

## **NHS Pensions – Form to claim death benefits and/or an allocated pension, or report the death of a member or pensioner**

### **Supporting Information**

Before completing the claim form please read these notes and the Survivors Guide which is available on our website at [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions)

Please complete all sections of the enclosed claim form. You can ask someone to help you, for example a relative or a solicitor.

If the deceased had a Money Purchase Additional Voluntary Contributions (MPAVC) contract, please send a copy of the death certificate to their NHS MPAVC provider. The NHS MPAVC provider can only make payment of any MPAVC benefit after NHS Pensions has issued payment of its benefits.

### **If a lump sum on death is payable**

NHS Pensions must inform the personal representative of any lump sum on death paid. This is because the lump sum may be subject to a Lifetime Allowance charge (LTAC). The liability to pay tax 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 three months of the final payment:

- The amount and date of any lump sum paid in respect of the member
- The percentage of the standard Lifetime Allowance used by any lump sum in respect of the member

The personal representative is the person responsible for administering the estate of the deceased. This is a wide definition and does not have to be a formal appointment – the surviving spouse/civil partner/scheme partner is not necessarily the personal representative.

Any adult dependant's pension does not form part of the member's Lifetime Allowance.

Do not delay the claim as the lump sum on death must be paid within two years of the date upon which the Scheme Administrator was first notified of the member's death otherwise it will be subject to a HM Revenue & Customs (HMRC) tax charge of up to 45%. NHS Pensions has no discretion and must deduct this tax charge from the lump sum payment.

**Do not** send the Will, any Grant of Probate, or Letters of Administration with this form. We will write to you if we need them.

The deceased may have made a valid declaration by completing a Death Benefit Nomination (DB2) even if this is the case you should still complete the form to claim the adult dependant's pension. NHS Pensions will issue a separate claim for each nominee as appropriate.

**Important:** all certificates or supporting documentation we ask for must be an original or certified copy (photocopies will not be accepted). Please enclose a self-addressed envelope so we can return the certificates and any other supporting information. Your claim can not be processed until all supporting documentation has been received and verified. We may write to ask you for other papers.

Where applicable a certified English translation of any certificate/document should be sent.

The following documentation is required if the deceased member's status was either divorced, dissolved civil partnership or widowed

- Decree absolute
- Dissolution certificate
- Former spouse's/civil partner's death certificate
- Birth certificate or passport for the deceased member (not required if the deceased was already in receipt of their NHS Pension)
- Member's death certificate

### **Married / civil partnership**

If you meet both the following criteria, you are **not** eligible to receive an adult dependant's pension:

- Deceased member's scheme membership ceased prior to 01/04/2008, and
- You were living as husband and wife or as civil partners with another person at the member's date of death,

If you meet the following criteria, you **may** be eligible to receive an adult dependant's pension.

- Deceased member's scheme membership ceased prior to 01/04/2008, and
- You were not living as husband and wife or as civil partners with another person at the member's date of death, or
- Deceased member's scheme membership ceased on or after 01/04/2008

The following documentation is required to support your claim if you married or entered a civil partnership with the member either before or after they retired:

- A marriage or civil partnership registration certificate
- Your birth certificate or passport
  - Deceased members birth certificate or passport (not required if the deceased was already in receipt of their NHS Pension)
- Member's death certificate

### **Not married to, or in a civil partnership with the member either before or after they retired (Scheme Partner)**

If you meet the following qualifying criteria, you **may** be eligible to receive an adult dependant's pension.

- Deceased member's scheme membership ceased on or after 01/04/2008

For a continuous period of at least two years, ending with the member's death:

- You and the deceased member were living together in an exclusive relationship, as if you were married or in a civil partnership
- The member was not married, or in a civil partnership with another person
- You were not married or in a civil partnership with another person

**The following documentation is required to support your claim:**

- Proof of financial interdependency (see below)
- Proof that both you and the member were not prevented from marrying each other or entering into a civil partnership together, for a continuous period of at least two years ending with the member's date of death (see below)
- Deceased members birth certificate or passport (not required if the deceased was already in receipt of their NHS Pension)
- Your birth certificate or passport
- Member's death certificate
- Power of Attorney or Court Protection Order (if appropriate)

**Proof of financial interdependency**

If you are claiming as a Scheme 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 i.e. water rates, land line telephone (not mobiles), gas, electric, council tax, TV license, house/car insurance in joint names or individual names at the same address
- shared bank accounts or investments
- a loan or mortgage in joint names (for the property you live in together) joint tenancy agreement if you lived in rented accommodation
- valid wills naming each other as the main beneficiary
- a mutual power of attorney
- your partner being nominated as the main beneficiary of any other life assurance

**Note:** One of these pieces of financial evidence should be dated within the months leading up to the member's death and one should be dated on or around the date that is exactly 2 years before the date of death.

