#

# NOTIFICATION OF DEATH S8 Mar 25

###### ABOUT THIS FORM

* “ABOUT THE MEMBER” is to be completed by the **employer** / department.
* Part 1 is to be completed by the representatives of the member
* Part 2 & employer declaration / authorisation are to be completed by the employer
* Parts 3 - 5 are only to be completed by the employer if the member has non-CARE benefits
* If death was due to an injury sustained or a disease contracted in the actual discharge of duty and specifically attributable to the nature of that duty the employing authority/department/service should also outline the circumstances to the Strathclyde Pension Fund Office.
* This form must be **returned by the employer** accompanied by (\* Delete where appropriate):
	+ Full death certificate
	+ \*Spouse’s / civil partner’s / nominated cohabiter’s birth certificate
	+ \*Spouse’s marriage certificate / civil partnership certificate

###### ABOUT THE MEMBER

|  |  |
| --- | --- |
| Forename(s) |  |

|  |  |
| --- | --- |
| Surname |  |

|  |  |  |
| --- | --- | --- |
| National Insurance number |

|  |
| --- |
|  |

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|  |  |
| --- | --- |
| Employer |  |

|  |  |
| --- | --- |
| Department/Service |  |

|  |  |
| --- | --- |
| Job title |  |

|  |  |
| --- | --- |
| The above member died on |  |

|  |  |
| --- | --- |
| The above member had the following “LGPS eligible” children (under 18 **or** under 23 in education / training **or** over 18 and unable to work because of physical or mental impairment) Note: please give their full names |  |

|  |  |
| --- | --- |
| If the above member had a cohabiting or dependent partner,please give their full name |  |

|  |  |
| --- | --- |
|  Final year of employment (from / to) |  |

|  |  |
| --- | --- |
|  Unique pensions identifier number |  |

## PART 1: PAYMENT DETAILS (to be completed by the member’ representatives and returned to the employer)

I certify that I am the representative of the late member above and hereby apply for payment of the following benefits:

* Lump sum death gratuity (full death certificate enclosed)

|  |
| --- |
|  |

* Spouse’s / partner’s pension

(birth and marriage / civil partnership certificates enclosed)

|  |
| --- |
|  |

I understand that payment of any “eligible” children’s pension(s) will be arranged separately.

|  |  |
| --- | --- |
| Does the deceased have any other benefits in the LGPS in Scotland? | No / Yes (please supply details) |

To the best of my knowledge, **I declare that the deceased has no other benefits in the LGPS in Scotland**,

 and that, if that should turn out to be incorrect, I will refund any resulting overpayment of lump sum death gratuity, as I understand that only one death grant can be paid to an active member of the LGPS.

|  |  |
| --- | --- |
| Signed |  |

|  |  |
| --- | --- |
| Dated |  |

|  |  |
| --- | --- |
| Acting capacity (e.g. spouse, civil partner, cohabiter, executor, etc) |  |

|  |  |
| --- | --- |
| Name (please print) |  |

|  |  |
| --- | --- |
| Home address |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Home telephone no |  |

If applying for payment of a spouse’s/ partner’s pension, please supply the information below and on next page.

Note: Pensions will be paid by credit transfer on the 15th of each month in respect of the calendar month.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance number of member’s spouse/partner |

|  |  |  |  |  |  |  |  |  |
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**ACCOUNT DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  I would like the spouse’s/ partner’s pension to be paid into the following account:

|  |  |
| --- | --- |
| Name of bank or building society |  |

|  |  |
| --- | --- |
| Branch |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sorting code number.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

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|  |  |
| --- | --- |
| Account holder’s name |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account reference number |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building society account reference number (if applicable) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| Signature (do not print your name)  |  |

|  |  |
| --- | --- |
| Dated |  |

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| **PART 2: Information to calculate CARE benefits**NOTE: Please refer to [the LGPC Payroll Guide](http://www.lgpsregs.org/index.php/scotland/scot-hr-payroll-guides/lgps2015-payroll-guide) for calculation guidance

|  |  |  |
| --- | --- | --- |
| Actual unreduced pensionable pays whilst in Main LGPS  | Scheme Year 24/25 | Scheme Year 25/26 |

|  |  |  |
| --- | --- | --- |
| Actual unreduced pensionable pays whilst in 50/50 | Scheme Year 24/25 | Scheme Year 25/26 |

