



**Northern Ireland
Fire & Rescue Service**



NORTHERN IRELAND FIRE & RESCUE SERVICE

THE FIREFIGHTERS' PENSION SCHEME REGULATIONS (NORTHERN IRELAND) 2015

CARE SCHEME

Nomination of Dependant Partner for Survivor's Pension



NOMINATION OF DEPENDENT PARTNER FOR SURVIVOR'S PENSION

Benefits payable upon the death of a member of the Firefighters' Pension Scheme Regulations (Northern Ireland) 2015 include pensions for children, and for a surviving partner. A surviving partner is defined in the legislation as;

1. The spouse or civil partner of the member;
2. Cohabiting with the member; if not married or formed a civil partner and is not married to any other persons
3. Financially dependent on the member or in a state of mutual financial dependency
4. Is in a long term relationship (continuous period of over two years) with the scheme members

If you wish to nominate your partner for dependant's benefits, complete the attached form. The declaration should be signed by both you and your partner and should be witnessed by a Third Party. Detach the form from these notes and send to:

**HSC Pensions,
Waterside House,
75 Duke Street,
Derry,
BT47 6FP**

It is important that you should keep the Northern Ireland Fire & Rescue Service informed of any change in circumstances which could affect the nomination, or if you wish to revoke it.

Northern Ireland Fire & Rescue Service Firefighters' Pension Scheme Regulations (Northern Ireland) 2015

NOMINATION OF DEPENDENT PARTNER FOR SURVIVOR'S PENSION

First read the notes opposite. If you wish to proceed, use BLOCK CAPITALS to give details about yourself and your partner as requested below. You and your nominated partner should complete the declaration on the other side of this form and have the declaration witnessed. Then detach the form from the notes and return as directed. Your Fire & Rescue Service will register the information and return the form to you to show that this has been done.

SCHEME MEMBER DETAILS

Surname.....

Forename(s).....

Date of Birth.....National Insurance No.....

Employee number.....Home Telephone No.....

Mobile No.....E-mail Address.....

Address.....

.....

NOMINATED PARTNER DETAILS

I nominate my partner named below to receive a nominated partner's pension under the Firefighters' Pension Scheme Regulations (Northern Ireland) 2015:

Surname.....Title (Mr, Mrs, Ms Other).....

Forename(s).....

Date of Birth.....National Insurance No.....

Mobile No.....E-mail Address.....

Address.....

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You should not rely on this nomination alone to give your partner entitlement to a pension. Upon your death, your Fire & Rescue Service will need to be satisfied that your relationship met the qualifying conditions for the payment of a pension.

DECLARATION

We confirm that -

- We have lived together for years, during which time our financial affairs have been interdependent (or the partner has been financially dependent upon the Scheme member);
- We are in an exclusive, committed relationship with each other, and we intend to continue in this relationship indefinitely;
- We are mutually responsible for each other's welfare;
- We are not related in a way that would prevent marriage or civil partnership;
- Neither of us is married to, or in a civil partnership, with anyone else;
- Neither of us is currently nominated as the partner of anyone else.

Scheme member's signature.....

Date.....

Nominated partner's signature.....

Date.....

WITNESSED BY:

Signature of witness.....

Please use block capitals:

Name of witness.....

Address of witness.....

.....

Date.....



FOR NORTHERN IRELAND FIRE & RESCUE SERVICE USE ONLY

The nomination made in this form was registered on (date)

Signature

Name and position.....

Contact address.....

Contact telephone number.....