

## 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.

Each section of this form **MUST** be completed with either confirmation that there are no beneficiaries in a given section or to provide the relevant information for the given section.

Please read **Section J – 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

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<p>Child pension If the child is unable to work due to a permanent physical or mental impairment</p>	<p>A letter from the child's doctor, which provides details of the child's physical or mental impairment</p>
<p>All claims If you are acting on behalf of a claimant and hold a Power of Attorney or Court of Protection Order</p>	<p>Please provide the relevant Power of Attorney document or Court of Protection document</p>

**Section B – 2015 Remedy (McCloud) Information**

Was the deceased a member of the Civil Service Pension Scheme during the Remedy period?  
i.e. did they have service between 1st April 2015 and 31st March 2022?

YES  NO

If YES, the member's benefits may be impacted by Remedy and there may be a decision to make on the benefits payable. Please read the "How to claim benefits guide" on the website following this link or refer to the paper version enclosed with this pack.

**[csps-how-to-claim-death-benefits-v31.pdf](#)**



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### Section C – 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"/> <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"/>										

**Section D – Surviving Spouse/Civil Partner/ Partner OR Legal Guardian of minor children details**

Is there a surviving Spouse/Civil Partner/ Partner?

**YES**       **NO**

If YES, please complete Section D in its entirety.  
 Please also complete Section I (declaration) below  
 If you are a Partner, please additionally complete Section E

If NO, are you the Legal Guardian completing this section on behalf of a child under 18?

**YES**       **NO**

If YES please complete Section D in its entirety and section F

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

Please note; 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 provide your contact details.

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

Please also complete the declaration in Section I below



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## Section E– Claiming a partner’s pension

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**Complete this section in conjunction with section D, 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

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

### Please explain your circumstances



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

Yes

No

If so, please explain why this was.

**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.

Joint mortgage/tenancy	<input type="checkbox"/>	Joint bank account	<input type="checkbox"/>
Joint credit arrangement	<input type="checkbox"/>	Joint savings account	<input type="checkbox"/>
Beneficiary of life assurance	<input type="checkbox"/>	Council tax	<input type="checkbox"/>
Working family tax credits	<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 F – Children Under and Over 18: Claiming a child’s pension**

Are there any dependent children under the age of 18?

YES  NO

Do the children under 18 all live in the same household?

YES  NO

Are there any dependent children over the age of 18?

YES  NO

Complete this section if you:

- (i) 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**).
- (ii) are applying for a pension for an eligible child or children in your care over the age of 18 (or 17 if the deceased member was in the classic scheme) who are eligible for a dependent’s pension and are in full time education/vocational training or are unable to work due to a permanent physical or mental impairment?

Those in full time education or vocational training 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).

Evidence detailed under Section A must be provided in each circumstance.

Please use a separate blank page to record any additional adult children, remembering to provide all required information for each adult child.

Child 1 – personal details	
<b>Full name and address</b>	<input style="width: 100%; height: 40px;" type="text"/> <input style="width: 100%; height: 40px;" type="text"/>
<b>National Insurance (NI) number (if applicable)</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Date of birth (DD/MM/YYYY)</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Gender</b>	<input style="width: 100%; height: 30px;" type="text"/>
<b>Your relationship to the child</b>	<input style="width: 100%; height: 40px;" type="text"/>





If the child is over 18 and is in full time education/vocational training, please provide education information:

<b>If in full time education: Name and address of educational or training establishment</b>	
<b>Start Date of course</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>End date of course</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"/>

If the child is unable to work due to a permanent physical or mental impairment, please provide some additional information:

<b>Nature of the physical or mental impairment</b>	
<b>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</b>	
<b>Marital status</b>	

If you want the pension to be paid directly to the child, please provide their bank details. Alternatively, if the child is a minor, you can provide your own bank details if preferred.

<b>Child 1 – payment details</b>	
<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>Sort code</b>	<input type="text"/>
<b>Building society roll number</b>	<input type="text"/>

If you have answered YES to Section B and there is no surviving spouse or civil partner, and there are children over 18 eligible for dependents pension, please complete the information below.

Nominated decision maker for all adult children:

<b>Adult Child/POA/Deputy Name/Parent/Legal Guardian</b>	<b>The person I nominate to make decisions on my behalf is:</b>	<b>Signature</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"/>	<input type="text"/>



If there are any adult children who are unable to decide themselves, then the person with a Power of Attorney, or who has been appointed as a deputy by the Court of Protection, should complete the box above and provide their details below:

<b>Power of Attorney (POA) /Court of Protection Deputy (Deputy)</b>	
<b>POA/Deputy name</b>	<input type="text"/>
<b>POA/Deputy address and postcode</b>	<input type="text"/>
	<input type="text"/>

Please provide the POA/Deputy's contact details.

<b>Home telephone number</b>	<input type="text"/>
<b>Mobile telephone number</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>
<b>Name of the child you are representing</b>	<input type="text"/>



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**Section G – 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.

<b>Child 1 – personal details</b>	
<b>Full name of child</b>	<input type="text"/>
<b>Full name and address (including postcode) of guardian</b>	<input type="text"/>

**Section H – Legal Personal Representative of the deceased member’s estate**

Is there a Legal Personal Representative?

YES  NO

Have you already completed your details in Section D?

YES  NO

If YES please proceed past this section and go to Section I

If NO, please provide your personal details and complete this section in its entirety.

Where there is more than one Personal Representative completing this form, please provide details of any additional representatives on a separate blank page, remembering to provide all the required information for each additional representative.

<b>Name of Personal Representative</b>	<input type="text"/>
<b>Personal Representative address and postcode</b>	<input type="text"/>

Please provide your contact details.

<b>Home telephone number</b>	<input type="text"/>
<b>Mobile telephone number</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>



**Section I – Declaration**

Please complete this declaration. (Please note this form must also be signed by a witness)

**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 provided in this form is correct.
- \*I may be entitled to the pension benefits in relation to the deceased member/ \*I am claiming on behalf of someone who may be entitled to the benefits in relation to the deceased member (delete as appropriate) detailed in **Section B – Deceased member’s personal details**.
- I understand that I am responsible for informing you of any change of circumstances, which may affect entitlement, and that I may have to repay any overpayment of pension.

<b>Print name</b>	<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 I** has signed this declaration in my presence.

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

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

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

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

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## Section J – Guidance notes

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Please complete this form to apply for a pension for a widow, widower, civil partner, partner, or child dependant.

### Section B – 2015 Remedy (McCloud) Information

- Complete this section for all claims

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

- Complete this section for all claims

### Section D – Surviving spouse, Civil Partner, or Partner

- Complete this section if you are the surviving spouse, civil partner, or partner

### Section E – Claiming a partner’s pension

- Complete this section if you are applying for a partner’s pension

### Section F – Children Under and over age 18: Claiming a child’s pension

- Complete this section if you are applying for a pension to be paid to an eligible child or children in your care and you are their legal parent, legal guardian, or legal representative
- Where there are more than two child claimants please provide details of any additional children on a separate blank page, remembering to provide all the required information for each additional child

### Section G – Children who live with someone else

- Complete this section if you know of any eligible child in the care of someone else
- Where there is more than one child claimant please provide details of any additional children on a separate blank page, remembering to provide all the required information for each additional child

### Section H – Legal Representative

- Complete this section if you are applying for a pension on behalf of any eligible beneficiaries as the Legal Representative of the deceased’s estate

### Section I – Declaration

- This section must be completed for every claim. This section will need to be signed in front of a witness who will also have to sign the form.

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.