

To **NHS Pensions**
Hesketh House
200 - 220 Broadway
Fleetwood FY7 8LG

From (Employing Authority/GP Practice)



Pensions

EA/GP Code _____

Payment of Initial or Limited Pension to a Survivor*

Details of deceased member

Surname

Other names

SD reference number

Employed as

Date of death

Details of survivor * Survivor means Widow, Widower or Civil Partner

Surname

Other names

Address

The pension ticked below is being paid to the survivor

Initial pension for 6 calendar months

Payment dates from to

At the rate of a week a month

Limited pension for 6 calendar months

Payment dates from to

At the rate of a week a month

Practitioners only

The pension is based on remuneration ending on

A claim form for death benefits is attached.

Signature

Date