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| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)**Death-in-Service Resources** |
| **Resource Name** | Template form - Child (18 to 22 years of age, not permanently incapacitated) Pension Benefit Acknowledgement Form  |
| **Resource Reference** | SPS.DTH.DIS.TF.07 (Phase 1) |
| **Version**  | V1.0 |

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| **PLEASE NOTE:** Administratorsmay accesslegislation, Circulars or Letters to Personnel Officers noted in this Procedure by accessing the Circulars & Legislation Section of the Single Scheme Website at [www.singlepensionscheme.gov.ie/circulars](http://www.singlepensionscheme.gov.ie/circulars) |

**CONFIDENTIAL**

**Single Public Service Pension Scheme**

**Benefit Acknowledgement Form for a Deceased Member’s Eligible Child who is**

**between 18 & 22 years of age and is not permanently incapacitated**

**From:** <<Title>><<Forename>><<Surname>> **PPSN:** <<PPSN>>

**To:** <<Relevant Authority, Address 1, Address 2, Address 3, Address 4. >>

**Re:** <<Deceased Member’s Name>> (deceased)

<<Name of Child Beneficiary>> <<Child’s PPSN>>

* I acknowledge receipt of correspondence dated <<dd/mm/yyyy>> enclosing my Survivor Child Pension Benefit Statement for the Single Public Service Pension Scheme.
* I confirm that all details on my Survivor Child Pension Benefit Statement are correct and that I meet all eligibility criteria for the payment of a Child Pension.
* I direct that the Child Pension will be paid to the bank account specified on the enclosed Payment Mandate Form.
* I undertake to notify the pension payroll provider of any changes that may affect my eligibility to receive a Child Pension.

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| **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_/\_\_\_\_/\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |