

Avon Pension Fund

LOCAL GOVERNMENT PENSION SCHEME

Bath & North East Somerset Council
Floor 3 South, Riverside, Temple Street, Keynsham, BS31 1LA
Tel: 01225 477000 ~ Fax: 01225 395258 ~ Email: pensionsedi@bathnes.gov.uk
Web: www.avonpensionfund.org.uk



LGPS 22-2008

APPLICATION FOR SURVIVORS' PENSIONS FOR ELIGIBLE PARTNERS AND CHILDREN

DETAILS OF THE PERSON WHO HAS DIED

SURNAME: TITLE:
FORENAME(S):
NI NUMBER:
HOME ADDRESS:
..... POST CODE:
DATE OF BIRTH: DATE OF DEATH:

DETAILS OF THE PERSON APPLYING FOR A SURVIVOR'S PENSION

This will be the details of the eligible Surviving Partner; the parent or guardian of an eligible Child or Children aged under 18¹; or an eligible Child aged 18 or over

SURNAME: TITLE:
FORENAME(S):
DATE OF BIRTH: NI NUMBER:
HOME ADDRESS:
..... POST CODE:
TELEPHONE NUMBER:
EMAIL ADDRESS:

¹ A child aged 18 or over must make their own claim for a Survivor's Pension if they are an eligible dependent child of a Scheme Member

PART 1 – APPLICATION FOR SURVIVOR’S PENSION AS AN ELIGIBLE SURVIVING PARTNER²
(Please tick one of the two boxes below)

SPOUSE / CIVIL PARTNER³

I declare that I am the legal Spouse / Civil Partner of the late

.....
and that at the time of their death we had not Divorced or had a Dissolution of our Civil Partnership*.

I enclose my own Birth Certificate, our Marriage / Civil Partnership Certificate and my late partner’s Death Certificate

NOMINATED COHABITING PARTNER⁴

I declare that I am the Nominated Cohabiting Partner⁴ of the late

.....
I enclose my own Birth Certificate, my late partner’s Death Certificate and also bank / building society / insurance company statements and utility bills confirming my financial dependence, or our financial inter-dependence, and that we lived together. If Avon Pension Fund request it, I will provide a copy of ‘*Nomination of Cohabiting Partner for Survivor’s Pension*’ form completed by my late partner and myself.

I hereby apply for the payment of a Survivor’s Pension as an Eligible Surviving Partner.

Details of my Bank / Building Society are given below:

SIGNED: DATE:

FULL NAME:

² An Eligible Surviving Partner is the legally-married Spouse or Civil Partner of a Scheme Member, or an eligible Nominated Cohabiting Partner of a Scheme Member who was paying into the LGPS on or after 1 April 2008

³ A Civil Partnership is a relationship between two people of the same sex which is formed when they legally register as Civil Partners of each other.

⁴ A Nominated Cohabiting Partner can only be a partner of a Scheme Member who was paying into the LGPS on or after 1 April 2008 where certain conditions are met. In brief, to be eligible for a Survivors Pension, for a period of at least two years: the partners must have lived together as if they were married spouses or civil partners, with neither having lived as partners with a third person or been married to or in a civil partnership with a third person; there must have been financial dependence on the Scheme Member or financial inter-dependence between the partners; and both partners must have completed a ‘Nomination of Cohabiting Partner for Survivors Pension’ form number LGPS19A.

PART 2 – APPLICATION FOR A SURVIVOR’S PENSION AS AN ELIGIBLE CHILD

What is an Eligible Child?

- The child of a deceased Scheme Member⁵ is an Eligible Child under the LGPS Regulations if they were under the age of 18⁶ and wholly or mainly dependent on the Scheme Member when he or she died.
- The child of a deceased Scheme Member⁵ is an Eligible Child under the LGPS Regulations if they were aged over 18, but under 23 and in continuous full-time education or vocational training⁷ at the time the Scheme Member died⁸.

I hereby apply for the payment of a Survivor’s Pension to the Child / Children named overleaf.

I enclose:

- The Birth and/or Adoption Certificate(s) of the child / children.
- If the child is disabled⁶, confirmation of that disability from the doctor the child is under the care of.
- If the child is between the ages of 18 and 23, written confirmation from their education or vocational training establishment that they are enrolled on a full-time course, including details of the course and the date it will end.

I confirm that I will pay back any money that Avon Pension Fund pays to a child named overleaf who is not eligible to receive it.

Details of my Bank / Building Society are given below:

SIGNATURE: _____ DATE: _____

(a parent or guardian should sign an application for a Child / Children aged under 18)

FULL NAME: _____

⁵ The child of a deceased Scheme Member can include: their own child: their unborn child, if that child is born within 12 months of the date of death; an adopted child; and a dependent child that the Member considered to be part of his or her family, such as their partner’s child from a previous relationship.

⁶ Avon Pension Fund has the discretion to consider paying a Survivors Pension to a dependent child where that child is disabled (as defined by the Disability Discrimination Act 1995) over the age of 18, or over the age of 23 where they have been in full-time education or training.

⁷ You must tell Avon Pension Fund if you are a child aged 18 or over and stop, or take a break in, full-time education or training. This is because payment of a Survivor’s Pension for an Eligible Child will cease and you will have to pay back any pension we pay to you during periods when you were not in full-time education or training. If you have a break in full-time education or training Avon Pension Fund has the discretion to start paying the pension again if you re-enter full-time education or training before the age of 23.

⁸ Avon Pension Fund has the discretion to pay a Survivors Pension to a dependent child between the ages of 18 and 23 if they start full-time education or vocational training after the Scheme member died.

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DETAILS OF THE CHILD OR CHILDREN YOU ARE APPLYING FOR A SURVIVOR'S PENSION FOR

LGPS 22-2008

Please read the notes above which explain the circumstances in which a child may be eligible to receive a Survivor's Pension

Full Name	Date of Birth	In full-time education or training? YES / NO	When will the child's full-time education or training end?	Is the child disabled within the meaning of the Disability Discrimination Act 1995 YES / NO

BANK / BUILDING SOCIETY DETAILS

I request that the pension and lump sum due to me be credited to the following bank / building society:

NAME OF BANK / BUILDING SOCIETY:

ADDRESS:

SORT CODE:

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ACCOUNT CODE:

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**ROLL NUMBER:
(if applicable)**

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SIGNED: DATE:

FOR OFFICE USE ONLY

Scheme Member

Death Certificate examined Photocopied

Eligible Partner

Marriage/Civil Partnership Certificate examined Photocopied

Birth Certificate examined Photocopied

Eligible Children

#1 Birth Certificate examined Photocopied

#2 Birth Certificate examined Photocopied

#3 Birth Certificate examined Photocopied

#4 Birth Certificate examined Photocopied

#5 Birth Certificate examined Photocopied

SIGNATURE OF PENSIONS ADMINISTRATOR: DATE:

NAME OF PENSIONS ADMINISTRATOR: