|  |  |
| --- | --- |
| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)  **Death of a Deferred Member** |
| **Resource Name** | Template Form – Death Claim Notification Form |
| **Resource Reference** | SPS.DTH.DOD.TF.01 (Phase 1) |
| **Description** | A form to be sent to the Legal Personal Representative requesting information on the deceased and dependants |
| **Version** | V1.0 |

|  |
| --- |
| **PLEASE NOTE:** Administratorsmay accesslegislation, Circulars or Letters to Personnel Officers noted in this Procedure by accessing the Circulars & Legislation Section of the Single Scheme Website at [www.singlepensionscheme.gov.ie/circulars](http://www.singlepensionscheme.gov.ie/circulars) |

**Single Public Service Pension Scheme**

***Death Claim Notification Form***

**What is the purpose of this form?**

This form is issued following the death of a deferred member of the Single Public Service Pension Scheme. It is used to establish important information regarding the deceased deferred member, including the identity of:

* the Legal Personal Representative (LPR) of the deceased member; and
* any potential beneficiaries of the deceased that may potentially be entitled to the payment of survivors pension.

By completing this form the applicant is formally applying for any Death Gratuity Benefit that might be payable.

**Who should complete this form?**

This form should be completed by the Legal Personal Representative (LPR) of the deceased.

**Who is the Legal Personal Representative of the deceased?**

* If the deceased member has left a valid Will, this will normally be the Executor/Executrix nominated in the Will to administer the deceased’s Estate after their death including applying to the Probate Office for Grant of Probate;
* Where a deceased member has not left a valid Will, this will normally be the immediate next of kin of the deceased or a close family member who will administer the deceased’s Estate after their death including applying to the Probate Office for Letters of Administration.

**What should the Legal Personal Representative do before completing this form?**

The Legal Personal Representative plays an important role in making sure that the deceased’s final public service employer is provided with accurate information to identify potential beneficiaries. It is recommended that the LPR carefully reads the accompanying Cover Letter and Single Scheme Death of a Deferred Member Information Note that is enclosed with this form so that they understand:

* The different types of benefits potentially payable from the Single Scheme;
* The eligibility conditions for the payment, if applicable, of a Child’s Pension;
* The documentation required before any benefits can be paid.

The Legal Personal Representative should consult with family members and close friends of the deceased to ensure that all potential eligible beneficiaries are identified and their detailed provided on the form.

**What information is needed?**

The following table gives a summary of the different Sections of this form and the initial documents required to be forwarded when notifying of deferred member Benefits:

