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| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)  **Death-in-Service Resources** |
| **Resource Name** | Template Form - Spouse/Civil Partner Pension Application Form |
| **Resource Reference** | SPS.DTH.DIS.TF.03 (Phase 1) |
| **Description** | Template Spouse/Civil Partner Pension Application form - this form may be sent to the Spouse/Civil Partner of the deceased where a Single Scheme member dies in service. It can be used to gather important information to determine eligibility for an entitlement to a Spouse/Civil Partner Pension |
| **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.gov.ie/circulars) |

**Single Public Service Pension Scheme**

***Surviving Spouse/Civil Partner***

***Pension Benefit Application Form***

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

This form is issued to the Surviving Spouse/Civil Partner of a member of the Single Public Service Pension Scheme (or “Single Scheme”) who dies in service. The information requested will assist in making a decision on eligibility for entitlement to receive a Spouse/Civil Partner Pension benefit. It is important that this form is read along with the enclosed Death-in-Service Information Note.

**What are the main eligibility criteria for a Spouse/Civil Partner Pension benefit?**

To be eligible to apply for a Spouse/Civil Partner Pension;

* You must have been the legal Spouse or Civil Partner of the deceased at the time of the death of the Single Scheme member; or
* The designated beneficiary of a Pension Adjustment Order granted by the Family Law Courts, who has not since remarried; and
* You must not, at the time of the death of the Single Scheme member, have been cohabiting with a person other than the deceased.

**What documents should be provided as part of a Spouse/Civil Partner Pension application?**

The following documents must be submitted with all applications:

* Deceased’s original Death Certificate
* Deceased’s original long-form Birth Certificate
* Your original, long-form Birth Certificate
* Your original Marriage Certificate or Civil Partnership Certificate

**If original documents are not available or cannot be obtained, please contact the Pension Administrator for guidance.**

**What happens once a complete application is submitted?**

Once a complete application is submitted, the information gathered will be used to decide whether you are eligible to receive a Spouse/Civil Partner pension.

If you are eligible, we will outline what the next steps are in order to set-up your pension.

**Single Public Service Pension Scheme**

**Surviving Spouse/Civil Partner Pension Application Form**

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| **Section A: Spouse/Civil Partner Personal Information**  ***(Please fully complete all fields below)*** | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Your PPS Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your Surname**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your First name**  **Your Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_**  (DD/MM/YYYY)  **Your Legal Civil Status** 🞏 Married 🞏 Civil Partnership 🞏 Co-habiting  **(at date of death)**  🞏 Separated**1** 🞏 Divorced**1** 🞏 A former Civil Partner**1**    **Date of your Marriage**  **or Civil Partnership \_\_\_/\_\_\_/\_\_\_\_\_\_**  (DD/MM/YYYY)     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your address for**  **correspondence and**  **issue of pension remittance**  **slips**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your phone number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Your email address**  **Key Eligibility Criteria** At the time of the Deceased’s death were you cohabiting with a  partner who was not the deceased?  🞏NO🞏YES *(If ‘yes’, please provide details at* ***Section D****)* | |
| **Section B: Family Law**  ***(Please fully completed all fields below)*** | |
| **To the best of your knowledge are the Deceased’s benefits subject to the terms of a Pensions Adjustment Order2 arising from prior Family Law proceedings?**  Please tick as appropriate:  🞏NO🞏YES *(If ‘yes’, please enclose full details)* | |
| **Section C: Deceased Member’s Personal Information**  ***(Please fully complete all fields below)*** | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Deceased’s PPS Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Deceased’s Full Name**  **Deceased’s Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_**  (DD/MM/YYYY)  **Deceased’s Date of Death \_\_\_/\_\_\_/\_\_\_\_\_\_**  (DD/MM/YYYY) | |
| **Section D: Other Information**  ***(Please provide any other information below that you feel may be relevant to this application)*** | |
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| **Section E: Declaration by applicant Spouse/Civil Partner** | |
| I declare that I have reviewed the Death-in-Service Information Benefits Note and I can confirm that I meet the eligibility criteria for payment of a Spouse/Civil Partner Pension. I declare that the information provided by me as part of this application is complete and correct.  **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_ /\_\_ /\_\_\_\_ (dd/mm/yyyy) | |
| **Section F: Document Checklist**  ***(Please note, all documents must be originals)*** | | |
| **Deceased’s original** Death Certificate **(if not already provided)** | 🞏 | |
| **Your original** Marriage/Civil Partnership Certificate | 🞏 | |
| **Your original** Long-Form Birth Certificate | 🞏 | |
| **If applicable:**  **1**If you were 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 your original Decree of Divorce or Decree of Judicial Separation or Decree of Dissolution of a Civil Partnership (as appropriate) | 🞏 | |
| **If applicable:**  **2**If you hold a copy of a Pensions Adjustment Order related to the Deceased’s membership of the Single Public Service Pension Scheme, please enclose a copy | 🞏 | |