

NHS Pensions – Death in Service Notification Form

Use this form to notify us of the death of a member whilst they are in active employment or is no longer required to make contributions. Complete the sections below and submit the form to us at bereavementreferrals@nhsbsa.nhs.uk, or you can post it to us at NHS Pensions, PO Box 683, Unit 5, Newcastle Upon Tyne, NE5 9EE. We will determine if there are any nominees, issue the relevant claim forms, and assess the eligibility of any claimants.

Part 1 – Member details

Membership number

Surname

Other names

Date of death

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Have you seen and verified the original death certificate? Yes No

If you have not seen and verified the original death certificate, please still complete this form and send it to us and we will request a copy of the certificate.

Does the member have a partner? (spouse, civil partner or partner – unmarried but living together)

Yes No Do not know

Part 2 – Spouse, civil partner or partner details (if applicable/known)

Name and address of the member's spouse, civil partner or partner:

Title (for example, Mr, Mrs, Miss, Dr)

Surname

Other names

Address

Postcode

Telephone number.

Email address

Part 3 – Estate and informant details

Part 3.1 – Person dealing with the estate

Is this the same person as stated in Part 2? Yes No

If this is not the same person, or if Part 2 was not applicable, provide the name and address of the person dealing with the estate below (if you do not know this information, part 3.2 **must** be completed):

Title (for example, Mr, Mrs, Miss, Dr)	<input type="text"/>
Surname	<input type="text"/>
Other names	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Part 3.2 – Informant of death – This must be completed if the spouse, civil partner, partner or the person dealing with the estate is not known. Provide the name and address of the person who informed your organisation of the member's death:

Title (for example, Mr, Mrs, Miss, Dr)	<input type="text"/>
Surname	<input type="text"/>
Other names	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Part 3.3 – Dependant children

Are you aware of any dependant children who may be eligible to receive a dependant's pension?

Yes No Do not know

Part 4.3 – If you have any further information or comments, please inform us in the box below:

Part 5 – Declaration

I certify that:

- the information given on this form is correct
- the member record has been closed accordingly as detailed in part 4
- the contributions, pay and hours (if applicable) for any membership after the date of death have been included on SD55/leaver spreadsheet
- the initial dependant’s pension has not, and will not, be paid by the employer
- all contributions to the NHS Pension Scheme have been, or will be, deducted from pay.

Signature:

Name in CAPITALS:

Date:

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EA Code:

Telephone no:

EA/GP

Address/Stamp:

NHS Pensions use only

Email/scanning team - Upon receipt of this form, please launch a PWPYDSD workflow in Compendia