|  |  |
| --- | --- |
| **Section A** | This section asks for personal information on the deceased to be provided, along with information on their earlier public service employment record, if applicable. The information will be used to make sure that the deceased final public service employer is aware of all former public service employments where pension benefits may exist. |
| **Section B** | This section asks for information on the deceased’s Legal Personal Representative (LPR). Any Death Gratuity payable under the Scheme will be paid to the LPR named in this Section once all required claims documentation has been provided. The Death Gratuity will not be released until the Grant of Probate/Letters of Administration, once obtained from the Probate Office, are provided in due course. |
| **Section C** | This section seeks information on any eligible:   * Surviving Spouse or Civil Partner of the deceased at the date of death; * Surviving Former Spouse of Former Civil Partner of the deceased who may be the beneficiary under a Pensions Adjustment Order from a Family Law Court if the deceased had previously been divorced, obtained a judicial separation or legally dissolved a civil partnership. |
| **Section D** | This section seeks information for each eligible child1 of the deceased at the date of death, if any. The definition of an eligible child is noted on the enclosed Single Scheme Death of a Deferred Member Benefit Information Note and in the Important Notes at Section E of this form. |
| **Section E** | Important Notes providing clarifications on certain terms used in this form. |
| **Section F** | Signed Declaration made by the Legal Personal Representative |
| **Section G** | Documentation Checklist reconfirming documents to be enclosed with this application. |
|  |  |
| **Section A.**  **Deceased Member Personal Information and Irish Public Service Employment History**  ***(Please fully complete all fields. If not applicable, please write N/A)*** | | |
| ***Deceased’s Personal Details***   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Deceased’s PPS Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Deceased’s Surname**  **Deceased’s Birth Surname**  **(if different to above)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Deceased’s First name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   **Deceased’s Date of Death**  (DDMMYYYY)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   **Deceased’s Date of Birth**  (DDMMYYYY)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Deceased’s Home Address**  **(at date of death)**  **Deceased’s Legal Civil Status** 🞏 Single 🞏 Married 🞏 Civil Partnership 🞏 Co-habiting  **(at date of death)**  🞏 Separated 🞏 Divorced 🞏 Widowed 🞏 Surviving Civil Partner  🞏 A former Civil Partner  *(i.e. Formerly in a Civil Partnership that has been legally dissolved)*  **If Deceased’s Civil Status was**  **“Separated”, “Divorced” or**  **“A former Civil Partner” at** 🞏 No 🞏 Yes *(if “Yes” please enclose PAO)*  **date of death, was a**  **Pension Adjustment Order**  **(PAO) issued by the Courts?**  **Did the deceased leave** 🞏 No 🞏 Yes  **a Will?** | | |
| ***Deceased’s Most Recent Irish Public Service Employer***   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Most Recent Irish**  **Public Service Employer**  **Dates of this employment**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | TO |  |  |  |  |  |  |  |  |   **(from/to) (DDMMYYYY)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Grade / Occupation** | | |
| ***Deceased’s Earlier Irish Public Service Employment History (if none, write “N/A”)***  **➀**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Earlier Irish**  **Public Service Employer**  **Dates of this employment**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | TO |  |  |  |  |  |  |  |  |   **(from/to) (DDMMYYYY)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Grade / Occupation**  **➁**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Earlier Irish**  **Public Service Employer**  **Dates of this employment**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | TO |  |  |  |  |  |  |  |  |   **(from/to) (DDMMYYYY)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Grade / Occupation**  **➂**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Earlier Irish**  **Public Service Employer**  **Dates of this employment**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | TO |  |  |  |  |  |  |  |  |   **(from/to) (DDMMYYYY)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Grade / Occupation**  ***(enclose an additional page if more than 3 earlier Irish Public Service employers)***  **Did the deceased member**  **receive a benefit, or retain an**  **entitlement under any pension**  **scheme arising from any** 🞏 No 🞏 Yes *(if “Yes”, please enclose details)*  **earlier periods of employment**  **in the Irish Public Service?** | | |
| **Section B. Legal Personal Representative (LPR) Details**  ***(Please fully complete all fields. If not applicable, please write “N/A”)*** | | |
| **Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your First Name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your Relationship to**  **the Deceased Member**  ***(if any)***   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your Home Address**  **(for correspondence)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your Email Address**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your Phone Number**  **Do you intend to appoint**  **a Solicitor to assist you** 🞏 No 🞏 Yes *(if “Yes”, please complete remainder of this Section)*  **with administering the**  **Deceased’s Estate?**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Legal Firm**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Legal Firm Address**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Solicitor’s Name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Solicitor’s Email Address**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Solicitor’s Phone Number**  **Do you authorise the release of**  **details regarding death**  **benefit information to** 🞏 No 🞏 Yes *(if “Yes”, this will remain valid until revoked in writing)*  **this Solicitor, if requested?**  **Should all Death Gratuity**  **correspondence issue to you** 🞏 To Me 🞏 To Solicitor  **or the above Solicitor?** | | |
| **Section C. Details of Deceased’s Surviving Spouse/Civil Partner *and/or***  **Details of Deceased’s Surviving Former Spouse/Civil Partner**  ***(Please fully complete all fields. If not applicable, please write “N/A”)*** | | |
| ***Surviving Spouse/Civil Partner of the Deceased (at date of death)***   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **First Name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Home Address**  **Legal Civil Status** 🞏 Married 🞏 Civil Partnership 🞏 Co-habiting  **(at date of death)**  ***Surviving Former Spouse/Civil Partner of the Deceased (at date of death) if deceased was previously married or previously in a civil partnership***   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **First Name**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Home Address**  **Legal Civil Status**  **(at date of death)** 🞏 Separated 🞏 Divorced 🞏 A former Civil Partner\*  *(\*i.e. Formerly in a Civil Partnership that has been legally dissolved)*  **If this Surviving Former**  **Spouse/Civil Partner of the**  **Deceased the named**  **Beneficiary under a Pensions**  **Adjustment Order (PAO) in** 🞏 No 🞏 Yes *(if “Yes” please enclose PAO)*  **relation to the Deceased**  **Member’s Single Scheme**  **Benefits?** | | |
| **Section D. Details of each ELIGIBLE CHILD of the Deceased**  ***(Please fully complete all fields below. If not applicable, please write N/A)*** | | |
| **IMPORTANT:**  **You should read the definition of an Eligible Child at Section E**  **Only details for each Eligible Child should be noted in this section.** | | |
| |  | | --- | |  |   **Number of Deceased’s**  **Children that meet**  **Eligible Child conditions?** | | |
| **ELIGIBLE CHILD 1**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Child’s Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Child’s First Name**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   **Date of Birth**  (DDMMYYYY)  **Relationship to deceased** 🞏 Child 🞏 Stepchild 🞏 Lawfully Adopted  **If aged 16 or over, tick if any of**  **the following apply to this child:** 🞏 In full-time education/training  🞏 Permanently Incapacitated (Date of Incapacity \_\_\_/\_\_\_/\_\_\_\_\_)  🞏 The **Eligible Child** who is aged over 18 and not incapacitated; **OR**  **Details of individual that**  **should receive correspondence** 🞏 The **Surviving Parent** where the Child is aged under 18 or is  **in relation to application for a** permanently incapacitated and is in the care of this Surviving  **possible Child’s Pension.** Parent; **OR**    🞏 The **Legal Guardian** where the Child is aged under 18 or  permanently incapacitated and is in the care of this Legal Guardian   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Surviving Parent or Legal Guardian of this Child**  **(if Child is in their care)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Address for issue of**  **Child’s Pension correspondence** | | |
| **ELIGIBLE CHILD 2**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Child’s Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Child’s First Name**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   **Date of Birth**  (DDMMYYYY)  **Relationship to deceased** 🞏 Child 🞏 Stepchild 🞏 Lawfully Adopted  **If aged 16 or over, tick if any of**  **the following apply to this child:** 🞏 In full-time education/training  🞏 Permanently Incapacitated (Date of Incapacity \_\_\_/\_\_\_/\_\_\_\_\_)  🞏 The **Eligible Child** who is aged over 18 and not incapacitated; **OR**  **Details of individual that**  **should receive correspondence** 🞏 The **Surviving Parent** where the Child is aged under 18 or is  **in relation to application for a** permanently incapacitated and is in the care of this Surviving  **possible Child’s Pension.** Parent; **OR**    🞏 The **Legal Guardian** where the Child is aged under 18 or  permanently incapacitated and is in the care of this Legal Guardian   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Surviving Parent or Legal Guardian of this Child**  **(if Child is in their care)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Address for issue of**  **Child’s Pension correspondence**  **ELIGIBLE CHILD 3**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Child’s Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Child’s First Name**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   **Date of Birth**  (DDMMYYYY)  **Relationship to deceased** 🞏 Child 🞏 Stepchild 🞏 Lawfully Adopted  **If aged 16 or over, tick if any of**  **the following apply to this child:** 🞏 In full-time education/training  🞏 Permanently Incapacitated (Date of Incapacity \_\_\_/\_\_\_/\_\_\_\_\_)  🞏 The **Eligible Child** who is aged over 18 and not incapacitated; **OR**  **Details of individual that**  **should receive correspondence** 🞏 The **Surviving Parent** where the Child is aged under 18 or is  **in relation to application for a** permanently incapacitated and is in the care of this Surviving  **possible Child’s Pension.** Parent; **OR**    🞏 The **Legal Guardian** where the Child is aged under 18 or  permanently incapacitated and is in the care of this Legal Guardian   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Name of Surviving Parent or Legal Guardian of this Child**  **(if Child is in their care)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Address for issue of**  **Child’s Pension correspondence**  ***(enclose an additional page if more than 3 Eligible Children)*** | | |
| **Section E. Important Notes** | | |
| *1****Eligible Child***  *means a child or step-child or lawfully adopted child of a member, where the child*  *a)has not attained the age of 16 years;*  *b)has attained the age of 16 years but has not attained the age of 22 years* ***and***  *(i) is receiving full-time educational or vocational instruction* ***or***  *(ii) is undergoing full-time instruction or training by any person for any vocation, profession*  *or trade;*  ***or***  *(c) is permanently incapacitated by reason of mental or physical infirmity from maintaining himself or herself and who, when his or her permanent incapacity first occurred, was a person to who met the conditions at (a) or (b) above.* | | |
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| **Section F. Declaration by Legal Personal Representative** |
| I declare that I am the Legal Personal Representative of the deceased person named in **Part A** of this form.  I confirm that I have read the Single Scheme Death of a Deferred Member Information Note and understand the importance of accurately filling in this form.  I confirm that I have made appropriate enquiries and confirm that the information provided by me on this form is complete and correct to the best of my knowledge.  I acknowledge that any Death Gratuity cannot be paid until Grant of Probate/Letters of Administration have been obtained and provided to the Singe Scheme Pensions Administrator.  **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_ /\_\_ /\_\_\_\_ (dd/mm/yyyy) |