**Proof of marital status**

If you are claiming as a Scheme partner you will also need to provide the following:

- A written statement and or documentary evidence that confirms both your and the member's marital status when the member died. Were each of you:
  - i. single (never married); or
  - ii. divorced or had a civil partnership dissolved; or
  - iii. once married or in a civil partnership but your / their former spouse/civil partner has died.

Please provide a signed written statement for both you and the member and any original documentary evidence i.e decree absolute, a dissolution certificate or death certificate for each person.

### **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
- in the Channel Isles, Isle of Man or Irish Republic, or
- overseas (provided it is one of the countries listed in the Survivors Guide and it is capable of receiving secure electronic payments of funds).

You will need to complete the relevant mandate for the payment to be made to an overseas bank account and attach it to this form. The overseas bank mandates are available from our website at: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions)

If your bank is in a country that is not listed, you will need to make arrangements to have your pension paid into a bank account in one of the listed countries. Your chosen bank will be able to help you in arranging for the funds to be forwarded to you.

If you do not have a suitable account, you will need to open one.

## Supporting Information for Children's Pension Claims

We can pay a pension to:

- anyone who has care of the children, or the children if they look after themselves, or the child's own bank account, even if they are a minor.

Child can include:

- biological children;
- children of your civil partner or Scheme partner;
- stepchildren and adopted children;
- a brother, sister, nephew or niece of you, your spouse, civil partner or Scheme partner;
  - a grandchild;
- a half-brother, half-sister, stepbrother or stepsister of you, your spouse, civil partner or Scheme partner;
- children born before and within 12 months of the date you left the Scheme.

Where Scheme membership ended on or after 1 April 2008 you can claim a children's pension for anyone who:

- was dependent on the person who has died, both when membership ended and on death, and
- is under age 23 at the time of the member's death, or
- is aged 23 or over but has been permanently incapable of earning their own living because of a physical or mental impairment from which they were suffering at the date of the member's death

Where Scheme membership ended before 1 April 2008 you can claim a children's pension for anyone who:

- was dependent on the person who has died, both when membership ended and on death, and
- is under age 17, or
- is 17 or over and in full time education or training and has been so continuously since the age of 17, until they reach a maximum age of 23\*, or
- They are incapable of earning a living due to permanent physical or mental infirmity from which they were suffering at the time the member died.
- is under age 23 at the time of the member's death and they are permanently incapable of earning their own living because of a physical or mental impairment from which they started to suffer after they first qualified for a pension\*\*.

\* If the member became entitled to their benefits, or died before 6 April 2006, the maximum age limit of 23 does not apply.

\*\* If the member became entitled to their benefits, or died before 6 April 2006, the maximum age limit of 23 does not apply.

Spaces are provided for you to give information for up to four children. If you do not have enough room, please continue on a separate piece of paper and attach it firmly to this form.

### **Supporting Documentation required for Children's Pension**

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.
- **Medical Certificates** – if you are claiming for anyone who is unable to earn a living due to physical or mental impairment, please send a medical certificate (not a sick note) or a doctor's letter that explains the condition.

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

### **Declaration**

You must read the declaration in full before you sign and date the application form in front of a witness and ask them to certify this by completing their details and also signing the form.

### **Changes you should tell us about**

You should tell us immediately if:

- you change your address
- your bank or building society account details change
- you remarry, form a civil partnership or start living with someone as their spouse\*
- you become aware of any other dependent children who may be entitled to a share of the total child's pension
- a child ceases full time education or a training course\*\*
- a child reaches age 23\*\*\*
- a child is admitted to hospital or other institution for a period exceeding one month
- a child moves out of the family home and wishes to claim the pension in their own right
- a child moves out of the family home and lives with a new guardian

If a pension is overpaid because you do not tell us about any of the above changes, you will have to pay back any money overpaid,

You should also tell someone to let us know of your death.

You can contact us using the following details:

Telephone: 0345 121 2522

From abroad use: +44 191 283 0303

Our contact centre is open 8am to 6pm Monday to Friday.

Email address: [nhsbsa.pensionsmember@nhsbsa.nhs.uk](mailto:nhsbsa.pensionsmember@nhsbsa.nhs.uk)

Postal address:

NHS Pensions  
PO Box 683, Unit 5  
Newcastle Upon Tyne  
NE5 9EE

\*Applicable if you became entitled to an adult dependant's pension following the death of a member who retired, or whose scheme membership ceased, before 1 April 2008.

