

HSC Pension Service | Waterside House | 75 Duke Street | Londonderry |  
BT47 6FP | 02871319111 | hscpensions@hscni.net

## HSC Pension Scheme

**Claim for a Life Assurance Lump Sum on Death of an active member (AW10) (Form AW9 (pre 1.4.08) or AW9 (post 1.4.08) should also be completed if claiming child allowance)**

National Insurance Number of the Scheme Member

--	--	--	--	--	--	--	--	--	--

**Please read these notes and 'A Guide for pensioners and their dependants' first**

HSC Pension Service may be able to pay a life assurance lump sum to the legal personal representatives of the deceased, to be included as part of the Estate, or to someone else if the deceased nominated them to receive it.

Please complete **Parts 1 and 2** of this form. You can ask someone to help you, for example a solicitor. The HSC employer will complete **Parts 3 and 4**.

If the deceased member had multiple death benefit nominees, a separate claim form 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 life assurance lump sum paid. This is because the lump sum may be subject to a lifetime allowance charge (LTAC) – see 'A Guide for pensioners and their dependants' available on our website <http://www.hscpensions.hscni.net/>. The liability to pay any tax charge lies with the person or organisation receiving the lump sum.

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.

HSC Pension Service must also inform the personal representative of the following information within 3 months of the final payment:

- The amount and date of the lump sum paid in respect of the member
- The percentage of the standard lifetime allowance used by the lump sum in respect of the member.

### **1995 Section members**

**Do not** delay your claim. The life assurance lump sum must be paid within 2 years of the member's death or it will attract a tax charge of either 40% or 55%.

### **2008/2015 Scheme members**

HSC Pension Scheme regulations **do not** allow for payment of a lump sum on death where it is not paid within two years of the date upon which the Scheme Administrator was first notified of the member's death.

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

If the deceased had a Money Purchase Additional Voluntary Contributions (MPAVC) death cover contract, please send a copy of the death certificate to **their HSC AVC provider**. They can only pay any MPAVC benefit **after** HSC Pension Service has paid the life assurance lump sum.

If you change your address please tell us right away, quoting the National Insurance number/membership 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.

**Part 1 To be completed by the person claiming the life assurance lump sum.**

**1.1 About the deceased.**

**Please write clearly.**

Surname Other

names

Date of birth

Date of death

Status

Single

Married

Widowed

Divorced

Civil Partner

What is the name of their last HSC employer?

What was their job?

**12 About the personal representative - must be completed in all cases (see guidance notes)**

Surname

Other names

Address

  
  

**13 About yourself.**

Your surname

Other names

Your address

(This is the address where correspondence will be sent)

  
  

Email address

What was your relationship to the person who has died?

- spouse
- civil partner
- qualifying nominated partner
- death benefit nominee

## Part 2 Declaration

To be completed by the person claiming the life assurance lump sum. Please sign and date below.

**I declare** that 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 that further or new information at the earliest possible opportunity.

**I am** the legal personal representative or death benefit nominee of the deceased.

**I apply for** the Life Assurance Lump Sum.

**I agree** to defend, indemnify\* and hold harmless HSC Pension Service, from any and all damages, liability, and claims, arising from this claim.

*\*Indemnity may be defined as "[a] duty to make good any loss, damage or liability incurred by another" or "the right of an injured party to claim reimbursement for its loss, damage or liability from a person who has such duty."*

Tick this box if you are sending the Death Certificate

Please sign here

Date

## Bank Details

Bank/Building Society Account Number \_\_\_\_\_

Sorting Code Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If you are claiming an allowance for dependent children you will have to complete form AW 9. Send it back to the HSC employer (or to HSC Pension Service if told to do so) with this form and any children's birth and medical certificates asked for. Your certificates, or other papers, will be returned to you as quickly as possible.

**Please return this form to the HSC employer that issued it. Do not** send it to HSC Pension Service unless there is a note in the box below telling you to do so. Send the death certificate and any other certificate requested with this form.

