|  |  |
| --- | --- |
| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)  **Death Resources** |
| **Resource Name** | Retained Single Scheme Benefits Verification Form (Death) |
| **Resource Reference** | SPS.DTH.U.TF.03 (Phase 1) |
| **Description** | This form may be issued to former employers when a scheme member dies in service or dies before accessing their benefits (Death of a Deferred Member) and where it has been indicated that they may have held retained **Single Scheme** **benefits** with another employer. |
| **Version** | V1.0 |

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| **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.ie/circulars) |

**Single Public Service Pension Scheme**

***Verification on Death - Retained Single Scheme Benefits from Prior Employments***

**About this Form:**

This form should be used when a member of the Single Public Service Pension Scheme, other than a pensioner, dies and where it is indicated that the deceased member may have retained Single Scheme benefits from earlier employment with another Public Service Body.

**Section A -** to be completed by **LAST PUBLIC SERVICE EMPLOYER PROCESSING BENEFITS:**

-The Relevant Authority processing the death benefits should complete Section A to assist former employers to locate relevant details

-If the deceased member had more than one former Public Service employer, **The Relevant Authority processing the death benefits should complete/send a form for EACH employer**

**Section B** - to be completed by **FORMER EMPLOYER:**

**-** Former employers should carefully complete Section B of this Form.

**-** On completion, you should send this Form to the Relevant Authority processing the death benefits in respect of the deceased named in Section A.

- A delay in completion of this Form may delay processing death benefits potentially payable to the deceased’s estate and/or payment of pensions to eligible beneficiaries.

**SECTION A: To be completed by Relevant Authority Processing Death Benefits**

|  |  |
| --- | --- |
| **Deceased’s First Name** |  |
| **Deceased’s Surname** |  |
| **Deceased’s Maiden Name (if applicable)** |  |
| **Deceased’s Date of Birth** |  |
| **Deceased’s PPSN** |  |
| **Deceased’s Home Address**  **(at date of death)** |  |

It has been indicated that retained benefits exist in respect of the deceased’s prior membership of the Single Public Service Pension Scheme. Please complete Part B of this Form and return to the Relevant Authority responsible for paying benefits, who has requested completion of Form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ref** | **Grade/Occupation** | **Employer Location** | **From date** | **To date** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**SECTION B: To be completed by FORMER PUBLIC SERVICE EMPLOYER**

**Please provide the following information in relation to prior service claimed above:**

**Q1. Exact Dates of Single Scheme membership for which Single Scheme benefits are retained:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Grade/Occupation** | **Employer** | **From date** | **To date** | **Standard or Uniformed accrual?** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**Q2. Details of any periods of unpaid absences/leave included in the service detailed in Q1:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Absence Type (e.g. unpaid leave, career break)** | **From date** | **To date** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Q3. Details of retained Single Scheme Benefits**

|  |  |  |
| --- | --- | --- |
| **Referable Amount** | **€**  **Actual**  **(no CPI)** | **€**  **Current value when adjusted for CPI to 31 Dec last** |
| Lump Sum |  |  |
| Pension |  |  |

**Q4. Please indicate if you hold a Pension Adjustment Order in respect of the deceased?**

**No  Yes** *(enclose details)*

**Q5. Please confirm if the deceased received, or is due to receive, a lump sum benefit in respect of membership of any other public service pension scheme arising from their employment with you?**

**No  Yes** *(enclose details)*

**Q6. Additional Information that may be relevant for pension purposes?**

|  |
| --- |
|  |

**AUTHORISED SIGNATORY**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_ / \_\_ / \_\_\_\_ OFFICIAL STAMP:**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please return the original, fully completed form to the requesting Relevant Authority***