

Date of receipt:

Teacher Death - Service and Salary Information

Please complete this form using black ink and in BLOCK CAPITALS and return to tpbrtd@teacherspensions.co.uk

Part A: To be completed by the employer.

Section 1: Personal details

1. **Teacher's reference number** (example 99/99999)
/
2. **First name**
3. **Surname** (one character per box)
4. **National Insurance number**
5. **Date of death (DDMMYYYY)**

Full time/ Part time Indicator (FT, PT, PTIC)	LA No.	Estab. No.	Start date (dd/mm/yy)	End date (dd/mm/yy)	Role Identifier	Full-time annual salary rate (£)	Part-time earnings (£)	Days excluded	Additional Pensionable payments (£)	Overtime (Gross Amount in £'s)	Withdrawal Indicator (W)
FT	123	4567	01/04/19	05/04/19	1/1	27,000					
FT	123	4567	06/04/19	30/04/19	1/1	27,000					W
PTR	123	4567	01/05/19	31/05/19	2/1	25,000	1,000				
PTR	123	4567	01/06/19	30/06/19	2/1	25,000		30		50	W
PTIC	123	4567	01/07/19	31/07/19	3/1	25,000	500		100		

Full-time/Part-time Indicator - Full-time (FT), Part-time Regular (PTR) and Part-time Irregular (PTIC)

Start date and End date - both dates should be in the same calendar month

Role Identifier - this should be provided by MCR employers only and contain a forward slash separating the contract from the role (for example 1/1)

Part-time Earnings - should be the actual part-time earnings for the period stated in the service line

Days Excluded - should only be provided if the member has not worked in the period stated

Additional Pensionable Payments - include Bonus and Out of School Learning Activity (OSLA) payment

Overtime - paid in the service period stated

Part A: To be completed by the employer. (Continued)

Section 2: Employment details

1. Establishment number

/

Full time/ Part time Indicator (FT, PT, PTIC)	LA No.	Estab. No.	Start date (dd/mm/yy)	End date (dd/mm/yy)	Role Identifier	Full-time annual salary rate (£)	Part-time earnings (£)	Days excluded	Additional Pensionable payments (£)	Overtime (Gross Amount in £'s)	Withdrawal Indicator (W)

2. Last day of actual pensionable service (DDMMYYYY)

3. If the member was still under a contract of employment (not just on a list of availability), please tick here

Part A: To be completed by the employer. (continued)

Note: Please pay specific attention to the questions below as this information will enable us to determine whether the member is entitled to an in service or out of service death grant.

Section 3

1. If applicable please provide details of any compromise agreement which led to the termination of his/her employment.

2. Was Ill Health the main factor in the member leaving pensionable employment?

Yes No

If no, what was the reason for the member leaving?

Section 4

1a. If applicable please provide medical evidence (sick note) to confirm date member first went on sick leave and reason for sickness in this employment.

2. Absences during the last 3 years of pensionable service, if none enter NONE.

(Please state the proportion of salary received, enter full, half or nil - this information is required as member will receive an in service death grant if they died within 12 months after pensionable service in all eligible employment ceased because they were incapacitated).

Date absence started	Date returned to work	Salary Proportion (full/half/SSP/nil)
----------------------	-----------------------	---------------------------------------

Other absences (to include but not limited to strike days, unpaid leave and compassionate pay)

Date absence started	Date absence started	Salary Proportion (full/half/SSP/nil)
----------------------	----------------------	---------------------------------------

Note: If any of the above are paid it would be eligible for pensionable pay. It is vital that the information you provide is accurate.

Part A: To be completed by the employer. (continued)

Section 5: Certificate

This must be signed by a responsible officer of the employing body.

I certify that all details are correct and contributions have been deducted from the salary.

- | | |
|---|------------------------|
| 1. Signature of authorised officer | 5. Full address |
| 2. Name of authorised officer (in capital letters) | |
| 3. Position | Postcode |
| 4. Telephone number (inc. STD code and extn.) | |

General Data Protection Regulation (GDPR). The Department for Education (DfE) will use any information you provide in connection with the Teachers' Pension Scheme to administer and operate the scheme and pay benefits under it. This may include passing details to third parties that are involved in the administration and operation of the scheme. The DfE may also use your data for administrative purposes in line with its data protection notification. In order to fulfil its duty to protect public money, the DfE may use information it holds to prevent and detect fraud. It may also share information with other organisations that handle public funds. If there is any difference between the legislation governing the Teachers' Pension Scheme and the information in this application form, the legislation will apply. For more information on how we will use your data, go to www.teacherspensions.co.uk/public/privacy.

Please return to us at:

Teachers' Pensions,
11b Lingfield Point,
Darlington, DL1 1AX

www.teacherspensions.co.uk