



Application for Widow(er)'s/Partner's Pension/ Death with Deferred Benefit and Death Gratuity (if entitled) (AW11)

These notes explain how we will pay your pension. Please keep them in a safe place; you may need to look at them again. Please complete the form and return it with any other claim forms that have been sent to you.

Methods of payment - We will pay the pension by direct credit into your bank or building society account. This is by far the safest method of payment. The account can be with a bank or building society:

- In the United Kingdom (we cannot pay to mortgage accounts or to National Savings Bank accounts), or
- Overseas* (provided it is capable of receiving secure electronic payments of funds please contact our department for further information).

*You will need to complete a mandate for the payment to be made to an overseas bank and attach it to this claim form. The overseas bank mandates are available by contacting our department on 028 71 319111. If you do not have a suitable account, you will need to open one.

We will normally pay the pension monthly (one twelfth of the yearly rate, to the nearest penny) on the last banking day of the month (this may not be the last day of the month). A 'pension month' is the period between one payment date and the next. If a pension starts part way through a 'pension month', the first payment will be for the amount due for the number of days in the part-pension month. We will not send details of the pension each time a payment is made. But we will write when your pension begins and each time there is a change in your tax code or in the yearly rate, for example because of a cost of living increase.

Changes you should tell us about

You should tell us immediately if:

- you change your address
- your bank or building society account details change
- your relationship status changes

You can contact us using the following details:

Telephone: 028 71 319111 – we are available for calls from 9am to 4pm Monday to Thursday, and 9am to 12noon Friday.

Email address: hscpensions@hscni.net

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

Pensions Increase HSC pensions are increased to keep pace with rises in the cost of living. They are increased by the same percentage as the increase to the State Earnings Related Pension Scheme.

Income Tax Your pension is treated for tax purposes as earned income. At first, we will deduct tax under a temporary code until we get the right code from the Tax Office. The Tax Office will decide what your tax code should be.

If you are completing this form by hand, please write clearly and in **BLACK** pen.

Part 1 – Details of the deceased member you are claiming for

1.1 About the deceased. Please write clearly and in BLACK pen					
Title (e.g. Mr, Mrs, Miss, Dr)	Date of birth				
Surname	Date of death				
Other names	Gender				
What was the member's marital status? – must be co	mpleted in all cases				
Status Single (never married) Married Formed a civil partnership					
Divorced Civil P	artnership dissolved				
Widowed					
What was the name of their last HSC employer?					
What was the job?					

1.2 About yourself.

Title (e.g. Mr, Mrs, Miss, Dr)	Address
Surname	
Former surname (if applicable)	
	Post code
Other names	Email address
Contact telephone number	National Insurance Number
Date of birth	Your gender

1.3 Bank Details

Bank or Building Society account details

Name of account holder	Full name and address of bank/building soc.
Branch Sort Code	
Account Number	
	Post code
And/or Building Society Roll no.	

If your bank is outside the UK, please indicate which country your pension will be paid to:

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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.

1.4 Please state in which capacity you are completing this application

Spouse	Proceed to	o Sec	tion	5					
Civil Partner	Proceed to	o Sec	tion	5					
Date of Marriage/Civil R	Registration								
Surviving Partner								 	
Nominee			со					<mark>D NC</mark> and a	
Legal Personal Representative			were married or in a civil partr					•	

Part 2 – About you and your partner			
2.1 How long had you and partner lived together? (see personal checklist part 3)	Years	Months	

2.2 Were you living together at the time of your partner's death?



If no, please explain why you were living apart

2.3 Where were you living at the time of your partner's death?

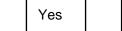
2.4 Did you spend any long periods (over six months) apart (other than, for example, stays in hospital)? If yes, please give details of the circumstances and dates



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

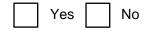
If yes, please provide copies of all relevant final dissolution order(s), or previous partners' death certificate(s).

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?



3.3 Were you the beneficiary of your partner's life assurance, or was your partner the beneficiary of your life assurance?



3.4 Did you and your partner share any other joint financial commitments not shown in in the above list? Is so, please provide details and copies of any relevant documents.

	Yes		No
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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	
Spouse/surviving partner/applicants birth certificate	
Member's full/short death certificate or coroner's report	
Divorce decree or dissolution or nullity of civil partnership for both parties	
Previous partner's death certificate	
Documents proving financial interdependence	

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

Your Address

Telephone number	Tele	phone	num	ber
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Email address

Signature

L_____ Date

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Post code

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