 **IF APPIF APPLICABLE: MEMBER’S ASSUMED PENSIONABLE PAY**

|  |  |  |
| --- | --- | --- |
| **Assumed pensionable pays****Note:** this should be an annual equivalent based on the last 12 week / 3 month period prior to the member’s death, and if the member’s annual pay has not changed in the 3 months / 12 weeks prior to death should mirror the annual salary in the lowest row of column E of the Excel spread sheet in part 3 if the member has final pay benefits. It is what employers pay their contributions on, and some payroll systems may output this as “employer pensionable pay”. | Scheme Year 24/25 | Scheme Year 25/26 |

|  |  |  |
| --- | --- | --- |
| **Actual** assumed pensionable pays**Note:** these should be the assumed pensionablepays above **proportioned for period of reduced / no pay** | Scheme Year 24/25 | Scheme Year 25/26 |

Further information relating to CARE benefits (service after 31 March 2015)

|  |
| --- |
|  |

 **EME EMPLOYER DECLARATION / AUTHORISATION**

|  |  |
| --- | --- |
| I confirm the information on this form to be completeand correct, signed (for the employer) |  |

|  |  |
| --- | --- |
| Designation |  |

|  |  |
| --- | --- |
| Dated |  |

|  |  |
| --- | --- |
| Who (name, email and tel no) should SPFO contact, if we have any questions about the information on this form? |  |

**Note: there is no need to complete the rest of this form for members who only have CARE benefits. A transfer in may mean a member joining after 31 March 2015 has final pay benefits.****Please return this form to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW or email it to** **spfo@glasgow.gov.uk****PART 3: MEMBER’S FINAL 365 DAYS OF EMPLOYMENT (to be provided / calculated by the employer in respect of benefits based on the member’s final pay)**Information to calculate final salary benefits

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week

|  |
| --- |
|  |

  Full-time hours per week

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year

|  |
| --- |
|  |

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|  |  |
| --- | --- |
| Did the member change hours worked? | Yes / No |

|  |  |
| --- | --- |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence? | Yes / No |

|  |  |
| --- | --- |
| If yes, for each period please state:* the dates
* the type of absence e.g. mat
* whether on full, part or no pay
 | From To Type Pay on |

|  |  |
| --- | --- |
| Was the member’s pay in their final year lower than in either their penultimate or third last year of work?**If yes, please provide details in parts 4 / 5.** | Yes / No |

 |

###### MEMBER’S FINAL YEAR PENSIONABLE PAY

Double clicking on the table below will open an Excel spreadsheet, so that the member’s data can be entered to overwrite the example that is already embedded in the sheet.

An error message will appear in field D11 if periods totalling more than 366 days are entered.

Use a new row for each period the member had a different annual salary or rate of other regular payments.

Use field G9 for the total of any one-off payments received in the year.

|  |  |
| --- | --- |
| Detail any split of the total in G9 or of your entries in column F here: |  |

**Do not** enter anything in columns A, D or G (except for in field G9) as these fields are calculated automatically.



**PART 4:** **MEMBER’S** **PENULTIMATE YEAR OF EMPLOYMENT**

**(only to be completed where the member has non-CARE benefits and the member’s pay is higher in this year than in the member’s final year of employment)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week

|  |
| --- |
|  |

  Full-time hours per week

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year

|  |
| --- |
|  |

  |

|  |  |
| --- | --- |
| Did the member change hours worked? | Yes / No |

|  |  |
| --- | --- |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence? | Yes / No |

|  |  |
| --- | --- |
| If yes, for each period please state:* the dates
* the type of absence e.g. mat
* whether on full, part or no pay
 | From To Type Pay on |

**PART 4 (CONT)**

|  |  |
| --- | --- |
| Re the Excel spreadsheet below, detail any split of the total in G9 or of your entries in column F here: |  |



**PART 5:** **MEMBER’S** **PAY IN THEIR THIRD LAST YEAR OF EMPLOYMENT**

**(only to be completed where the member has non-CARE benefits and the member’s pay is higher in this year than in the member’s final year of employment)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week

|  |
| --- |
|  |

  Full-time hours per week

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year

|  |
| --- |
|  |

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|  |  |
| --- | --- |
| Did the member change hours worked? | Yes / No |

|  |  |
| --- | --- |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence? | Yes / No |

|  |  |
| --- | --- |
| If yes, for each period please state:* the dates
* the type of absence e.g. mat
* whether on full, part or no pay
 | From To Type Pay on |

**PART 5 (CONT)**

|  |  |
| --- | --- |
| Re the Excel spreadsheet below, detail any split of the total in G9 or of your entries in column F here: |  |



**EMPLOYERS: Please return this form to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW or email it to** **spfo@glasgow.gov.uk**