

NHS Pensions – Death in Service Notification Form

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 683, Unit 5, Newcastle Upon Tyne, NE5 9EE. We will determine if there are any nominees, issue the relevant claim forms, and assess the eligibility of any claimants.

Part 1 – Member details

Membership number

Surname

Other names

Date of death

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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 ☐ Do not 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 (for example, Mr, Mrs, Miss, Dr)

Surname

Other names

Address

Postcode

Telephone number.

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, provide the name and address of the person dealing with the estate below (if you do not know this information, part 3.2 **must** be completed):

Title (for example, Mr, Mrs, Miss, Dr)

Surname

Other names

Address

Postcode

Telephone number

Email address

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. Provide the name and address of the person who informed your organisation of the member's death:

Title (for example, Mr, Mrs, Miss, Dr)

Surname

Other names

Address

Postcode

Telephone number

Email address

Part 3.3 – Dependant children

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

☐ Yes ☐ No ☐ Do not know

Part 4 – Employment details

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, 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

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)
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Practitioners only – The pension is based on remuneration ending on

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Important: We will pay the initial dependant pension for a spouse/civil partner, qualifying scheme partner or eligible dependant child. **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

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). Ensure to indicate whether DD, PN or AL applies to the dates. Also state whether the member returned to work after a period of disallowed days.

[illegible]

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:

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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