

RECEIVED 25 JAN 2021



North Yorkshire Pension Fund Family Information Form

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: Marital 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 checked="" 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 they were 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:

Section 3: Dependents

Was anyone dependent on them 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 the deceased at the date of their death.

Signed:

Print name:

Date:

Yes

Name:

Date of birth:

Sex

M

F

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

M

F

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

M

F

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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Print name:

Date:

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Name:

Date of birth:

Sex

M / F

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

M / F

Address:

Post Code:

Telephone:

Relationship to the deceased:

Name:

Date of birth:

Sex

M / F

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.



Section 4: Close Relatives

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

No

I declare the deceased had no other close relatives at the date of their death.

Signed:

Print name:

Date: / /

Yes

Name:

Date of birth: Sex M / F

Address:

Post Code: Telephone:

Relationship to the deceased: **SISTER**

Name:

Date of birth: Sex M / F

Address:

Post Code: Telephone:

Relationship to the deceased:

Name:

Date of birth: Sex M / F

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 7: Will

Had they made a will at the time of their death?

No	
I declare that the deceased had not made a will at the time of their death.	
Signed:	
Print name:	
Date:	22 / 01 / 2021

Yes	
Please tick this box if the deceased had made a will at the time of their death:	<input type="checkbox"/>
Please send us a copy of the will.	

Section 8: Legal representative or executor

Is there a legal representative or executor:	(Y) / N
If yes please complete box 8A.	

Section 8A	Details of legal representative or executor
Name of organisation if applicable:	
Name of individual if applicable:	
Address:	
Post Code:	
Telephone:	

Section 9: Other benefits

Did they 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 the deceased 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:

Print name:

Date:

Yes

Name of Fund:

Address of Fund:

Post Code: Telephone:

Section 10: 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:

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

Website: 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 » Forms / Guides » Publications » A guide to the Internal Dispute Resolution Procedure.

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QUALIFIED FUNERAL DIRECTORS
FUNERAL VEHICLE PROPRIETORS

T.L. Chapman & Son Ltd

Director: P.J. CHAPMAN, M.B.I.F.D., Dip.F.D.

ESTABLISHED 1903

Registered Office and Works

19 - 21 Auborough Street · Scarborough · YO11 1J

Telephone 362517

Registered No. 520566, Engla

Email: tchapmanandsonltd@yahoo.co.uk

www.tchapmanfuneralservices.co.uk

To the exors of the late [REDACTED]

7th February 2019

To the cremation of the late [REDACTED]

Supplying veneered-oak coffin, prepared for cremation	645.00
Removal to Chapel of Rest	195.00
Doctors' fees for signing cremation medical forms	164.00
Hearse and one limousine to Woodlands Crematorium	390.00
Clergy fee	200.00
Fees at Woodlands Crematorium	775.00
Professional fees, arranging and conducting funeral	648.00
Supplying floral tribute	60.00

£3,077.00

Bank details for BACS payment

T.L. Chapman and Son Ltd (Barclays)

Sort code: 20-75-92

Account no: 50254320