

**HSC Pension Service**  
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Email: hscpensions@hscni.net

From \_\_\_\_\_  
(Employing Authority)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## NOTIFICATION OF SALARY RELATED SURVIVOR'S PENSION

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### Details of Deceased Contributor

National Insurance No: \_\_\_\_\_

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

\*Member's Date of Death \_\_\_\_\_

### Survivor's Name

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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Before completion of A, B, C and D please read NOTE overleaf –

- A. \*Limited/initial survivor's pension is being paid at the rate of £ \_\_\_\_\_ per  
\*annum/month/week for the period \_\_\_\_\_ to \_\_\_\_\_.  
The tax code \_\_\_\_\_ is being applied.

The terminating form SD55 and the relevant certificates will be forwarded within one month of the contributor's date of death, together with the application form AW11 for the survivor's pension and death gratuity/\*and application form AW9 for children's allowance.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Official Description \_\_\_\_\_

\*Delete that which is not applicable.

B. Payment of survivor's limited pension has now ceased in this case.

The total survivor's pension paid by this employing authority amounted to  
£ \_\_\_\_\_ gross less £ \_\_\_\_\_ tax and was in respect of a  
period of \_\_\_\_\_ months from \_\_\_\_\_  
to \_\_\_\_\_.

Please arrange to have the gross amount repaid to this employing authority.

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C. Payment of a survivor's initial pension has now ceased in this case and Parts 2 and 3  
of Form P45 are attached. The total survivor's pension paid amounts to £ \_\_\_\_\_  
gross in respect of the 6 month period from \_\_\_\_\_  
to \_\_\_\_\_.

The amount of tax deducted amounted to £ \_\_\_\_\_.

Please arrange to have the gross amount repaid to this employing authority.

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D. Complete only where appropriate.

Payments were made over 2 tax years.

In the \_\_\_\_\_ / \_\_\_\_\_ year pension paid amounted to  
£ \_\_\_\_\_ gross less tax of £ \_\_\_\_\_.

In the \_\_\_\_\_ / \_\_\_\_\_ year pension paid amounted to £ \_\_\_\_\_  
gross less tax of £ \_\_\_\_\_.

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E. Employing Authority Bank Account Details

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Official Description \_\_\_\_\_

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**PLEASE NOTE:**

***Employers should ensure that in all cases pension is payable for the first six months following the date of death of the survivor's late partner.***