**THE LOCAL GOVERNMENT PENSION SCHEME**

**DEATH NOTIFICTION FORM**

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| **Deceased Members Details** | | | | | |
| **Full Name** |  | | | | |
| **National Insurance Number** |  | | | | |
| **Date of Birth** |  | | | | |
| **Date of Death** |  | | | | |
| **Address** |  | | | | |
| **Please provide a copy of the death certificate Tick box**  **If you have already notified Tell Us Once (TUO) and ticked Public Sector Pension, you do not need to provide this.** | | | | | |
| Please note that we would prefer all copies of documents to be emailed to us at [pensions.section@highland.gov.uk](mailto:pensions.section@highland.gov.uk)  **Please do not sent original documents.** | | | | | |
| **Did the deceased leave a Husband/Wife?** | | | **YES** | | **NO** |
|  | |  |
| If **YES**, please provide copies of the following forms:  Widow or Widowers Marriage Certificate  Birth Certificate  Widow or Widower's National Insurance Number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Did the deceased leave an eligible Cohabiting Partner?**  Read the notes below before answering this question: | | | **YES** | | **NO** |
|  | |  |
| ***A cohabiting partners pension may be payable to an eligible partner, providing the deceased was an active scheme member on or after 1st April 2009 and the following conditions can be met:***  For a continuous period of at least 2 years prior to the date of death all of the following applied:   * You were free to marry each other or enter into a civil partnership with each other, and * You lived together as if you were husband and wife or registered civil partners, * neither of you were living with someone else as if you were husband and wife or civil partners, and * Your financial affairs were interdependent (or you were financially dependent upon the Scheme member).   If you meet the above criteria, or you are completing this form on behalf of someone who you feel meets the criteria laid out above, please answer **YES** to this question.  If **YES**, we will issue a Cohabiting Partners Declaration form for you to complete and return together with relevant confirmation documents for our approval. | | | | | |
| **Did the deceased leave any children under age 18?** | | | **YES** | | **NO** |
|  | |  |
| If **YES**, please enclose:    Copy of birth certificate for each Child  Please provide National Insurance Number/s for any children age 16 or over: ­­ | | | | | |
| Did the deceased leave any children under age 23, and since age 18 have been: | | | **YES** | | **NO** |
| 1. Receiving full-time education | | |  | |  |
| If **YES**, please enclose:  Copy of birth certificate for each Child  Name of Education Establishment and course details since attaining age 18:  Please provide National Insurance Number for each child: | | | | | |
| 1. Undergoing a full-time training course, for a trade, profession or vocation | | **YES** | | **NO** | |
|  | |  | |
| If **YES**, please enclose:  Copy of birth certificate for each Child  Name and address of Employer and training course being undertaken:  Please provide National Insurance Number for each child: | | | | | |
| Did the deceased leave any children who have attained the age of 18 and who are incapable by reason of ill-health or infirmity of mind or body which arose either before they obtained that age or whilst receiving full-time education or training? | | **YES** | | **NO** | |
|  | |  | |
| If **YES**, please enclose:  Photocopy of birth certificate for each Child  Name and address of GP and a brief outline of incapacity as appropriate:  Please provide National Insurance Number: | | | | | |
| **Any child who is:**   * Adopted, or; * wholly or mainly dependent on the deceased, may be regarded as a child of the   deceased.  Please also let me know, if possible, in whose care the children are: | | | | | |

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| **Certificates:**  **Please provide emailed copies of certificates in all cases. Please do not send original certificates where possible. If you do send original certificates (not certified photocopies), we will return them by Royal Mail Recorded Delivery service.**  **FOR OFFICE USE ONLY**  Copy of birth certificate YES / NO / ORIGINAL  Other forms of identification YES / NO (if yes note below) | |
| **DECLARATION** | |
| Full Name | Relationship  to the Deceased |
| Address | |

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| --- | --- |
| Please TICK option A or B below: | |
| **Option A** | To the best of my knowledge, the deceased has no other benefits in the LGPS in Scotland (other than a survivor’s pension or a pension credit) and, should this declaration turn out to be incorrect, I will refund the pension fund any resulting overpayment. |
| **Option B** | The deceased has other benefits in the LGPS in Scotland:  Name of Pension Fund(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Signed | Date |

**This questionnaire should be emailed along with all relevant certificates to**

[**pensions.section@highland.gov.uk**](mailto:pensions.section@highland.gov.uk)