

Application for Lump Sum on Death and Widow(er)'s/Partner's Pension – Death in Service (AW10)

Please read the guidance notes below and the Survivor Guide first (*available on www.hscpensions.hscni.net*)

Member's National Insurance Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Notes

Please complete **Parts 1 - 7** of this form (where applicable). You can ask someone to help you, for example a relative, or a solicitor. Someone who knows you should sign the witness declaration at **Part 7**. An HSC employer will complete **Parts 8, 9 and 10**.

HSC Pension Service may be able to pay a lump sum on death to the personal representative(s) of the deceased, to be included as part of the member's Estate, or to someone else if the deceased nominated them to receive it i.e. by completing a Death Benefit Nomination (DG3).

If the late member made a valid declaration that they wish the lump sum on death to be paid to one or more nominees a separate claim is required for each nominee. These will be issued by HSC Pension Service as appropriate upon receipt of the first claim.

HSC Pension Service must inform the personal representative of any lump sum on death paid. This is because the payment may be subject to a Lifetime Allowance Charge (LTAC); please see the Survivors Guide for more details. The liability to pay any tax charge lies with the person or organisation receiving the lump sum on death.

The personal representative is the person responsible for administering the Estate of the deceased. This is a wide definition, and does not have to be a formal appointment. The surviving partner is not necessarily the personal representative.

An HM Revenue & Customs (HMRC) requirement is that HSC Pension Scheme must inform the personal representative of the following information within **three** months of the final payment:

- The amount and date of the lump sum on death paid in respect of the member
- The percentage of the standard Lifetime Allowance used by the lump sum on death in respect of the member.

Do not delay your claim as the lump sum on death benefit must be paid within two years of the date upon which the Scheme Administrator was first notified of the member's death otherwise it will be subject to a HMRC tax charge of up to 45%. NHS Pensions has no discretion and must deduct this tax charge from the lump sum payment.

Do not send the Will, any Grant of Probate, or Letters of Administration with this form. We will write to you if we need them.

If the deceased member had an HSC Money Purchase Additional Voluntary Contributions (MPAVC) death cover contract, please send a copy of the death certificate to their HSC MPAVC provider. The HSC MPAVC provider can only make payment of any MPAVC benefit **after** HSC Pension Service has issued payment of the lump sum on death.

Before you return this form, write down our address, member helpline and the national insurance number.

Our address is:

HSC Pension Service
Waterside House
75 Duke Street
Londonderry BT47 6FP

Member helpline 028 71 319111

Important: If you change your address please tell us right away, quoting the national insurance number.

Supporting documentation

An original or **acceptable certified copy** of the following documentation is required to support your claim:

- Member's birth certificate or passport (if this has not already been seen)
- Member's death certificate (if this has not already been seen)
- Death benefit nominee's birth certificate or passport (if appropriate)
- Decree absolute if the member was divorced
- Dissolution certificate if the member's civil partnership has ended
- former spouse's /civil partner's/nominated partner's death certificate if they pre-deceased the member
- Power of Attorney or Court Protection Order (if appropriate)

Where applicable an English translation of any certificate should be forwarded.

Important: Your claim cannot be processed until all supporting documentation has been received and verified.

1.3 About the personal representative – must be completed in all cases

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

Surname

Other names

Contact telephone number

Address

| | |
|--|-----------|
| | Post code |
| | |

Email address

1.4 Bank Details

Bank or Building Society account details

Name of account holder

Branch Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Account Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

And/or Building Society Roll no.

Full name and address of bank/building soc.

| | |
|--|-----------|
| | Post code |
| | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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 HSC Pension Service directly to retrieve relevant form.

1.5 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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Surviving Partner

Nominee

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? Years Months
(see personal checklist part 3)

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 the above list? If 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 | <input type="checkbox"/> |
| Spouse/surviving partner/applicants birth certificate | <input type="checkbox"/> |
| Member's full/short death certificate or coroner's report | <input type="checkbox"/> |
| Divorce decree or dissolution or nullity of civil partnership for both parties | <input type="checkbox"/> |
| Previous partner's death certificate | <input type="checkbox"/> |
| Documents proving financial interdependence | <input type="checkbox"/> |

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:

- (a) Are age 23 and under
or
- (b) Age 23 or over and are incapable of earning a living because of a 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 -

Part 7 – Declaration

I have read the Notes that came with this form

I have read the Survivors Guide to the HSC Pension Scheme available on the website

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Please ask your witness to complete this part in your presence

Print your full name

Telephone number

Email address

Signature

Your Address

| | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| Post code | | | | | | | | | |

Date

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Please return this form and your supporting documentation to the HSC employer that issued it. Do not send it to HSC Pension service unless there is a note in the space below telling you to do so.

