

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.

Please email this completed form to calcsteaminbox@nilgosc.org.uk.

Section 1 – Deceased member details

Member's name

Title: Mr/Mrs/Miss/Ms/Other

NILGOSC reference number

National insurance number

Address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Date of death

Date informed

Section 2 – Employer/Informant's details

Name

Employer

Telephone number

Email address



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

Postcode

Daytime telephone number

Is there a surviving a) spouse?

Yes No

b) civil partner?

Yes No

c) co-habiting partner?

Yes No

If yes, please provide his/her details

Name

Relationship to deceased

Address

Postcode

Daytime telephone number



Section 3 continued

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

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

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

Full name

Date of birth

Address

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

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

Full name

Date of birth

Address

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

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



Section 3 continued

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

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

To your knowledge, does this child have a disability?

Yes **No**

Full name

Date of birth

Address

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

To your knowledge, does this child have a disability?

Yes **No**



Section 3 continued

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

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Full name

Date of birth

Address

<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Section 4 – Family Details Continued

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



Section 4 continued

Address

	Postcode	

Full name

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Relationship to deceased/
reason for financial dependency

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Address

	Postcode	

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.

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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.