

North Yorkshire County Council

Pension Fund Committee

3 July 2020

Death Benefit – Mrs A

1.0 Purpose of the Report

To provide Members with information relating to the death of Mrs A on 14 January 2020 in order that a decision can be made as to the beneficiary of the death grant now payable.

It is an administering authority discretion under the regulations to decide to whom death grants are paid. The following wording is taken from the 'Administering Authority Discretions for NYCC' document:

"The administering authority has determined where a nomination has been made it will be taken into account along with any other relevant factors. In practice, the decision will normally be to pay the death grant to the nominee(s), but this may not be the case where there have been significant changes in circumstances since the nomination was made or where there are other material factors which indicate that this would not be appropriate.

Where there is no nomination and payment is to be made to the member's spouse or civil partner then Letters of Administration or a Grant of Probate will not be required. Similarly, payment to the estate can be made without Letters of Administration or a Grant of Probate where the death grant is less than £5,000.

Where necessary, cases will be referred to the Pension Fund Committee for a decision."

It is standard practice for the NYPF to pay death benefits in accordance with the Nomination Form completed by the member however, Mrs A did not complete a nomination prior to her death.

2.0 Background

- Mrs A was an active member of the NYPF and died on 14 January 2020.
- The member was flagged as deceased as part of our Tell Us Once notifications and her daughter was named as next of kin.
- There is a death grant payable of £5,362.44.
- We issued the family information form to Ms N, the daughter, copy attached at **Appendix 1**, who has advised Mrs A was widowed at the time of death and had the following immediate family:
 - Daughter – aged 39
 - Son – aged 37
 - Brother – aged 67
 - Brother – aged 71
- There is a Will and the brothers are named as executors.
- The Will names both children as beneficiaries in equal shares.

3.0 Action

- 3.1. Members are asked to confirm to whom the death grant should be paid. This could be a single or multiple beneficiaries or to the Estate.

Gary Fielding
Treasurer of North Yorkshire Pension Fund
NYCC
County Hall
Northallerton
25 June 2020



North Yorkshire Pension Fund Death Grant Dependent Form

Appendix 1

Please complete this form, it will help the North Yorkshire Pension Fund (NYPF) make an informed decision regarding the payment of any lump sum death benefits.

Such benefits are not payable to an individual by right, but are paid at NYPF's discretion. Therefore, please note that completing this form does not automatically entitle anyone to the payment of any benefits.

Section 1: Martial status at date of death

I confirm that at the date of death [redacted] was (Please tick the appropriate box):

Single (never married)	<input type="checkbox"/>		
Married/Civil Partnership *	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Cohabiting *	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Widowed	<input checked="" type="checkbox"/>	Date (if known)	<input type="text" value="04/1997"/>
Divorced	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Separated –but still Legally married *	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Not Known	<input type="checkbox"/>		

If Margot was married or in a civil partnership with their current partner more than once, please provide the dates of the relationships below. This information is needed as it may affect the benefits due.

*Full name of husband/wife/civil partner or cohabiting partner:

Date of Birth:

Address:

Post Code:

Telephone:

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Section 2: Children

Did [redacted] have any children (of any age)? This can include children born up to 12 months after the member's death.

No

I declare that the deceased did not have any children.

Signed: [redacted]

Print name: [redacted]

Date: / /

Yes

Name of Child: [redacted]

Date of birth: [redacted] Sex M / F

Address: [redacted]

Post Code: [redacted] Telephone: [redacted]

Name of Child: [redacted]

Date of birth: [redacted] Sex M / F

Address: [redacted]

Post Code: [redacted] Telephone: [redacted]

Name of Child: N/A

Date of birth: / / Sex M / F

Address: [redacted]

Post Code: [redacted] Telephone: [redacted]

Name of Child: N/A

Date of birth: / / Sex M / F

Address: [redacted]

Post Code: [redacted] Telephone: [redacted]

If there are more than four children please write their details on another sheet of paper and attach it.

Section 3: Dependents

[REDACTED]

Was anyone dependent on [REDACTED] at the time of their death, other than those mentioned in sections 1 and 2? For example: partner, stepchild etc.

No

I declare that nobody was dependent on [REDACTED] at the date of their death.

Signed:

Print name:

Date:

Yes

Name:

Date of birth: Sex /

Address:

Post Code: Telephone:

Relationship to the deceased:

Name:

Date of birth: Sex /

Address:

Post Code: Telephone:

Relationship to the deceased:

Name:

Date of birth: Sex /

Address:

Post Code: Telephone:

Relationship to the deceased:

If there are more than three dependants please write their details on another sheet of paper and attach it.

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Section 4: Close Relatives

Did [redacted] have any other close relatives? For example, mother, father, sister, brother etc.

No

I declare that [redacted] had no other close relatives at the date of their death.

Signed:

Print name:

Date:

Yes

Name:

Date of birth:

Sex

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

Address:

Post Code:

Telephone:

Relationship to the deceased:

If there are more than three close relatives please write their details on another sheet of paper and attach it.

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Section 6: Will

Had [redacted] made a will at the time of their death?

No

I declare that [redacted] had not made a will at the time of their death.

Signed:

Print name:

Date:

Yes

Please tick this box if [redacted] had made a will at the time of their death:

Please send us a copy of the will.

Section 7: Legal representative or executor

Is there a legal representative or executor:

(Y)

/

N

If yes please complete box 7A.

7A

Details of legal representative or executor

Name

Print name:

Address:

Post Code:

Telephone:

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Section 7: Other benefits

Did [redacted] have any other benefits in the Local Government Pension Scheme (LGPS) in England and Wales?

No

I declare to the best of my knowledge that [redacted] did not have any other benefits in the LGPS in England and Wales (other than a pension credit or survivor pension) and that, should the declaration turn out to be incorrect, I will refund to NYPF any resulting overpayment.

Signed:

V [redacted]

Print name:

V [redacted]

Date:

29 / 03 / 2020

Yes

Name of Fund

[redacted]

Address of Fund:

[redacted]

Post Code:

Telephone:

Section 8: Declaration

I declare that, to the best of my knowledge, the information contained in this form is accurate and complete. I understand that NYPF reserves the right to reconsider any decision taken after considering inaccurate or incomplete information provided on this form and that I, or any other beneficiary benefitting from such a decision, may be required to refund to NYPF all or part of any payment resulting from such a decision.

I also understand that there may be a delay in the settlement of the claim, if any, if the form has not been fully completed.

Full Name

(please print):

V [redacted]

Signed:

V [redacted]

Name:

V [redacted]

Address:

[redacted]

Post Code:

Telephone:

E-mail address:

[redacted]

Relationship to

DAUGHTER