

## North Yorkshire County Council

## Pension Fund Committee

3 July 2020

## Death Benefit – Miss S

**1.0 Purpose of the Report**

To provide Members with information relating to the death of Miss S on 8 May 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, Miss S did not complete a nomination prior to her death.

**2.0 Background**

- Miss S was an active member of the NYPF and was granted tier 1 ill health early retirement from 30 April 2020 but unfortunately she died on 8 May 2020 before we were able to put her benefits into payment.
- In these cases we calculate benefits as if the member had elected to receive the maximum lump sum available.
- There are two payments now due:
  - The first payment is the monies the member would have received had we paid her before she died. This amounts to £25,351.72 and this will be paid to the Estate as it was money due to the member.
  - The second payment is the death grant of £58,960.40 minus £25,351.72 (the first payment above) = £33,608.68
- We issued the family information form to Mr J, the son, copy attached at **Appendix 1**, who has advised Miss S was separated but still legally married at the time of death and had the following immediate family:
  - Husband – separated since February 2006
  - Son – aged 27
  - Daughter – aged 28
  - Daughter – aged 30
  - Son – aged 33
  - Adoptive mother
- A copy of a divorce application dated 15 October 2018 has been provided
- There is no Will but a hand written document has been provided, copy attached at **Appendix 2**, which indicates Mrs S wished to have some of her assets split equally between her children.

### **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 type="checkbox"/>	Date (if known)	<input type="text"/>
Divorced	<input type="checkbox"/>	Date (if known)	<input type="text"/>
Separated –but still Legally married *	<input checked="" type="checkbox"/>	Date (if known)	<input type="text"/>
Not Known	<input type="checkbox"/>		

If [redacted] 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:

M [redacted]

Date of Birth:

Address:

Post Code:  Telephone:

**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: [redacted] / [redacted] / [redacted]

**Yes**

Name of Child: J [redacted]  
Date of birth: [redacted] Sex:  M /  F  
Address: [redacted]  
Post Code: [redacted] Telephone: [redacted]

Name of Child: S [redacted]  
Date of birth: [redacted] Sex:  M /  F  
Address: [redacted]  
Post Code: [redacted] Telephone: [redacted]

Name of Child: A [redacted]  
Date of birth: [redacted] Sex:  M /  F  
Address: [redacted]  
Post Code: [redacted] Telephone: [redacted]

Name of Child: A [redacted]  
Date of birth: [redacted] 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**

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:

[Signature]

Print name:

J [redacted]

Date:

15 / 5 / 2020

Yes

Name:

[redacted]

Date of birth:

/ /

Sex

M / F

Address:

[redacted]

Post Code:

Telephone:

Relationship to the deceased:

[redacted]

Name:

[redacted]

Date of birth:

/ /

Sex

M / F

Address:

[redacted]

Post Code:

Telephone:

Relationship to the deceased:

[redacted]

Name:

[redacted]

Date of birth:

/ /

Sex

M / F

Address:

[redacted]

Post Code:

Telephone:

Relationship to the deceased:

[redacted]

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

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: UNKNOWN

Telephone: UNKNOWN

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.

**Section 5: Additional Information**

This section must be completed, if it is left blank this form will be returned to you.

The NYPF have the final decision about who death grants are paid to. But please tell us how you think [REDACTED] would have wanted their death grant paid and the reasons why.

[REDACTED] REQUESTED THAT ALL FINANCIAL BENEFITS RESULTING IN HER DEATH IS TO BE EQUALLY DIVIDED BETWEEN HER FOUR CHILDREN. ALTHOUGH SHE IS STILL LEGALLY MARRIED, THEY HAVE BEEN SEPERATED FOR WELL OVER A DECADE. SHE EXPRESSED THAT SHE DID NOT WANT HER HUSBAND TO FINANCIALLY BENEFIT FROM HER DEATH IN ANY WAY. THIS IS DUE TO HIM ACCUMILATING A SUBSTAINIAL AMOUNT OF DEBT (OVER £60,000) BEFORE THEIR SEPERATION AND IN TURN, REFUSING TO PAY IT OFF. THIS RESULTED IN [REDACTED] BEING LEFT SOLEY RESPONSIBLE FOR PAYING THE DEBT HE HAD ACCUMILATED. ATTACHED TO THIS FORM IS A COPY OF THEIR DIVORCE APPLICATION, WHICH CONFIRMS THEIR LONG-TERM SEPERATION.

