

NHS Pensions – Death in Service Notification Form

Please use this form to notify us of the death of a member whilst they are in active employment or is no longer required to make contributions. Complete the sections below and submit the form to us at bereavementreferrals@nhsbsa.nhs.uk, or you can post it to us at NHS Pensions, PO Box 2268, Bolton, BL6 9JR. We will determine if there are any nominees, issue the relevant claim forms, and assess the eligibility of any claimants.

Part 1 – member details

Member Number

Surname

Other names

Date of death

		/			/				
--	--	---	--	--	---	--	--	--	--

Have you seen and verified the original death certificate? Yes No

If you have not seen and verified the original death certificate, please still complete this form and send it to us and we will request a copy of the certificate.

Does the member have a partner? (spouse, civil partner or partner – unmarried but living together)

Yes No Don't know

Part 2 – spouse, civil partner or partner details (if applicable/known)

Name and address of the member's spouse, civil partner or partner:

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

Surname

Other names

Address

Postcode

Telephone No.

Email address

Part 3 – estate and informant details

Part 3.1 – person dealing with the estate

Is this the same person as stated in Part 2? Yes No

If this is not the same person, or if Part 2 was not applicable, please provide the name and address of the person dealing with the estate below (if you don't know this information, part 3.2 **must** be completed):

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

Part 3.2 – informant of death – This must be completed if the spouse, civil partner, partner or the person dealing with the estate is not known. Please provide the name and address of the person who informed your organisation of the member's death:

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

Part 3.3 – dependent children

Are you aware of any dependant children who may be eligible to receive a dependant's pension?

Yes No Don't know

Part 4 – employment details

Please update the member record and terminate the employment using SD55 before submitting this form. Enter full details / exact dates of any events during the pay periods (such as unpaid sick leave, bonus or special duty payments) which affect pay or contributions and use Exit Code 14 to terminate the employment.

Any paid notice or untaken annual leave at the date of death will effectively **extend** the last day of membership. Remember to deduct contributions for these days and ensure the extended date is entered on the SD55. If the member was part time include any deemed hours for this membership (1995/2008 scheme only)

For non-POL employers, please complete these details on the leaver spreadsheet available on our website www.nhsbsa.nhs.uk/employer-hub/employer-forms

Part 4.1 - initial / limited dependant's pension

Please provide the amount of initial surviving adult dependant pension to be put into payment for a valid claim. Further guidance is available on our website at www.nhsbsa.nhs.uk/employer-hub/technical-guidance/family-benefits-and-life-assurance

Rate of pay £

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

 .

--	--

 per

--

 (week/month)

Practitioners only – The pension is based on remuneration ending on

		/			/				
--	--	---	--	--	---	--	--	--	--

Important: We will pay the initial dependant pension for a spouse/civil partner, qualifying scheme partner or eligible dependent child. **Please do not pay this yourselves.**

Part 4.2 - disallowed days, paid notice or annual leave

Are any disallowed days, paid notice or annual leave applicable? Yes, see below No, go to Part 4.3

Please set out below in date order the **exact dates** of any disallowed days (DD) and the **exact dates** of paid notice (PN) and/or **exact dates** of annual leave (AL). Please ensure to indicate whether DD, PN or AL applies to the dates. Please also state whether the member returned to work after a period of disallowed days.

Dates of disallowed days, paid notice or annual leave														DD	PN	AL	Return to work?			
From														To						
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																
		/		/																

Part 4.3 If you have any further information or comments, please inform us in the box below:

Part 5 – declaration

I certify that:

- the information given on this form is correct
- the member record has been closed accordingly as detailed in part 4
- the contributions, pay and hours (if applicable) for any membership after the date of death have been included on SD55/leaver spreadsheet
- the initial dependant’s pension has not, and will not, be paid by the employer
- all contributions to the NHS Pension Scheme have been, or will be, deducted from pay.

Signature:

Name in CAPITALS:

Date:

		/			/			
--	--	---	--	--	---	--	--	--

EA Code:

Telephone no:

EA/GP

Address/Stamp:

NHS Pensions use only

Email/scanning team - Upon receipt of this form, please launch a PWPYDSD workflow in Compendia