

HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT476FP

HSC Pension Scheme – Claim for Surviving Adult Dependant Pension/ life assurance lump sum on death of an active member (AW11)

National Insurance Number of the Scheme Member

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

Please read these notes and ‘A Guide for pensioners and their dependants’ first

Please complete **Parts 1 and 2** of this form. You can ask someone to help you do this, for example a solicitor. Someone who knows you should sign at **Part 3**. The HSC Employer will complete **Parts 4 and 5**.

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.

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.

Any survivor’s pension does not form part of the member’s lifetime allowance.

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 up to 40%.

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.

Your late spouse, civil partner or partner may have made a valid declaration that they wish the life assurance lump sum to be paid to their legal personal representatives or to a nominee. Even if this is the case you should still complete this form to claim the survivor’s pension.

If your late spouse, civil or partner had a Money Purchase Additional Voluntary Contributions (MPAVC) death cover contract, please send a copy of the death certificate to their HSC AVC provider. The HSC AVC provider can only make payment of any MPAVC benefit **after** HSC Pension Service has paid the life assurance lump sum.

If you change your address please tell us right away.

Supporting Documentation

The following documentation is required to support your claim:

- a certified copy of the death certificate (*if this has not already been sent to us*)
- a marriage certificate (*if the deceased member was married before they died*)
- a civil partner registration certificate (*if the deceased member had a registered civil partner before they died*)
- proof of financial interdependency if the deceased member had a nominated partner (*see below for further details*)

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

Proof of financial interdependency

If you are claiming as a nominated partner you will need to provide at least two forms of supporting documentation (no photocopies) from the list below:

- confirmation you have lived in a shared household
- confirmation of shared household expenditure
- 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
- your partner being nominated as the main beneficiary of life assurance.

If the surviving spouse is also claiming any life assurance lump sum that may be payable, they **will not be** required to complete the AW10 form (Claim for Life Assurance Lump Sum on Death of an Active member) in addition to the AW11 form.

If another party is claiming any life assurance lump sum, as per any nomination the deceased has made, the nominated party **will be** required to complete the AW10 form

Part 1 To be completed by the surviving partner.**1. About your late spouse, civil partner or nominated partner.** Please write clearly.Surname Other names Date of birth Date of death What is the name of their last HSC employer? What was their job? **2. About the personal representative (if applicable)**Surname Other names Address

3. About yourselfYour surname Other names Your date of birth Date of marriage or civil partnership *if applicable*Your NI number Your address

Email address Relationship to deceased spouse civil partner partner nominee

Part 2 Declaration

To be completed by the person claiming the survivor's pension and / or the life assurance lump sum. Please sign and date this part with your witness present.

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 surviving partner of the person who has died.

I apply for my survivor's pension and / or life assurance lump sum. *This will be paid directly to the specified bank account.*

Bank/Building Society Account Number _____

Sorting Code Number _____/_____/_____

Name and Address of Bank/Building Society (BLOCKLETTERS) _____

Please sign here

Date

Part 3. Please ask your witness to complete this part.

I **certify** that I witnessed this person sign the above Declaration.

Surname

Other names

Address

Signature

Date

Please send this form back to the HSC employer that issued it. Do not send it to HSC Pension Service unless you are told to do so. Send the relevant supporting documentation with this form as detailed in the notes.

If you are claiming an allowance for dependent children you will need to complete form AW 9. Send it back to the HSC employer with this form and any children's birth and medical certificates asked for. Your certificates will be returned to you as quickly as possible.

Part 4. 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 for the 1995 and 2008 Sections

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

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 2015 Scheme Actual Pensionable Pay required from:

i) The 1st April 2015 to the 31st March 2016 £ _____

ii) The 1st April 2016 to the 31st March 2017 £ _____

iii) The beginning of the current financial year to date of leaving. (1st April to date of leaving)

Leaving date - ____/____/____ £ _____

Part 5 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. Has the survivor's date of birth and date of marriage or civil partnership to the deceased been verified by checking the certificates? For partner nominees has the relevant supporting evidence been included?Birth No Yes the date on the certificate is

/	/
---	---

Marriage No Yes the date on the certificate is

/	/
---	---

Civil Partnership No Yes the date on the certificate is

/	/
---	---

Partner nominee No Yes the supporting evidence is attached**3. Are there any dependent children?**No Yes the dates on the birth certificates are

/	/
---	---

/	/
---	---

/	/
---	---

/	/
---	---

Form AW9 attached to follow 4. Form AW135 [Initial / Limited SP] is attached to follow not applicable **5. Please state the amount of initial survivor pension to be put into payment for valid partner nominees.**

£	Gross
£	Tax

6. I certify that

- the information given in **parts 4 and 5** of this form is correct.
- the pay details in **part 4** agree with the contributions shown on Termination of Scheme Membership Notice.
- all contributions to the HSC Pension Scheme have been or will be deducted from pay.
- all certificates have been returned to the claimant.

Signature

--

Date

/	/	Ext	
---	---	-----	--

EA/GP Stamp

--