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| **Section G: Document Checklist**  ***(Please note, all documents must be originals)*** | |
| **Deceased’s original** Death Certificate | 🞏 |
| **Deceased’s original** Long-Form Birth Certificate | 🞏 |
| **Spouse/Civil Partner’s original** Marriage/Civil Partnership Certificate (if applicable) | 🞏 |
| **Spouse/Civil Partner’s original** Long-Form Birth Certificate (if applicable) | 🞏 |
| **If applicable:**  If a Spouse/Civil Partner applicant was legally separated, divorced or a former Civil Partner of the Deceased at their date of death and claim an entitlement to benefit because of a Court-approved Pensions Adjustment Order, please enclose the original Decree of Divorce or Decree of Judicial Separation or Decree of Dissolution of a Civil Partnership (as appropriate) | 🞏 |
| **If applicable:**  A copy of a Pensions Adjustment Order related to the Deceased’s membership of the Single Public Service Pension Scheme | 🞏 |
| **Child’s original** Long-form Birth Certificate (if applicable) | 🞏 |
| **Child -** Confirmation of Legal Guardianship (if applicable) | 🞏 |
| **Child -** Letter from educational institution if child between 16 and 22 years’ of age (if applicable) | 🞏 |
| **Child who is permanently incapacitated** - Medical evidence confirming that child is permanently incapacitated (if applicable) | 🞏 |