



## Application for payment of Child Allowance (AW9)

This form only applies to members whose Scheme membership extends to or beyond 1<sup>st</sup> April 2008

**This form should be completed by the surviving parent or guardian of the child/children, or by the child if aged 18 or over**

Member's surname:

Other names:

Member's National Insurance number:

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**HSC Pension Service may be able to pay a pension for any dependent children of a member who dies – see the Survivors Guide 'available on our website at [www.hscpensions.hscni.net](http://www.hscpensions.hscni.net) for more information about other possible child dependents.**

### ***We can pay child 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 23 at the time of the member's death
- is aged 23 or over, but unable to earn a living due to a permanent physical or mental infirmity, from which that child was suffering at the time the member died

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***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
- a child is admitted to hospital or other institution for a period exceeding one month

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](mailto:hscpensions@hscni.net)

HSC Pension Service  
Orchard House,  
40 Foyle Street,  
Derry/Londonderry,  
BT48 6AT

## ***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.

## ***Notes about completing this part of the form***

Spaces are provided for you to give information for up to five dependents. 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 dependent to the person who has died.

**“Incapacitated”** means a dependent who is unable to earn their own living due to a permanent physical or mental impairment from which that child was suffering at the date of the member's death.

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

***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 and 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 and return it to the office that sent it to you. HSC Pension Service will write to tell you whether you can have a child's pension.

☐

**No.** I cannot claim for anyone

Please sign and date the form below then return it to the office that sent it to you.

☐

Are you aware of any other dependent children i.e. from a previous marriage/relationship?

☐

**Yes**

*Please provide details below i.e. name and address of the person who has care of these children or the children if they look after themselves*

☐

**I am not sure** *Please tell us why in the box below. Please continue on a separate sheet if necessary and attach to AW9*

☐

**No**

*I am not aware of any other dependent children. Please sign and date below*

Title (e.g. Mr, Mrs, Miss, Dr)

Print name

Contact telephone number

Signature

Address

Post code

Email address

Date

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## Part 1 – Details of the dependents you are claiming for

Child 1

Name (surname first please)

Relationship to the member who has died

Date of birth

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### Dependants who are incapacitated:

Is the dependent incapacitated?

Yes

☐

No

☐

Date their incapacity began

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Is the dependent living with you at home?

Yes

☐

No

☐

Address (if not living with claimant)

Post code									

### Bank Details

Bank details of:

Parent

☐

Guardian

☐

Dependant

☐

Name of account holder

Branch Sort Code

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Account Number

--	--	--	--	--	--	--	--

Full name and address of bank/building soc.

Post code									

And/or Building Society Roll no.

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### Declaration (should be signed by the dependant if aged 18 or over)

I declare that I am the \*dependant/parent/guardian\* (*delete as appropriate*), and apply for benefits under the HSC Pension Scheme regulations. Any child allowance paid to me shall be applied to the benefit of said child.

I declare that the statements made by me on this form are true and to the best of my knowledge and belief, and therefore confirm that any dependants allowance should be paid into the bank account as noted above.

Signature

Date

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Child 2

Name (surname first please)

Relationship to the member who has died

Date of birth

		—			—				
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**Dependants who are incapacitated:**

Is the dependent incapacitated?

Yes

☐

No

☐

Date their incapacity began

		—			—				
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Is the dependent living with you at home?

Yes

☐

No

☐

Address (if not living with claimant)

Post code									

**Bank Details**

Bank details of:

Parent

☐

Guardian

☐

Dependant

☐

Name of account holder

Branch Sort Code

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Account Number

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Full name and address of bank/building soc.

Post code									

And/or Building Society Roll no.

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**Declaration (should be signed by the dependant if aged 18 or over)**

I declare that I am the \*dependant/parent/guardian\* (*delete as appropriate*), and apply for benefits under the HSC Pension Scheme regulations. Any child allowance paid to me shall be applied to the benefit of said child.

I declare that the statements made by me on this form are true and to the best of my knowledge and belief, and therefore confirm that any dependants allowance should be paid into the bank account as noted above.

**Signature**

**Date**

		—			—				
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### Child 3

Name (surname first please)

\_\_\_\_\_

Relationship to the member who has died

\_\_\_\_\_

Date of birth

		—			—				
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**Dependants who are incapacitated:**

Is the dependent incapacitated?

Yes

11

No

11

Date their incapacity began

		—		—				
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Is the dependent living with you at home?

Yes

7

No

7

Address (if not living with claimant)

Post code							

### Bank Details

Bank details of:

Parent

11

Guardian

Dependant

11

Name of account holder

\_\_\_\_\_

Branch Sort Code

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Account Number

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Full name and address of bank/building soc.

Post code							

And/or Building Society Roll no.

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**Declaration (should be signed by the dependant if aged 18 or over)**

I declare that I am the \*dependant/parent/guardian\* (*delete as appropriate*), and apply for benefits under the HSC Pension Scheme regulations. Any child allowance paid to me shall be applied to the benefit of said child.

I declare that the statements made by me on this form are true and to the best of my knowledge and belief, and therefore confirm that any dependants allowance should be paid into the bank account as noted above.