If you are claiming an allowance for dependent children you will have received application form AW9. Please send it back to the HSC employer (or to HSC Pension service 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 Health and Social Care Pension Service 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 fulfil 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/download/HSCPS-Privacy-Policy.pdf>

Part 8 – Pay details – TO BE COMPLETED BY THE HSC EMPLOYER

3.1 Inclusive date to which salary will be paid:

3.2 If the answer to 3.1 above differs from the date of death, please state why:

3.3 This employment is:

Full-time complete parts – (I), (II *if applicable*), (IV) and (V)

Part-time complete parts – (I), (II *if applicable*), (III), (IV) and (V)

Sessional complete parts – (I), (II *if applicable*), (III), (IV) and (V)

Detail provided at (I) should be the notional whole time equivalent for part time staff.

For 1995 Section members, please provide rates and total pensionable pay for the last four years for final pay control assessment. The best of the last three years figures will be used for pension calculation purposes. Do not include domiciliary fees – these should be displayed in box (III). If the member's pensionable pay has increased by more than CPI + 4.5% in any of the three years prior to their last day of service, the employer will be liable for a final pay control charge. For more information, please refer to the 'Final Pay Controls and Employer Charge Factsheet available on our website.

For 2008 Section members, please provide reckonable pay for all relevant years (1 April 2008 should be the earliest date for which salary commences).

(I) Final Salary TSR's

| | | | | | | |
|---------------|----------------------|----|----------------------|-----|---|----------------------|
| Year 1: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 2: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 3: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 4: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 5: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 6: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 7: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 8: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 9: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |
| Year 10: From | <input type="text"/> | to | <input type="text"/> | TSR | £ | <input type="text"/> |

(II) **Actual total pensionable pay for last three years 1995/2008 Scheme**

Year 1 £

Year 2 £

Year 3 £

(IV) **Annual rate of pay at cessation:** £

(V) If total pensionable pay and annual rate of pay differ by more than 10%, please provide written explanation why a variance has occurred

(VI) **For 2015 Scheme Members**, please provide actual earnings (AE) between each financial year (01/04 – 31/03). If a member retires without completing a full year, please provide actual earnings from start of financial year up to and including their date of termination

| | | | | |
|---|----|---|------|---|
| <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"/> | To | <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"/> | AE £ | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | To | <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"/> | AE £ | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | To | <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"/> | AE £ | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | To | <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"/> | AE £ | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | To | <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"/> | AE £ | <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"/> |
| Final year | To | <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"/> | AE £ | <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"/> |

Part 9 – Membership Details (to be completed by the HSC employer)

Important: Please tick to confirm and insert verified dates in the boxes provided. HSC Pension service are unable to pay benefits without confirmation that you have verified all relevant dates as set out below.

I certify:

4.1 The member's date of birth has been verified by checking their birth certificate or passport

Yes Verified date of birth is

4.2 The member's date of death has been verified by checking the death/coroner's certificate

Yes Verified date of death is

4.3 The member divorced before they died

Yes Verified date on the decree absolute is

4.4 The member dissolved their civil partnership before they died

Yes Verified date on the dissolution certificate is

4.5 The member's partner is pre-deceased

Yes Verified date of death is

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

4.6 Power of Attorney or Court Protection Order (if appropriate) is attached

Dependent Children

4.7 Are there any dependent children?

Yes No

From AW9 is attached will follow

4.8 The child/children's date(s) of birth has been verified by checking their birth certificate(s) or passport(s)

Verified date(s) of birth is/are

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

4.9 The lump sum on death is being claimed by a nominee

Yes No

The nominee's date of birth has been verified by checking their birth certificate or passport

Yes Verified date of birth is

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Part 10 – Declaration by the HSC employer

I certify that:

- The information given in **parts 8 and 9** of this form is correct
- The pay details in part 3 agree with the contributions shown on form T55A and include details in respect of paid notice and or untaken annual leave
- The contributions, pay and hours (if applicable) for any membership after the date of death have been included on T55A
- All contributions to the HSC Pension Scheme have been, or will be, deducted from pay
- All relevant certificates and any other original papers have been seen and returned to the claimant

Signature

Payroll Pension Team/GP Practice stamp

Date

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Please forward completed application to: **HSC Pension Service, Waterside House, 75 Duke Street, BT47 6FP**
Or scan and email to: hscpensions@hscni.net