

## Dependant pension claim form

You can use this form to apply for a pension to be paid to a widow, widower, civil partner, partner or child dependant.

Please read **Section I – Guidance notes** before completing this form.

Please complete this form in **black ink** and in **BLOCK CAPITALS** and return it to:  
Civil Service Pensions, PO Box 2017, Liverpool, L69 2BU.

If you are applying for more than one child, please complete their details on a separate piece of paper.

## Section A – Document checklist

Please provide the relevant supporting documentation with your claim. Please note: we can only accept original versions of the following documents.

Claim type	Document(s)
All claims	Death certificate Bank statement (dated within the last three months)
Widow, widower or civil partner pension	Your marriage certificate or civil partnership certificate
Partner pension	Evidence of your joint financial arrangements (the evidence must be dated within six months of the member's death) Decree absolute (if you or the member are divorced)
Child pension (if you are a parent or guardian) Required if you are a parent or guardian applying for a pension to be paid to an eligible child or children in your care	A full birth or adoption certificate
Child pension (if you are a guardian)	Parental responsibility order or agreement order
Child pension If the child is in full-time education or vocational training and between the ages of 17 to 23 (if the member was in <b>classic</b> ) or 18 to 23 (if the member was in <b>classic plus, premium, nuvos</b> or <b>alpha</b> )	A letter from the child's educational or training establishment confirming the start and end date of their course
Child pension If the child is unable to work due to a permanent physical or mental impairment	A letter from the child's doctor, which provides details of the child's physical or mental impairment



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### Section B – Deceased member’s personal details

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Please provide the personal details of the deceased member.

<b>Member’s name</b>	<input type="text"/>												
<b>Member’s address and postcode</b>	<input type="text"/>												
	<input type="text"/>												
<b>Member’s National Insurance (NI) number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
<b>Member’s date of birth (DD/MM/YYYY)</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
<b>Has the death certificate already been provided to us for this member?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>												
<b>Member’s marital status</b>	Please tick one box <table><tr><td>Single (never married)</td><td><input type="checkbox"/></td><td>Married</td><td><input type="checkbox"/></td></tr><tr><td>Divorced</td><td><input type="checkbox"/></td><td>Civil partnership</td><td><input type="checkbox"/></td></tr><tr><td>Widowed</td><td><input type="checkbox"/></td><td>Dissolved civil partnership</td><td><input type="checkbox"/></td></tr></table>	Single (never married)	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Civil partnership	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Dissolved civil partnership	<input type="checkbox"/>
Single (never married)	<input type="checkbox"/>	Married	<input type="checkbox"/>										
Divorced	<input type="checkbox"/>	Civil partnership	<input type="checkbox"/>										
Widowed	<input type="checkbox"/>	Dissolved civil partnership	<input type="checkbox"/>										



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**Section C – Your details (the claimant)** Please complete this section in its entirety.

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Please provide your personal details..

<b>Your name</b>	<input type="text"/>
<b>Your address and postcode</b>	<input type="text"/>
	<input type="text"/>
<b>Your date of birth (DD/MM/YYYY)</b>	<input type="text"/>
<b>Your gender</b>	<input type="text"/>
<b>You relationship to the member</b>	<input type="text"/>
<b>Your National Insurance (NI) number</b>	<input type="text"/>

Please provide your bank details so we can pay any pension due to you.

<b>Name of account holder(s)</b>	<input type="text"/>
<b>Name and address of bank or building society</b>	<input type="text"/>
	<input type="text"/>
<b>Account number</b>	<input type="text"/>
<b>Bank sort code</b>	<input type="text"/>
<b>Building society roll number</b>	<input type="text"/>

We cannot make a payment into a National Savings Account. We can make payment to an account in the Irish republic or overseas, but you will need to complete an overseas mandate. You can find the mandates on the Overseas Payment Mandates page on our website:

**[www.civilservicepensionscheme.co.uk](http://www.civilservicepensionscheme.co.uk)**

(Please continue on the next page)

Please provide your contact details.

Your home telephone number	<input type="text"/>
Your mobile telephone number	<input type="text"/>
Your email	<input type="text"/>

**Your declaration**

- I understand that completing this form does not guarantee entitlement to death benefits and that eligibility will be calculated upon receipt of the form.
- To the best of my knowledge, the information I have provided is correct.
- I am entitled to the pension benefits in relation to the deceased member (detailed in **Section B – Deceased member’s personal details**).
- I understand that I am responsible for telling you about any change of circumstances, which may affect entitlement, and that I may have to repay any overpayment of pension.

Print name	<input type="text"/>
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Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Witness declaration**

Your declaration must be witnessed for all claims.

The applicant, who I believe to be the person named in **Section C (the Claimant)**, has signed this declaration in my presence.

**Important:** this section **must** be signed and dated at the same time as **the declaration (above)**.

Print name	<input type="text"/>
Home address and postcode	<input type="text"/>
	<input type="text"/>

Witness signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section D– Claiming a partner’s pension**

**Complete this section in conjunction with section C, only if you are applying for a partner pension.**

We will be able to consider your claim for a partner pension if you and the deceased were cohabiting as partners in an exclusive, committed long-term relationship.

