| APPLICATION TO CLAIM £10,000 BEREAVEMENT LUMP SUM |
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## GUIDANCE NOTES FOR APPLICANTS

This form is for the **Estate** of a deceased person who was a member of the Scottish Infected Blood Support Scheme (SIBSS) and passed away after 1st April 2017.

This form allows the **Estate** of the deceased beneficiary to apply for the Bereavement Lump Sum payment that is available via the scheme. Where the beneficiary died after 1st April 2019 (but before backdated payments were paid in summer 2021), if this form is accepted SIBSS will also confirm if the estate is due additional backdated regular annual payments due to the increases in annual payments agreed (as these payments will be backdated to April 2019).

Please note that if you are a widow, widower, civil partner or long-term cohabiting partner who was living with the deceased person when the deceased person when they died then you should not need to submit an application. If you are already registered with SIBSS, they will automatically arrange this payment for you. However, please contact SIBSS if you have any queries.

**If your circumstances differ to the above, please contact the Scottish Infected Blood Support Scheme for guidance.**

## HOW TO APPLY

This form must be completed by a person who is an Executor of the Estate of a deceased person, on behalf of all the Executors where there is more than one. You should complete all sections of this form. You should then return the completed form, along with all requested supporting documents direct to:

Scottish Infected Blood Support Scheme

Practitioner Services

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

## SUPPORTING DOCUMENTS REQUIRED

Please provide the following documents to support your application:

* A copy of photographic identification for yourself, for example:
  + Driving Licence
  + Passport
  + National Entitlement Card for concessionary travel
* A copy of the Death Certificate for the deceased beneficiary
* Evidence to show you are the Executor, or acting on behalf of the Executor(s)
* A copy of a recent bank statement for the account you would like the payment made to

If you are sending us a printed internet bank statement or bill, please ensure it contains your address and the print must also include the HTTP address on the page.

## WHAT HAPPENS NEXT

The Scottish Infected Blood Support Scheme will review the application and the supporting documents you have provided. If any additional details are required, the scheme will contact you to ask for these. Provided that the information supplied confirms you are eligible to receive payment, you will receive a letter from the scheme to confirm this.

## HELP WITH THIS FORM

If you require any assistance in completing this form, please contact the Scottish Infected Blood Support Scheme on 0131 275 6754.

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| SECTION 1 | DATA PROTECTION AND APPLICANT’S DECLARATION |
| --- | --- |

| **✓** | Please tick to confirm |
| --- | --- |
|  | **I understand that** data I provide may be shared with NHS service providers and Counter Fraud Services to ensure accurate and timely payment and for the purposes or prevention, detection and investigation of crime. |
|  |

## DECLARATION BY APPLICANT

**I agree** that the information I give on this form is complete and correct.

**I agree** to repay any money I receive to which it is found that I am no longer entitled.

**I understand** if I knowingly give wrong or incomplete information I may be prosecuted.

**I agree** to NHS National Services Scotland obtaining any data held on the deceased beneficiary I am applying in relation to by the Eileen Trust, the Macfarlane Trust, MFET Ltd, the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.

**I understand** that NHS National Services Scotland may require to access data held on me or the deceased person I am applying in relation to by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in order to reach a decision regarding my application.

| Signature of Applicant |  |  | Date |  |
| --- | --- | --- | --- | --- |

## HOW WE USE YOUR INFORMATION

Under the Data Protection Act 2018, we have a duty to protect personal health information. This information is securely held, closely monitored and managed according to strict guidelines. Access to personal information is only given on a strict need to know basis and there are formal authorisation processes in place to gain access to the data.

We only collect essential personal information required to process applications and make payments under the Scottish Infected Blood Support Scheme. This includes:

1. Your demographic information, marital status, National Insurance number and CHI number (this is a national database of all patients with NHS Scotland, which ensures correct identification of patients).
2. Details of your healthcare providers and the care the deceased person has received (if relevant).
3. Bank account details.

| SECTION 2 | APPLICANT DETAILS |
| --- | --- |

The person completing this form must be an Executor of the deceased person’s estate.

| Title |  |  | First Name |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Middle Name(s) |  |  | Surname |  |
|  |  |  |  |  |
| Previous Names |  | | | |
|  |  |  |  |
|  |  |  |  |  |
| Address  (this must be your main residence) |  | | | |
|  |  |  |  |
|  | | | |
|  |  |  |  |
|  |  | Post Code |  |
|  |  |  |  |  |
| Home Telephone |  |  | Mobile Telephone |  |
|  |  |  |
|  |  |  |  |  |
| E-Mail Address |  |  | Date of Birth |  |

| SECTION 3 | DECEASED PERSON’S DETAILS |
| --- | --- |

Please provide details of the person the application relates to**:**

| Title |  |  | First Name |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Middle Name(s) |  |  | Surname |  |
|  |  |  |  |  |
| Address |  | | | |
|  |  |  |  |
|  | | | |
|  |  |  |  |
|  |  | Post Code |  |
|  |  |  |  |  |
| Date of birth |  |  | Date of death |  |
|  |  |  |
| What was your relationship to the deceased person? | | |  | |
| Did the deceased person leave a will? | | | Yes | |  | No |  |
|  | | |  | |  |  |  |
| Has Confirmation been requested for the deceased person’s estate? | | | Yes | |  | No |  |
|  | | |  | |  |  |  |
| If ‘Yes’, has Confirmation been granted? | | | Yes | |  | No |  |
|  | | |  | |  |  |  |

| SECTION 4 | PAYMENT DETAILS |
| --- | --- |

Please provide the details of the bank account you would like any payments made to:

| Name(s) of Account Holders(s) |  | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Sort Code |  |  | **–** |  |  | **–** |  |  |
|  |  |  |  |  |  |  |  |  |
| Account Number |  |  |  |  |  |  |  |  |