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| --- | --- |
|  | <<Department>> |
|  | <<Address 1>> |
|  | <<Address 2>> |
|  | <<Address 3>> |
|  | <<Postcode>> |
|  |  |
| Private and Confidential | Direct Line: |  |
| <<Employee Name>> | Fax: |  |
| <<Address 1>> |  |  |
| <<Address 2>> | Date: |  |
| <<Address 3>> | Your ref: |  |
| <<Postcode>> | Our ref: |  |

Dear **<<INSERT NAME>>,**

**Death in Service**

I write with reference to the recent death of your **<<PARTNER/WIFE/HUSBAND**>> (delete as appropriate) **<<NAME>>.**

**<<FIRST NAME>>** has worked within our department for **<<NUMBER>>** years and has been with the NHS for a total of **<<NUMBER>>** years. **<<FIRST NAME>>** was a valuable member of our team and will be missed by all of **her/his** **(amend)** colleagues. ***(This paragraph can be amended to be as personal as required, based on the relationship with the deceased. You may also wish to include any relevant personal information provided by the deceased’s colleagues)***

Please accept my condolences for your loss and I apologise for the correspondence at this difficult time.

Your **<<PARTNER/WIFE/HUSBAND**>> has contributed to the Scottish Public Pensions Scheme (SPPA) whilst working in the NHS. In order to assist with the settlement of their estate I have been asked to forward the appropriate pension form to you.

There is a form that must be completed and I have explained it below:

Form AW7 – This form should be completed by you or your solicitor. Please complete sections 1-5. Please attach a copy of the death certificate to this form.

I enclose an addressed envelope for the return of the form which I will process and forward to our Payroll department who will expedite these documents to the SPPA as soon as possible. Any outstanding salary payments, enhancements or annual leave will also be paid to you.

Once again, please accept my sympathy at this very sad time and if there is anything I can do to be of assistance, please do not hesitate to contact me.

Yours sincerely,

**<<LINE MANAGER NAME>>**

**<<JOB TITLE>>**

**<<SERVICE AREA >>**

Enc. SPPA Form