

DECLARATION OF ENTITLEMENT

(Any person making a false declaration is liable to prosecution)

FULL NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

Tel No _____ **Email address** _____

Payroll Number _____

I confirm that the above information is correct and that I am entitled to the pension that I am currently receiving from the HSC Pension Scheme.

SIGNATURE: _____ **DATE:** _____

(In the presence of a witness)

WITNESS

I certify that this declaration was signed in my presence by the declarant, whom I believe to be the person named above.

WITNESS SIGNATURE: _____ **DATE:** _____

NAME (BLOCK CAPITALS): _____

ADDRESS:

Please return completed forms to:-

**Payments Section
HSC Pension Service
Orchard House
40 Foyle Street
Derry/Londonderry
Northern Ireland
BT48 6AT**