If you are unable to answer a particular question, or provide the necessary documents, please explain why below.

Your marital status	
Marital status	Please tick one box Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Dissolved civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/>
Were you related to the deceased? (For example step-brother/sister)	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long had you and the deceased lived together?	<input type="text"/>
Were you living together at the time of death?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please explain your circumstances</b>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



Did you spend any periods apart (for example, having to live in separate households)?

Yes

No

If so, please explain why this was.

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**Your financial status**

You must provide evidence of any joint financial arrangements you and the deceased had. The evidence must be dated within six months from the member's death.

Please choose two forms of evidence from the list below. Tick the appropriate boxes and enclose the original documents.

<b>Joint mortgage/tenancy</b>	<input type="checkbox"/>	<b>Joint bank account</b>	<input type="checkbox"/>
<b>Joint credit arrangement</b>	<input type="checkbox"/>	<b>Joint savings account</b>	<input type="checkbox"/>
<b>Beneficiary of life assurance</b>	<input type="checkbox"/>	<b>Council tax</b>	<input type="checkbox"/>
<b>Working family tax credits</b>	<input type="checkbox"/>		

If you are not able to send two of the above as evidence, you will need to provide other evidence that shows you and the deceased shared day-to-day living expenses.



**Section E – Claiming a child’s pension**

Complete this section if you are applying for a pension for an eligible child or children in your care under the age of 17 (if the member was in **classic**) or age 18 (if the member was in **classic plus, premium, nuvos** or **alpha**).

Child 1 – personal details	
Full name	<input type="text"/>
National Insurance (NI) number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="text"/>
Your relationship to the child	<input type="text"/>

If you want the pension to be paid directly to the child, please provide their bank details.

Child 1 – payment details	
Name of account holder(s)	<input type="text"/>
Name and address of bank or building society	<input type="text"/>
	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building society roll number	<input type="text"/>



**Section F – Claiming a child’s pension for an eligible child in full-time education or vocational training**

Complete this section if you are applying for a pension for an eligible child or children in full-time education or vocational training. They must be between the ages of 17 to 23 (if the member was in **classic**) or 18 to 23 (if the member was in **classic plus, premium, nuvos** or **alpha**).

Child 1 – personal details	
Full name	<input type="text"/>
National Insurance (NI) number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="text"/>
Your relationship to the child	<input type="text"/>
Name and address of educational or training establishment	<input type="text"/> <input type="text"/>
Start date of course	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
End date of course	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Child 1 – payment details	
Name of account holder(s)	<input type="text"/>
Name and address of bank or building society	<input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building society roll number	<input type="text"/>





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**Section G – Claiming a child’s pension for a child who is unable to work because of a permanent physical or mental impairment**

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Complete this section if you are applying for a pension for a child who is unable to work because of a permanent physical or mental impairment.

<b>Child 1 – personal details</b>	
Full name	<input type="text"/>
National Insurance (NI) number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="text"/>
Your relationship to the child	<input type="text"/>
Home address and postcode	<input type="text"/>
	<input type="text"/>
Nature of the physical or mental impairment	<input type="text"/>
If the child is not able to look after their own financial affairs, please provide the name and address of the person who acts on their behalf	<input type="text"/>
	<input type="text"/>
Marital status	<input type="text"/>



### Child 1 – payment details

Name of account holder(s)	<input type="text"/>
Name and address of bank or building society	<input type="text"/>
	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building society roll number	<input type="text"/>

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### Section H – Claiming for children in the care of someone else

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If you know of any eligible children in the care of someone else, please provide their guardian’s details, so we can send their guardian a claim form.

### Child 1 – personal details

Full name of child	<input type="text"/>
Full name and address (including postcode) of guardian	<input type="text"/>
	<input type="text"/>



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## Section I – Guidance notes

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1. Please complete this form to apply for a pension for a widow, widower, civil partner, partner, or child dependant.
2. **Section B** – Complete this section for all claims.  
**Section C** – Complete this section for all claims.  
**Section D** – Complete this section if you are applying for a partner pension.  
**Section E** – Complete this section if you are applying for a pension to be paid to an eligible child or children in your care who are either under the age of 17 or 18 (scheme dependent).  
**Section F** – Complete this section if you are claiming for any eligible children in your care who are between the ages of 17 and 23 (if the member was in classic) or 18 and 23 (if the member was in classic plus, premium, nuvos or alpha) and who are in full-time education or vocational training.  
**Section G** – Complete this section if you are applying for a pension to be paid to an eligible child who is unable to work due to a permanent physical or mental impairment.  
**Section H** – Complete this section if you know of any eligible child in the care of someone else.
3. Please provide the relevant supporting documentation with your claim (**see Section A – Document Checklist**). **Please note:** we can only accept original versions of the documents listed.