\*\*Applicable if you became entitled to a children's pension before 1 April 2008

\*\*\* Applicable if you became entitled to a children's pension, or the member became entitled to their pension after 5 April 2006, in respect of a member whose pensionable employment ceased before 1 April 2008.

## NHS Pensions – Form to claim death benefits and/or an allocated pension, or report the death of a member or pensioner

### Deceased Member Details

Member Number

Surname

Other names

Date of death

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Marital status

- Single (never married)     Married  
 Civil Partnership     Widowed  
 Divorced or dissolved civil partnership

### Section 1 – Your Personal Details – To be completed for all claims

Title (Mr, Mrs, Miss, Dr)

Surname

Other names

Date of birth

		/			/				
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Gender

- Male     Female

National Insurance No.

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Address  
(including post code)

Telephone No.

Email address



What is your relationship to the person who has died?

- Spouse
- Civil Partner
- Scheme Partner
- Child
- Legal Personal Representative
- Informant

If we require any further information regarding your claim how would you prefer to be contacted (please select 1 option)?

- Telephone
- Email
- Letter

**Section 2 - About the personal representative – This part must be completed (see enclosed key notes)**

Title (Mr, Mrs, Miss, Dr)	<input type="text"/>
Surname	<input type="text"/>
Other names	<input type="text"/>
Address	<input type="text"/>
Post code	<input type="text"/>
Telephone No.	<input type="text"/>
Email Address	<input type="text"/>

**Section 3 – Payment Details** – To be completed when claiming for any of the following:

- An adult dependant's pension and/or for a children's pension when the payment is not being paid directly to the child.
- An allocated pension.

Do not complete this section if you are claiming a children's pension in your own right, please refer to the payment details in section 4.

**Bank or Building Society account details:**

Name of account holder

(either claimant's own account or a joint account with someone else)

Full name and address of your bank or building society

Post code

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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and/or Roll No

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

You will need to complete the mandate for payment to be made to an overseas bank and attach it to this form (see Methods of payment section of the key notes).

## Section 4 – Children’s Pension

### Do you think you can claim for anyone?

Please tick the box that applies to you and follow the instructions:

- Yes.** I can apply for someone  
Complete the children’s section of the application form
- I am not sure.** I think I may be able to claim for someone  
Complete the children’s section application form. We will write to tell you whether you can have a children’s pension
- No.** I cannot claim for anyone

**Are you aware of any other dependent children** i.e. from a previous marriage or relationship? Please tick the boxes that apply to you and follow the instructions:

- Yes.** Please provide name and address of the person who has care of these children below, 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 the claim form.

- No.** I am not aware of any other dependent children who may be entitled to a share of the total children’s pension, that are not listed on this form. Please sign and date below

**Details of the dependants you are claiming for – Dependant 1**

Name (surname first please)

Date of birth

Relationship to member who has died

**a. Dependants who are not living with claimant:** Please state the reason why:  
(i.e. at college/university. Please continue on a separate sheet if necessary)

**b. Dependants who are incapacitated:**

Date their incapacity began

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is the dependant living at home?

Yes

No

Reason the child is not living with you at home:

(i.e in hospital/other institution. Please continue on a separate sheet if necessary)

Address (if not living with claimant, as stated in part a or b)

Post code

**Dependants aged 17 or over in full time education:** Please confirm details of education or vocational training from attaining the age of 17 as set out below. Attach a separate sheet if necessary. **Only complete this part if the deceased member's Scheme membership ended before 1 April 2008.**

Place of Education/Training

Student reference no.

Name of course

Date expected to finish

Address

Post code

Are they in paid vocational training?

Yes

No

Amount paid (per year)

£

**Payment information** - To be completed when you want the payment to be paid directly to the child or when claiming a child pension in your own right

Name of account holder

Full name and address of  
your bank or building  
society

Post code

Branch sort code

Account Number

and/or Roll No

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

You will need to complete the mandate for payment to be made to an overseas bank and attach it to this form (see Methods of payment section of the key notes).

**Details of the dependants you are claiming for – Dependant 2**

Name (surname first please)

Date of birth

Relationship to member who has died

**a. Dependants who are not living with claimant:** Please state the reason why:  
(i.e. at college/university. Please continue on a separate sheet if necessary)

**b. Dependants who are incapacitated:**

Date their incapacity began

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Is the dependant living at home?