**Part 3 Pay details. TO BE COMPLETED BY THE HSC EMPLOYER.**

1. Inclusive Date to which Salary will be paid: \_\_\_\_\_

2. If the answer to 1 above differs from the date of death please state why:

\_\_\_\_\_

**3. Total pensionable/reckonable pay**

This employment is -	Full-time	Complete boxes (i), (ii) (if applicable) and (iv)
	Part-time	Complete boxes (i), (ii) (if applicable), (iii) and (iv)
	Sessional	Complete boxes (i), (ii) (if applicable), (iii) and (iv)

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

**For 1995 Section** members give rates and total pensionable pay for the **best of the last 3 years** of contributing service at year 1 below.

**For 2008 Section and Optants** give reckonable pay for all relevant years (from 1 April 2008 to be the earliest).

- (i) Total pensionable pay (1995 Section only give best of the last 3 years at Year 1 below) Total reckonable pay (2008 Section and Optants, provide all relevant years below (from 1 April 2008 to be the earliest)).

**Whole Time Equivalent (WTE) for any membership of the 1995 and 2008 scheme**

Year 1	From _____ to _____	amount £ _____
Year 2	From _____ to _____	amount £ _____
Year 3	From _____ to _____	amount £ _____
Year 4	From _____ to _____	amount £ _____
Year 5	From _____ to _____	amount £ _____
Year 6	From _____ to _____	amount £ _____
Year 7	From _____ to _____	amount £ _____

**(ii) ACTUAL** pensionable pay (1995 Section only give best of the last 3 years at Year 1 below) Total reckonable pay (2008 Section and Optants, provide all relevant years below (from 1 April 2008 to be the earliest).

**Actual Earnings for Part-Time staff in the 1995/2008 Scheme**

Year 1 From \_\_\_\_\_ to \_\_\_\_\_ amount £ \_\_\_\_\_

Year 2 From \_\_\_\_\_ to \_\_\_\_\_ amount £ \_\_\_\_\_

Year 3 From \_\_\_\_\_ to \_\_\_\_\_ amount £ \_\_\_\_\_

Year 4 From \_\_\_\_\_ to \_\_\_\_\_ amount £ \_\_\_\_\_

Year 5 From \_\_\_\_\_ to \_\_\_\_\_ amount £ \_\_\_\_\_

Year 6 From \_\_\_\_\_ to \_\_\_\_\_ amount £ \_\_\_\_\_

Year 7 From \_\_\_\_\_ to \_\_\_\_\_ amount £ \_\_\_\_\_

**(iii)** Domiciliary fees £ \_\_\_\_\_

**(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

\_\_\_\_\_

\_\_\_\_\_

**4. For the 2015 Scheme Actual Pensionable Pay** required from:

**i)** The 1<sup>st</sup> April 2015 to the 31<sup>st</sup> March 2016 £ \_\_\_\_\_

**ii)** The 1<sup>st</sup> April 2016 to the 31<sup>st</sup> March 2017 £ \_\_\_\_\_

**ii)** The beginning of the current financial year to date of leaving. (1<sup>st</sup> April to date of leaving)

Leaving date - \_\_\_\_/\_\_\_\_/\_\_\_\_ £ \_\_\_\_\_

**Part 4 TO BE COMPLETED BY THE HSC EMPLOYER.**

**1. Has the date of death been verified by checking the death certificate?**

No  we have not seen the death certificate because

---

---

Yes  the date on the certificate is

**2. Are there any dependent children?**

No  Yes  the dates on the birth certificates are

\*Relevant AW 9 is attached  will follow

**3. Is the Life Assurance Lump Sum being claimed by a nominee?**

No  Yes  the dates on the birth certificate is

**4. I certify:**

- the information given in **parts 3 and 4** of this form is correct.
- the pay details in **part 3** agree with the contributions shown on form 55A.
- all contributions to the HSC Pension Scheme have been, or will be deducted from pay
- All certificates and any other original papers have been returned to the claimant.

Signature

Date

Extension

EA/GP Stamp