

HSC Pension Scheme – Application for payment of child allowance

Member's Surname

Other names

NINO

HSC Pension Service may be able to pay an allowance for dependent children of a member who dies

We can pay an allowance to

- anyone who has care of the children, or
- the children if they look after themselves.

You can claim an allowance for anyone who

- was dependent on the person who has died, **and**
- is under age 17, **or**
- is 17 or over and in full time education or training and has been so continuously since the age of 17, until they reach a maximum age of 23*; **or**
- is under age 23 at the time of the member's death and at that time is unable to earn a living due to permanent ill health or handicap

*If the member retires before 6 April 2006, the maximum age limit of 23 does not apply.

Do you think you can claim for anyone?

Please tick the box that applies to you and follow the instructions:

Yes. I can claim for someone Complete the application form starting on page 2 then **return it to the office that sent it to you.**

I am not sure. I think I may be able to claim for someone Complete the application form starting on page 2 then **return it to the office that sent it to you.** HSC Pension Service will write to tell you whether you have an allowance

No. I cannot claim for anyone Please sign and date the form below then **return it to the office that sent it to you.**

Signature

Date / /

Part 1. Details of the dependants you are claiming for:

- **Notes about completing this part of the form.**

Spaces are provided for you to give information for up to 5 dependants. If you do not have enough room please continue on a separate piece of paper and attach it firmly to this form.

“**Relationship**” means the relationship of the dependant to the person who has died.

If the dependant is under age 17 you only need to write their name and relationship.

If the dependant is aged 17 or over you will need to complete the information about their full time education or their incapacity, whichever is appropriate

“**Place of education**” means the name of the school, college etc that the dependant attends.

“**Incapacitated**” means a dependant who is unable to earn a living due to a permanent ill-health or disability and who was incapacitated on the date the member died.

Please write clearly.

1.	Name (surname first please)	Relationship	Date of birth
Dependants aged 17 or over in full time education:			
Place of education and full address		Student Ref No	
Name of course		Date expected to finish / /	
Are they on a paid Training Course? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount paid £	
Dependants who are incapacitated:		Date their incapacity began	
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /	

2.	Name (surname first please)	Relationship	Date of birth
Dependants aged 17 or over in full time education:			
Place of education and full address		Student Ref No	
Name of course		Date expected to finish / /	
Are they on a paid Training Course? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount paid £	
Dependants who are incapacitated:		Date their incapacity began	
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /	

3.

Name (surname first please)	Relationship	Date of birth
Dependants aged 17 or over in full time education:		
Place of education and full address	Student Ref No	
	Date expected to finish / /	
Name of course		
Are they on a paid Training Course?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount paid £
Dependants who are incapacitated:		Date their incapacity began
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /

4.

Name (surname first please)	Relationship	Date of birth
Dependants aged 17 or over in full time education:		
Place of education and full address	Student Ref No	
	Date expected to finish / /	
Name of course		
Are they on a paid Training Course?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount paid £
Dependants who are incapacitated:		Date their incapacity began
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /

5.

Name (surname first please)	Relationship	Date of birth
Dependants aged 17 or over in full time education:		
Place of education and full address	Student Ref No	
	Date expected to finish / /	
Name of course		
Are they on a paid Training Course?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount paid £
Dependants who are incapacitated:		Date their incapacity began
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /

PART 3. Please complete the **Declaration** below. Ask someone who knows you to witness your signature. Your witness should complete **Part 4**.

I declare that the person(s) named in Part 1 were dependent on the deceased member at the time of their death.

I declare that I shall have care and charge of the person(s) named in Part 1 of this form and any allowance paid to me will be used for the benefit of those persons.

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.

This is my claim for payment of Child Allowance.

Signature

PRINT your full name here

PRINT your address here

Email Address

Date

Part 4. I certify that today I saw this person sign the Declaration.

Signature

PRINT your full name here

and your address here

Date