth shown on Page 1 should be confirmed, if necessary by reference to the applicant's birth certificate. (Please tick if confirmed)

3. If member worked variable hours/sessions, show earnings in last week/month of service. £

Signature Official Designation

Name (BLOCK LETTERS)

Employing Authority (name and address)

Employing Authority Code:

Telephone No: Ext:

Date:

PART 8 PRACTITIONER (only)

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

- This form must be sent, together with the appropriate documents, to SPPA.
- Any amendments arising after submission of this form must be notified immediately.
- Final remuneration must be notified on Form NSR 02 and NSR 06.

1. Particulars of service and pensionable earnings from 1 April of current financial year.

Period to which entry relates	Service Days		Total pensionable earnings for period	Notes
	Contributing	Non-contributing	£ p	

2. Date of death:

3. The date of birth shown at Part 1, question 4 should be confirmed if necessary by reference to the applicant's birth certificate.

Date of birth confirmed
(please tick if confirmed)

4. Applicant's National Insurance No.

Signature

Official designation

Name (in BLOCK LETTERS please)

Employing Authority (name and address)

Telephone No:

 Ext:

Date:

Please send completed Form to:

SCOTTISH PUBLIC PENSIONS AGENCY (NHS)
7 Tweedside Park, Tweedbank, Galashiels TD1 3TE

PERSONAL CHECKLIST

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

APPLICATION FOR AWARD OF LUMP SUM ON DEATH AND PENSION Superannuation No.

1. Date the form was sent to SPPA

2. Documents enclosed (you may wish to tick the documents you have sent as a reminder to check on their return.) Photocopies of documents are acceptable.

Marriage/civil partnership certificate Applicant's birth certificate

Spouse/Partners death certificate Divorce decree or dissolution or nullity of civil partnership certificate

3. Under the NHS Regulations 1995 (amended), members had the option to nominate a civil partner to receive a survivor pension upon their death. From 1 April 2008 the scheme regulations have been extended to include nominated non legal partners. If SPPA hold details of a nominated non legal partner made by the deceased member post 1 April 2008 the benefits will be paid to the nominated person, provided that at the date of death the nominated person and deceased were:

- Living together in an exclusive committed long-term relationship
- Free to marry or enter a civil partnership
- 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 nominated partner may be asked to provide supporting evidence. Example of supporting evidence may 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 member leading to substantive extra living costs for the partner

4. You will be advised of the amount of the death benefit(s) by the SPPA. If you change your address before then please let the Scottish Public Pensions Agency 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) reference number.

5. SPPA Payroll, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE will be responsible for the payment of your pension.

NOTES FOR GUIDANCE

- THE APPLICANT SHOULD COMPLETE PARTS 1 TO 5 OF THIS FORM AND ATTACH THE DEATH CERTIFICATE AND MARRIAGE/CIVIL PARTNERSHIP CERTIFICATE WHERE APPLICABLE (PHOTOCOPIES ARE ACCEPTABLE). APPLICATION MAY BE MADE BY THE WIDOW/WIDOWER/CIVIL PARTNER, FORMAL NOMINEE OR ON BEHALF OF THE DECEASED'S LEGAL PERSONAL REPRESENTATIVE WHERE THERE IS NO LEGAL WIDOW/WIDOWER.
- ANY DEATH LUMP SUM GRANTED UNDER THE NATIONAL HEALTH SERVICE SUPERANNUATION SCHEME (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 UP TO 40%.
- PLEASE RETURN THIS FORM TOGETHER WITH THE DEATH CERTIFICATE AND MARRIAGE/CIVIL PARTNERSHIP CERTIFICATE, (PHOTOCOPIES ARE ACCEPTABLE) WHERE APPLICABLE TO THE DECEASED 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**