



**Northern Ireland
Fire & Rescue Service**



**Business Services
Organisation**

Pension Service

**Application for Widow(er)'s/Partner's Pension/
Death with Deferred Benefit and Death Gratuity (if entitled)
(AW11)**

These notes explain how we will pay your pension. Please keep them in a safe place; you may need to look at them again. Please complete the form and return it with any other claim forms that have been sent to you.

Methods of payment - We will pay the pension by direct credit into your bank or building society account. This is by far the safest method of payment. The account can be with a bank or building society:

- In the United Kingdom (we cannot pay to mortgage accounts or to National Savings Bank accounts), or
- Overseas* (provided it is capable of receiving secure electronic payments of funds please contact our department for further information).

**You will need to complete a mandate for the payment to be made to an overseas bank and attach it to this claim form. The overseas bank mandates are available by contacting our department on 028 71 319111. If you do not have a suitable account, you will need to open one.*

We will normally pay the pension monthly (one twelfth of the yearly rate, to the nearest penny) on the first banking day of the month (this may not be the first day of the month). A 'pension month' is the period between one payment date and the next. If a pension starts part way through a 'pension month', the first payment will be for the amount due for the number of days in the part-pension month. We will not send details of the pension each time a payment is made. But we will write when your pension begins and each time there is a change in your tax code or in the yearly rate, for example because of a cost of living increase.

Changes you should tell us about

You should tell us immediately if:

- you change your address
- your bank or building society account details change
- your relationship status changes

You can contact us using the following details:

Telephone: 028 71 319111 – we are available for calls from 9am to 4pm Monday to Thursday, and 9am to 12noon Friday.

Email address: nifrsqueries@hscni.net

NIFRS Team
HSC Pension Service
Orchard House
40 Foyle Street
Londonderry
BT48 6AT

Pensions Increase: NIFRS pensions are increased to keep pace with rises in the cost of living. They are increased by the same percentage as the increase to the State Earnings Related Pension Scheme.



Income Tax: Your pension is treated for tax purposes as earned income. At first, we will deduct tax under a temporary code until we get the right code from the Tax Office. The Tax Office will decide what your tax code should be.

Please write clearly and in **BLACK** pen.

Part 1 – Details of the deceased member you are claiming for

1.1 About the deceased.

Please write clearly and in **BLACK** pen

Title (e.g. Mr, Mrs, Miss, Dr)

Date of birth

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Surname

Date of death

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Other names

Gender

What was the member's marital status? – must be completed in all cases

- Status Single (never married) Married Formed a civil partnership
- Divorced Civil Partnership dissolved
- Widowed Co Habiting Partner



1.2 About yourself.

Title (e.g. Mr, Mrs, Miss, Dr)

Surname

Former surname (if applicable)

Other names

Contact telephone number

Date of birth

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Address

Email address

National Insurance Number

Your gender



1.2 Bank Details

Bank or Building Society account details

Name of account holder

Branch Sort Code

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Account Number

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Full name and address of bank/building soc.

And/or Building Society Roll no.

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

You will need to complete a TAPS mandate form for benefit payments to be made to an overseas bank account and attach it to this application. Please contact NIFRS Pensions directly to retrieve relevant form.

1.2 Please state in which capacity you are completing this application

Spouse **Proceed to Section 5**

Civil Partner **Proceed to Section 5**

Date of Marriage/Civil Registration

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Surviving Partner

Co habiting Partner

Legal Personal Representative

Sections 2 – 4 **SHOULD NOT** be completed if the member and applicant were married or in a civil partnership



Part 2 – About you and your partner

2.1 How long had you and partner lived together?
(see personal checklist part 3)

Years

Months

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

Yes

No

If no, please explain why you were living apart

2.3 Where were you living at the time of your partner's death?

2.4 Did you spend any long periods (over six months) apart (other than, for example, stays in hospital)? If yes, please give details of the circumstances and dates

2.5 Have you or your partner ever been married to a previous partner?

Yes

No

If yes, please provide copies of all relevant decree absolute(s), or previous partners' death certificate(s).

2.6 Have you or your partner ever been in a civil partnership with a previous partner?

Yes

No

If yes, please provide copies of all relevant final dissolution order(s), or previous partners' death certificate(s).



Part 3 – About you and your partner’s financial circumstances

3.1 Please indicate whether you and your partner had any of the joint financial arrangements. If you indicate ‘Yes’, you must provide a copy of a document to confirm this:

- Joint mortgage or tenancy Yes No
- Joint bank account Yes No
- Joint savings account or investments Yes No
- A joint credit card statement Yes No

3.2 Were you the beneficiary of your partner’s life assurance, or was your partner the beneficiary of your will?

Yes No

3.3 Were you the beneficiary of your partner’s life assurance, or was your partner the beneficiary of your life assurance?

Yes No

3.4 Did you and your partner share any other joint financial commitments not shown in in the above list? Is so, please provide details and copies of any relevant documents.

Yes No

3.5 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)



Part 4 – Confirmation

I confirm that the following applied at the time of my partner's death:

- My partner and I had lived together for the length of time stated in section 2 of this form, during which time our financial affairs were interdependent (or I was interdependent 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 each other and had not 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 anyone else
- Neither of us had formed a civil partnership with anyone else
- Neither of us was nominated as the non-legal partner of anyone else

Part 5 – Enclosed documents

Documents enclosed - photocopies only. Please tick.

Marriage/civil partnership certificate

Spouse/surviving partner/applicants birth certificate

Member's full/short death certificate or coroner's report

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

Previous partner's death certificate

Documents proving financial interdependence

Part 6 – Dependent Children

6.1 Had the deceased eligible children at the time of death?

Yes

No

If you have answered 'Yes' to the above, please complete form AW9 (available on our website) and attach it firmly to this application.

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

- Are under 18 and in full time education.
- Are under the age of 23 and in full-time education, or on a course of at least one years' duration.
- Were dependent on the member, due to permanent incapacity of mind or body, at the date of the member's death.

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



Part 7 – Declaration

I have read the Notes that came with this form

The information I have given on this form is correct and complete to the best of my knowledge and belief. If I become aware of any change in the information given on the form, or any further new information relevant to the form, after I have sent it I hereby agree to notify the Scheme Administrator of those changes and any further or new information at the earliest possible opportunity.

Please sign here

Print your full name

Date

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I CERTIFY that the above declaration was signed IN MY PRESENCE by the member, whom I believe to be the person named

Print your full name

Telephone number

Email address

Signature

Your Address

Post code

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Date

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**Northern Ireland
Fire & Rescue Service**



Business Services
Organisation

Pension Service

Please return this form and your supporting documentation to nifrsqueries@hscni.net or by post to:

**NIFRS Pension Team
Orchard House
40 Foyle Street
Derry
BT48 6AT**

If you are claiming an allowance for dependent children you will have received application form AW9. Please send it back to the NIFRS Pension Team at HSC Pensions (if told to do so) with any children's birth and medical certificates asked for. Your certificates, or other papers, will be photocopied and returned to you as quickly as possible.

Data Protection

The NIFRS Pensions Team will use any information you provide in connection with your pension scheme to administer and operate the scheme and pay benefits under it. This may include passing details to relevant third parties to ensure we maintain an accurate record. In order to fulfill its duty to protect public money, HSC Pension Service may use the information it holds to prevent and detect fraud.

For more information on how we will use your data, please read our Privacy Policy at:
<http://www.hscpensions.hscni.net/privacy-policy>