**Section 6: Funeral Expenses**

Have you paid / or will you be paying the funeral expenses?	<input checked="" type="radio"/> Y <input type="radio"/> N
If yes please enclose a copy of the invoice/receipt.	

INVOICE NOT YET RECEIVED.

**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:



**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.

UNKNOWN

Signed:

Print name:

Date:

Yes

UNKNOWN

Name of Fund

Address of Fund:

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):

Signed:

Name:

Address:

Post Code:

Telephone:

E-mail address:

Relationship to the deceased:

## LGPS Internal Dispute Resolution Procedure (IDRP) - Death Grants

### Introduction

If you disagree or have a complaint about the decision the administering authority for the scheme has made on any aspect concerning the payment of the death grant, then outlined below are the procedures which have been established to help you settle any disagreement or complaint.

### Procedure

If you can't settle your disagreement or complaint informally with the NYPF you can request that the decision be re-examined under the scheme's Internal Dispute Resolution Procedure. You should normally make your request in writing, within six months of the original decision, to the specified person who has been appointed to deal with such disputes.

### You should write to:

North Yorkshire Pension Fund, County Hall, Northallerton, North Yorkshire DL7 8AL.

The specified person will look at all the facts of your case within two months of receiving your letter. The specified person will either agree with the original decision or overturn the original decision.

If your case is very complicated and the specified person needs more time, you will be told this within two months of your letter. If this is the case, the specified person must let you know when you can expect the decision to be made.

If you are not happy with the decision made by the specified person you can appeal the decision by writing to the administering authority. The administering authority must then make a decision within two months of being asked to look into the case.

If you are not happy with the decision you can take your complaint to The Pensions Ombudsman (TPO) free of charge for a formal adjudication. This must be within three years of when the event you are complaining about happened, or, if later, within three years of when you first knew about it (or ought to have known about it).

TPO is an independent person who settles disputes between pension scheme members and pension schemes. There is no financial limit on the amount of money that TPO can make a party award you. Its determinations are legally binding on all the parties and are enforceable in court. You can write to TPO with your complaint but you must first have been through stages 1 and 2 of the IDRP process.

Their address is:

The Pensions Ombudsman  
10 South Colonnade  
Canary Wharf  
E14 4PU

Telephone: 0800 917 4487

Email: [enquiries@pensions-ombudsman.org.uk](mailto:enquiries@pensions-ombudsman.org.uk)

Website: [www.pensions-ombudsman.org.uk](http://www.pensions-ombudsman.org.uk) (where you can submit an online complaint form)

Further information on the Internal Dispute Resolution Procedure for the LGPS is available to view on the North Yorkshire Pension Fund website [www.nypf.org.uk](http://www.nypf.org.uk) » Forms / Guides » Publications » A guide to the Internal Dispute Resolution Procedure.

Friday 17th April 2020  
Legal Binding Document.

Appendix 2

In Attendance

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

I [Redacted] would like too State this as my wish going forward, my legal and General life insurance policies would be divided equally too my four children as named above. With the stipulation, in the event of my death [Redacted] as above will have sole controll of funds and distribution of funds. S/D

The funds will only be distributed if once all my children named above, Have a plan for a secure future for them selves. Also if needed A Lump Sum for <sup>Driving</sup> test, car and necessity towards success, paying <sup>S/D</sup> debts <sup>S/D</sup> for clearing Names.

17/04/20 [Redacted] 17/4/20 [Redacted]  
17/04/20 [Redacted]  
17/4/2020 [Redacted]  
17/4/2020 [Redacted]