|  |  |
| --- | --- |
| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)**Death-in-Service Resources** |
| **Resource Name** | Template Form - Spouse/Civil Partner BenefitAcknowledgement Form  |
| **Resource Reference** | SPS.DTH.DIS.TF.04 (Phase 1) |
| **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) |

**CONFIDENTIAL**

***Single Public Service Pension Scheme***

**Spouse/Civil Partner Pension**

**Benefit Acknowledgement Form**

**From:** <<Title>><<Forename>><<Surname>> **PPSN:** <<PPSN>>

**To:** <<Relevant Authority, Address 1, Address 2, Address 3, Address 4. >>

**Re:** <<First name>> <<Surname>> (Deceased)

* I acknowledge receipt of correspondence dated <<dd/mm/yyyy>> enclosing the Spouse/Civil Partner Pension Benefit Statement for the Single Public Service Pension Scheme.
* I confirm that all details on the Spouse/Civil Partner Pension Benefit Statement are correct and that I meet the eligibility criteria for payment of a Spouse/Civil Partner Pension.
* I undertake to inform you if my civil status changes, or if I cohabit in a relationship with another adult and in such an event, I note that payment of my Spouse/Civil Partner Pension will cease.
* I direct that my Spouse/Civil Partner Pension benefit be paid to the bank account specified on the enclosed Payment Mandate Form.

|  |
| --- |
| **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_/\_\_\_\_/\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |