



Pension Service
Waterside House
75 Duke Street
LONDONDERRY
BT47 6HE

HSC Pension Scheme – Application for payment of child allowance

This form only applies to members of the Scheme with membership on or after 1 April 2008.

Member's surname

Other names

HSC Pension Service may be able to pay an allowance for dependent children of a member who dies

We can pay an allowance to

- anyone who has care of the children, or
- the children if they look after themselves.

You can claim an allowance for anyone who

- was dependent on the person who has died, **and**
- is under age 23 at the time of the member's death

Do you think you can claim for anyone?

Please tick the box that applies to you and follow the instructions:

Yes. I can claim for someone Complete the application form starting on page 2 then **return it to the office that sent it to you.**

I am not sure. I think I may be able to claim for someone Complete the application form starting on page 2 then **return it to the office that sent it to you.** HSC Pensions Branch will write to tell you whether you can have an allowance

No. I cannot claim for anyone Please sign and date the form below then **return it to the office that sent it to you.**

Signature

Date

Part 1. Details of the dependants you are claiming for:

- Notes about completing this part of the form.**

Spaces are provided for you to give information for up to 5 dependants. If you do not have enough room please continue on a separate piece of paper and attach it firmly to this form.

“**Relationship**” means the relationship of the dependant to the person who has died.

“**Incapacitated**” means a dependant who is unable to earn a living due to a condition or permanent ill-health, which existed at the date the member died.

Please write clearly.

1.	Name (surname first please)	Relationship	Date of birth
Address (if not living with claimant)			
Dependants who are incapacitated:		Date their incapacity began	
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /	

2.	Name (surname first please)	Relationship	Date of birth
Address (if not living with claimant)			
Dependants who are incapacitated:		Date their incapacity began	
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /	

3.	Name (surname first please)	Relationship	Date of birth
Address (if not living with claimant)			
Dependants who are incapacitated:		Date their incapacity began	
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		/ /	

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4.	Name (surname first please)	Relationship	Date of birth
	Address (if not living with claimant)		
	Dependants who are incapacitated:		Date their incapacity began
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/> / /			

5.	Name (surname first please)	Relationship	Date of birth
	Address (if not living with claimant)		
	Dependants who are incapacitated:		Date their incapacity began
Is the dependant living with you at home? Yes <input type="checkbox"/> No <input type="checkbox"/> / /			

PART 2. Please send these papers with the form:

- Birth certificates Send the birth certificates of all the dependants you are claiming for. These will be returned to you as soon as possible.
- Medical certificates If you are claiming for anyone who is unable to earn a living due to permanent ill-health or handicap, please send a medical certificate or a doctor's letter that explains their condition.

HSC Pension Service may write to ask you for other papers.

PART 3. Please complete the **Declaration** below. Ask someone who knows you to witness your signature. Your witness should complete **Part 4.**

I declare that the person(s) named in Part 1 were dependent on the deceased member at the time of their death.

I declare that I shall have care and charge of the person(s) named in Part 1 of this form and any allowance paid to me will be used for the benefit of those persons.

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.

This is my claim for payment of Child Allowance.

Signature	
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PRINT your full name here	
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and your address here	

Date

/	/
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Part 4. I certify that today I saw this person sign the Declaration.

Signature	
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PRINT your full name here	
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and your address here	

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