

The logo for HSC (Health Service Corporation) is a blue rectangle with the letters "HSC" in white, bold, sans-serif font.

Pension Service
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HSC Pension Scheme – 1995 Section - Claim for a life assurance lump sum

**(Form AW9 (pre 1.4.08) or AW9 (post 1.4.08) should also be completed if claiming child allowance)*

Please read these notes and ‘A Guide for pensioners and their dependants’ first

HSC Pension Service may be able to pay a life assurance lump sum to the legal personal representatives of the deceased, to be included as part of the Estate, or to someone else if the deceased nominated them to receive it.

Please complete **Parts 1 and 2** of this form. You can ask someone to help you, for example a solicitor. The HSC employer will complete **Parts 3 and 4**.

If the deceased member had multiple death benefit nominees, a separate claim form is required for each nominee. These will be issued by HSC Pension Service as appropriate upon receipt of the first claim.

HSC Pension Service must inform the personal representative of any life assurance lump sum paid. This is because the lump sum may be subject to a lifetime allowance charge (LTAC) – see ‘A Guide for pensioners and their dependants’. The liability to pay any tax charge lies with the person or organisation receiving the lump sum.

HSC Pension Service must also inform the personal representative of the following information within 3 months of the final payment:

- The amount and date of the lump sum paid in respect of the member
- The percentage of the standard lifetime allowance used by the lump sum in respect of the member.

Do not delay your claim. The life assurance lump sum must be paid within 2 years of the member’s death or it will attract a tax charge of up to 40%.

Do not send the Will, any Probate, or Letters of Administration with this form. We will write to you if we need them.

If the deceased had a Money Purchase Additional Voluntary Contributions (MPAVC) death cover contract, please send a copy of the death certificate to **their HSC AVC provider**. They can only pay any MPAVC benefit **after** HSC Pension Service has paid the life assurance lump sum.

Before you return this form, write down our address, telephone number shown at the top of the page.

If you change your address please tell us right away, quoting the membership number.

Part 1 To be completed by the person claiming the life assurance lump sum.

1. About the deceased. Please write clearly.

Surname

Other names

Date of birth

Date of birth

Status Single Married Widowed Divorced Civil partner

What is the name of their last HSC employer?

What was their job?

2. About yourself.

Your surname

Other names

Your address
(This is the address where payment will be sent)

What was your relationship to the person who has died? Death benefit nominee – Please send your birth certificate with this form and complete question 3.

Legal personal representative – go to Part 2

3. About the personal representative

Surname

Other names

Address

Part 2 Declaration

To be completed by the person claiming the life assurance lump sum. Please sign and date below.

I declare that the information I have given on this form is correct and complete to the best of my knowledge and belief. If I become aware of any change in the information given on the form, or any further new information relevant to the form, after I have sent it I hereby agree to notify the Scheme Administrator of those changes and that further or new information at the earliest possible opportunity.

I am the legal personal representative or death benefit nominee of the deceased.

I apply for the Life Assurance Lump Sum.

Tick this box if you are sending the Death Certificate

Please sign here

Date

Please return this form to the HSC employer that issued it. Do not send it to HSC Pension Service unless there is a note in the box below telling you to do so. Send the death certificate and any other certificate requested with this form.

If you are claiming an allowance for dependent children you will have to complete form AW9. Send it back to the HSC employer (or to HSC Pension Service if told to do so) with this form and any children's birth and medical certificates asked for. Your certificates, or other papers, will be returned to you as quickly as possible.

Part 3 Pay details. To be completed by the HSC employer.

Please enter on form SD55 full details of any events during the pay period [such as unpaid sick leave, bonus or special duty payments] which affect pay or contributions.

If the deceased member was a Principal or Assistant practitioner, please go to Part 4.

1. Fill in the total pensionable pay for the final year of paid membership including any period of deemed membership for untaken annual leave.

From to Amount

2. Inclusive date to which salary will be paid:

3. If the answer to 2 above differs from the date of death please say why:

4. If the total pensionable pay, covering the final year of paid membership at 1 above, is not the best of the last three years, please complete details of the two previous years.

From to Amount

From to Amount

5. If the deceased was working **PART-TIME**, please complete the **NOTIONAL WHOLE TIME EQUIVALENT** pay for the last 3 years of paid employment.

From to Amount

From to Amount

From to Amount

6. Amount of any deemed pay for sick leave and any deemed bonus and special duty payments included in pay shown above for the **best year** only:

7. Amount of any domiciliary consultation fees paid in the period shown at item 1 above and in the two previous years shown at item 4.

Final year

Middle year

Earliest year

8. Amount of any deemed domiciliary consultation fees in the best year at item 7 above.

9. Have domiciliary consultation fees been included in the amounts shown at item 1 and/or 4 above?

Yes No

Part 4 To be completed by the employer.

1. Has the date of death been verified by checking the death certificate?

No we have not seen the death certificate because

Yes the date on the certificate is

____ / ____ / ____

2. Are there any dependent children?

No Yes the dates on the birth certificates are

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

*Relevant AW9 is attached will follow

3. Is the Life Assurance Lump Sum being claimed by a nominee?

No Yes the dates on the birth certificate is

____ / ____ / ____

4. I certify:

- the information given in **parts 3 and 4** of this form is correct.
- the pay details in **part 3** agree with the contributions shown on form 55A.
- all contributions to the HSC Pension Scheme have been, or will be deducted from pay
- All certificates and any other original papers have been returned to the claimant.

Signature

Date

____ / ____ / ____

Extension

EA/GP Stamp