Yes

No

Reason the child is not living with you at home:

(i.e in hospital/other institution. Please continue on a separate sheet if necessary)

Address (if not living with claimant, as stated in part a or b)

Post code

**Dependants aged 17 or over in full time education:** Please confirm details of education or vocational training from attaining the age of 17 as set out below. Attach a separate sheet if necessary. **Only complete this part if the deceased member's Scheme membership ended before 1 April 2008.**

Place of Education/Training

Student reference no.

Name of course

Date expected to finish

Address

Post code

Are they in paid vocational training?

Yes

No

Amount paid (per year)

£

**Payment information** - To be completed when you want the payment to be paid directly to the child or when claiming a child pension in your own right

Name of account holder

Full name and address of  
your bank or building  
society

Post code

Branch sort code

Account Number

and/or Roll No

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

You will need to complete the mandate for payment to be made to an overseas bank and attach it to this form (see Methods of payment section of the key notes).

**Details of the dependants you are claiming for – Dependant 3**

Name (surname first please)

Date of birth

Relationship to member who has died

**a. Dependants who are not living with claimant:** Please state the reason why:  
(i.e. at college/university. Please continue on a separate sheet if necessary)

**b. Dependants who are incapacitated:**

Date their incapacity began

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Is the dependant living at home?

Yes

No

Reason the child is not living with you at home:

(i.e in hospital/other institution. Please continue on a separate sheet if necessary)

Address (if not living with claimant, as stated in part a or b)

Post code

**Dependants aged 17 or over in full time education:** Please confirm details of education or vocational training from attaining the age of 17 as set out below. Attach a separate sheet if necessary. **Only complete this part if the deceased member's Scheme membership ended before 1 April 2008.**

Place of Education/Training

Student reference no.

Name of course

Date expected to finish

Address

Post code



Are they in paid vocational training?

Yes

No

Amount paid (per year)

£

**Payment information** - To be completed when you want the payment to be paid directly to the child or when claiming a child pension in your own right

Name of account holder

Full name and address of  
your bank or building  
society

Post code

Branch sort code

Account Number

and/or Roll No

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

You will need to complete the mandate for payment to be made to an overseas bank and attach it to this form (see Methods of payment section of the key notes).

**Details of the dependants you are claiming for – Dependant 4**

Name (surname first please)

Date of birth

Relationship to member who has died

**a. Dependants who are not living with claimant:** Please state the reason why:  
(i.e. at college/university. Please continue on a separate sheet if necessary)

**b. Dependants who are incapacitated:**

Date their incapacity began  /  /

Is the dependant living at home?  Yes  No

Reason the child is not living with you at home:  
(i.e in hospital/other institution. Please continue on a separate sheet if necessary)

Address (if not living with claimant, as stated in part a or b)

Post code

**Dependants aged 17 or over in full time education:** Please confirm details of education or vocational training from attaining the age of 17 as set out below. Attach a separate sheet if necessary. **Only complete this part if the deceased member's Scheme membership ended before 1 April 2008.**

Place of Education/Training

Student reference no.

Name of course

Date expected to finish

Address

Post code

Are they in paid vocational training?

Yes

No

Amount paid (per year)

£

**Payment information** - To be completed when you want the payment to be paid directly to the child or when claiming a child pension in your own right

Name of account holder

Full name and address of  
your bank or building  
society

Post code

Branch sort code

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Account Number

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and/or Roll No

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

You will need to complete the mandate for payment to be made to an overseas bank and attach it to this form (see Methods of payment section of the key notes).

## Declaration

Please sign this in the presence of a witness. In the United Kingdom anyone may witness for you if they are registered as a voter. Outside the U.K. the Declaration may be witnessed by one of the persons listed. The declaration does not need to be witnessed if you just informing us of the death of a member of the NHS Pension Scheme.

**I have read** the supporting information that came with this form.

**I have read** the Survivor's Guide available on the website.

**I understand** that I must tell NHS Pensions about any changes that may affect my entitlement.

**I understand** that I will have to repay any overpayment of pension.

**I declare** that:

- I am entitled to the pension from the NHS Pension Scheme which is being claimed.
- The information I have given on this form is correct and complete to the best of my knowledge and belief.
- The person(s) named in Section 4 were financially dependent on the deceased member at the time of their death.
- 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.
- I shall have care and charge of the person(s) named in Section 3 and any children's pension paid to me will be used for the benefit of those persons.

Signature

Print name

Date

		/			/				
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**Please ask your witness to sign and complete the section below.**

### Witness

**I declare** that the above Declaration was signed **in my presence** by the applicant, whom I believe to be the person named.

Witness' signature

Date

		/			/				
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PRINT your full name and address including post code

**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 of religion.
- 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 return the completed form and supporting documentation as instructed in the enclosed key note.**