

Death Notification Form – For Employer use only

Please complete and return this form when you are notified of the death of an employee, to gather as much data as possible for consideration of the death benefit payment.

Section 1: Deceased Member Details

Member's Name:

Pension Reference Number:

Member's Address:

National Insurance Number:

Date of Death

Date informed

Postcode:

Section 2: Employer/Informant's Details

Name:

Employing Authority:

Telephone number:

Section 3: Family Details

Is there a personal representative?

Yes

No

If yes, please provide the personal representative's details:

Name:

Relationship to deceased:

Address:

Daytime telephone number:

Is there a surviving a) spouse

Yes

No

b) civil partner

Yes

No

c) cohabiting partner

Yes

No

If yes, please provide his/her details:

Name:

Title:

Address:

Postcode:

Daytime telephone number:

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Section 3: Family Details cont.

Are there any surviving children under the age of 18? Yes No

If yes, please provide the following details:

Full Name: Date of birth:

Address:
 Post Code:

To your knowledge, does this child have a disability? Yes No

Full Name: Date of birth:

Address:
 Post Code:

To your knowledge, does this child have a disability? Yes No

Full Name: Date of birth:

Address:
 Post Code:

To your knowledge, does this child have a disability? Yes No

Are there any surviving children between the ages of 18 and 23 who are in full-time education? Yes No

If yes, please provide the following details:

Full Name: Date of birth:

Address:
 Post Code:

To your knowledge, does this child have a disability? Yes No

Full Name: Date of birth:

Address:
 Post Code:

To your knowledge, does this child have a disability? Yes No

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Section 3: Family Details cont.

Are there any surviving children who are over the age of 23 and disabled?

Yes

No

If yes, please provide the following details:

Full Name:

Date of birth:

Address:

Post Code:

Section 4: Family Details cont.

Are there any other surviving brothers or sisters, children not mentioned above, partners, other surviving relatives, or anyone else with a financial dependency on the deceased?

Yes

No

If yes, please provide the following details:

Full Name:

Relationship to deceased/reason for financial dependency:

Address:

Post Code:

Full Name:

Relationship to deceased/reason for financial dependency:

Address:

Post Code:

Section 5: Additional Information

Please note below any other information that you believe may be relevant for us to consider, i.e. cause of death, family circumstances etc.

PLEASE NOTE THAT NILGOSC IS UNABLE TO RELEASE ANY INFORMATION TO EMPLOYERS ABOUT PAYMENT OF THE DEATH BENEFITS, INCLUDING DETAILS OF ANY NOMINATIONS HELD OR THE PROGRESS OF OUR DATA GATHERING. PLEASE DO NOT ASK OUR STAFF TO GIVE OUT THIS INFORMATION.