**Signature**

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Date \_\_\_\_\_

		—			—				
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Child 4

Name (surname first please)

\_\_\_\_\_

Relationship to the member who has died

\_\_\_\_\_

Date of birth

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**Dependants who are incapacitated:**

Is the dependent incapacitated?

Yes

11

No

7

Date their incapacity began

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Is the dependent living with you at home?

Yes

7

No

11

Address (if not living with claimant)

Post code							

### Bank Details

Bank details of:

Parent

11

Guardian

11

Dependant

11

Name of account holder

\_\_\_\_\_

Branch Sort Code

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Account Number

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Full name and address of bank/building soc.

Post code							

And/or Building Society Roll no.

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**Declaration (should be signed by the dependant if aged 18 or over)**

I declare that I am the \*dependant/parent/guardian\* (*delete as appropriate*), and apply for benefits under the HSC Pension Scheme regulations. Any child allowance paid to me shall be applied to the benefit of said child.

I declare that the statements made by me on this form are true and to the best of my knowledge and belief, and therefore confirm that any dependants allowance should be paid into the bank account as noted above.

**Signature**

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Date \_\_\_\_\_

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Child 5

Name (surname first please)

Relationship to the member who has died

Date of birth

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**Dependants who are incapacitated:**

Is the dependent incapacitated?

Yes

☐

No

☐

Date their incapacity

		—			—				
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began

Is the dependent living with you at home?

Yes

☐

No

☐

Address (if not living with claimant)

Post code									

**Bank Details**

Bank details of:

Parent

☐

Guardian

☐

Dependant

☐

Name of account holder

Full name and address of bank/building soc.

Post code									

Branch Sort Code

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Account Number

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And/or Building Society Roll no.

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**Declaration (should be signed by the dependant if aged 18 or over)**

I declare that I am the \*dependant/parent/guardian\* (*delete as appropriate*), and apply for benefits under the HSC Pension Scheme regulations. Any child allowance paid to me shall be applied to the benefit of said child.

I declare that the statements made by me on this form are true and to the best of my knowledge and belief, and therefore confirm that any dependants allowance should be paid into the bank account as noted above.

**Signature**

**Date**

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## Part 2 – Payment information

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

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.

## Part 3 – Supporting documentation required

An original or acceptable certified copy of the following documentation is required to support your claim:

- Birth certificates Send the birth certificates of all the dependants you are claiming for. These will be returned to you as soon as possible.
- Medical certificates If you are claiming for anyone who is unable to earn a living due to a permanent physical or mental impairment, please send a medical certificate or a doctor's letter that explains their condition.

Where applicable an English translation of any certificate/document should be forwarded.

**Important:** Your claim will not be processed until all supporting documentation has been received and verified. HSC Pension Service may write to ask for other papers.

## Part 4 – Additional Declaration

***The Declaration below should be completed by the person claiming the children's pension. Sign and date this form with your witness present. (Please tick)***

- ☐ I have read the Survivors Guide to the HSC Pension Scheme available on the website
- ☐ I understand that I will have to repay any overpayment of pension
- ☐ I understand that I must tell HSC Pension Service about any changes that may affect my entitlement

Please complete the **Declaration** below. Ask someone who knows you to witness your signature. Your witness should complete **Part 5**.

I declare:

- ☐ That the person(s) named in part 1 were financially dependent on the deceased member at the time of their death
- ☐ That I am not aware of any other dependent children who may be entitled to a "share" of the total children's pension payable from the HSC Pension Scheme, that are not already listed on this application form
- ☐ That if I become aware of any other dependents I agree to notify the Scheme Administrator as soon as possible in order to prevent an overpayment
- ☐ That I shall have care and charge of the person(s) named in part 1 of this form and any children's pension paid to me will be used for the benefits of those pensions

☐ 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 will be provided at the earliest possible opportunity

☐ That I am entitled to a pension from the HSC Pension Scheme

**This is my claim** for payment of a children's pension.

Print your full name

Telephone number

Email address

Signature

Your Address

Post code

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Date

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## Part 5 – Please ask your witness to complete this part

Print your full name

Telephone number

Email address

Signature

Your Address

Post code

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Date

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If you are witnessing outside the United Kingdom and you are not a U.K. voter, please write your qualification in this box from the list below.

### ***Persons who may witness outside the U.K.***

A registered United Kingdom voter.

A listed or retired officer of Her Majesty's armed forces.

A permanent or retired civil servant of any country in the British Commonwealth or Irish Republic.

A member of Her Majesty's diplomatic service.

An authorised bank official.

A physician or surgeon registered where the Declaration is made.

A minister

A merchant ship master who is a British subject.

A Commonwealth or Irish Republic university graduate.

A magistrate.

A barrister, solicitor or advocate authorised to practise where this Declaration is made.

A Notary Public or other person qualified to administer oaths where this Declaration is made.

### ***In the Channel Islands.***

A registered Channel Island voter.

### ***In the Isle of Man.***

A registered Isle of Man voter.

***Please send this form and your supporting documentation, as detailed in the notes, to:***

HSC Pension Service  
Orchard House,  
40 Foyle Street,  
Derry/Londonderry,  
BT48 6AT