

NHS Pension Scheme - Claim for survivor death benefits

Please read these notes and Booklet R first

Please complete **Parts 1 and 2** of this form. You can ask someone to help you do this, for example a solicitor. The NHS Employer will complete **Parts 4 and 5**. Someone who knows you should sign at **Part 3**.

NHS Pensions must inform the personal representative of any life assurance lump sum paid. This is because the lump sum may be subject to a lifetime allowance charge (LTAC) - see Booklet R. The liability to pay any tax charge lies with the person or organisation receiving the lump sum.

NHS Pensions must also inform the personal representative of the following information within 3 months of the final payment:

- The amount and date of the lump sum paid in respect of the member
- The percentage of the standard lifetime allowance used by the lump sum in respect of the member.

Any survivor's pension does not form part of the member's lifetime allowance.

Do not delay your claim. The life assurance lump sum must be paid within 2 years of the member's death or it will attract a tax charge of up to 40%.

Your late spouse, civil partner or partner may have made a valid declaration that they wish the life assurance lump sum to be paid to their legal personal representatives or to a nominee. Even if this is the case you should still complete this form to claim the survivor's pension.

If your late spouse, civil partner or partner had a Money Purchase Additional Voluntary Contributions (MPAVC) death cover contract, please send a copy of the death certificate to their NHS AVC provider. The NHS AVC provider can only make payment of any MPAVC benefit **after** NHS Pensions has paid the life assurance lump sum.

If you change your address please tell us right away, quoting the membership number, beginning "SD", shown at the top of this page.

Supporting Documentation

The following documentation is required to support your claim:

- a certified copy of the death certificate (*if this has not already been sent to us*)
- a marriage certificate (*if the deceased member was married before they died*)
- surviving partners birth certificate
- a civil partner registration certificate (*if the deceased member had a registered civil partner before they died*)
- proof of financial interdependency if the deceased member had a nominated partner (*see below for further details*)

Your claim cannot be processed until all supporting documentation has been received and verified.

Proof of financial interdependency

If you are claiming as a nominated partner you will need to provide at least two forms of supporting documentation (no photocopies) from the list below:

- confirmation you have lived in a shared household
- confirmation of shared household expenditure
- shared bank accounts or investments
- a loan or mortgage in joint names
- wills naming each other as the main beneficiary
- a mutual power of attorney
- your partner being nominated as the main beneficiary of life assurance

Part 1 To be completed by the surviving partner.

1 About your late spouse, civil partner or partner. Please write clearly.

Surname	<input type="text"/>
Other names	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Date of death	<input type="text" value="/ /"/>
What is the name of their last NHS employer?	<input type="text"/>
What was their job?	<input type="text"/>

2. About the personal representative - must be completed in all cases

Surname	<input type="text"/>
Other names	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. About yourself

Your surname	<input type="text"/>
Other names	<input type="text"/>
Your date of birth	<input type="text" value="/ /"/>
Date of marriage or civil partnership	<input type="text" value="/ /"/> <i>if applicable</i>
Your NI number	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Your address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Relationship to deceased spouse civil partner partner nominee

Pensions are paid monthly, but if your late spouse, civil partner or partner was a **weekly wage earner** you can choose to have your pension paid weekly.

If this applies to you, please tell us how you would like your pension paid:

Monthly Weekly

Part 2. Declaration.

To be completed by the person claiming the survivor's pension and / or the life assurance lump sum.
Please sign and date this Part with your witness present.

I declare 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 at the earliest possible opportunity.

I am the surviving partner of the person who has died.

I apply for my survivor's pension and / or life assurance lump sum.

Please sign here

Date

Part 3. Please ask your witness to complete this part.

I certify that I saw this person sign the above Declaration.

Surname

Other names

Address

Signature

Date

Please send this form back to the NHS employer that issued it. Do not send it to NHS Pensions unless you are told to do so. Send the relevant supporting documentation with this form as detailed in the notes.

If you are claiming an allowance for dependent children you will have received a form AW158. Send it back to the NHS employer with this form and any children's birth and medical certificates asked for. Your certificates will be returned to you as quickly as possible.

Part 4. Pay details. To be completed by the NHS employer.

Please enter on form SD55 full details of any events during the pay periods [such as unpaid sick leave, bonus or special duty payments] which affect pay or contributions.

If the deceased member was a Type 1 or Type 2 practitioner, please go to Part 5.

1. Fill in the total pensionable pay for the final year of paid membership including any period of deemed membership for untaken annual leave.

From To Amount

2. Inclusive date to which salary will be paid

3. If the answer to 2 above differs from the date of death please say why:

4. If the total pensionable pay covering the final year of paid membership at 1 above is not the best of the last three years, please give details of the two previous years:

From To Amount

From To Amount

5. If the person who has died was working PART TIME please give the NOTIONAL WHOLE TIME EQUIVALENT pay for the last 3 years of paid employment.

From To Amount

From To Amount

From To Amount

6. Amount of any deemed pay for sick leave and any deemed bonus and special duty payments included in pay shown above for the **best year** only

7. Amount of any domiciliary consultation fees paid in the period shown at item 1 above, and in the two previous years shown at item 4.

Final year

Middle year

Earliest year

8. Amount of any deemed domiciliary consultation fees in the best year at item 7 above.

9. Have domiciliary consultation fees been included in the amounts shown at item 1 and/or 4 above?

Yes No

Part 5. To be completed by the NHS employer.

1. **Has the date of death been verified by checking the death certificate?**

No we have not seen the death certificate because

Yes the date on the certificate is

/ /

2. **Has the survivor's date of birth and date of marriage or civil partnership to the deceased been verified by checking the certificates? For partner nominees has the relevant supporting evidence been included?**

Birth No Yes the date on the certificate is

/ /

Marriage No Yes the date on the certificate is

/ /

Civil No Yes the date on the certificate is
partnership

/ /

Partner No Yes the supporting evidence is attached
nominee

3. **Are there any dependent children?**

No Yes the dates on the birth
certificates are

/ /

/ /

/ /

/ /

Form AW158 attached to follow

4. **Form AW135** [Initial / Limited SP] is attached to follow not applicable

5. **Please state the amount of initial survivor pension**
to be put into payment for valid partner nominees.

£

6. I certify that

- the information given in **parts 4 and 5** of this form is correct.
- the pay details in **part 4** agree with the contributions shown on form SD55.
- all contributions to the NHS Pension Scheme have been or will be deducted from pay.
- all certificates have been returned to the claimant.
- the members date of birth has been verified online.

Signature

Date

/ /

Ext

EA/GP stamp
