

Retained firefighter settlement:

Application for a time-limited additional death grant

**Time-limited additional death grant**

Any surviving spouse or civil partner of someone who was employed as a retained firefighter on or after 7 April 2000 and had continuous retained service prior to this date. Then you will be entitled to receive an additional death grant payment equal to 0.1 x pensionable pay for each full qualifying year of continuous service prior to 7 April 2000. An application must be made to the fire authority before 31 March 2025.

**Please note** that where there is no surviving spouse or civil partner, an eligible child of the deceased member, to be determined as on the date of the deceased’s death, may make the application to the fire authority for the death **grant before the 31 March 2025** Where the child is still a minor, the legal guardian of the child can make the application on behalf of the child.

**ACTION REQUIRED** - Our records show that you may be entitled to receive the payment of a time-limited death grant. If you are interested in applying, then it is important that you complete and return this form **urgently.** If you fail to submit your application **before 31 March 2025** any entitlement to a time-limited death grant or additional death grant **will** be lost.

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| **Details of the deceased** |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Date of Death** |  |
| **National Insurance number** |  |

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| **Details of the deceased’s retained employment:** |
| **From** | **To** | **Fire Authority** | **Station** |
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| **Your details** |
| **Surname** |  |
| **Forename(s)** |  |
| **Relationship to deceased** |  |
| **Address** |  |
| **Email address** |  |

If you are applying for a time-limited additional death grant as a surviving spouse (including civil partner) you will be required to provide evidence of your relationship to the deceased at the time of their death, as set out in the attached letter.

If you are applying for a time-limited additional death grant as a surviving child (i.e. where there is no surviving spouse/civil partner) you will be required to submit a copy of your birth certificate along with your application. Please also provide contact details of any other siblings.

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| Additional information |
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| **Declaration** |
| **I have read the information provide to me and I wish to apply as per the below:** |
| I wish to apply for a time-limited additional death grant |  |
| I do not wish to apply for a time-limited additional death grant. |  |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |

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| Insert details of where to return toFRA address**By 31 March 2025** |