



MEDICAL FUND

Rules

A decorative orange curved line that starts under the word "Rules" and sweeps upwards and to the right.

Have you a Family?

This should interest you!

PLEASE REGISTER

*It is a protection for your
Child in the event of your death.*

Protect your child NOW!

**JOIN
THE ORPHANS' PENSIONS
SCHEME**

COMMUNICATIONS WORKERS' UNION

Medical Fund

RULES

1. *Introductory*

- 1.1 The Fund has been initiated by the National Executive Council of the Communications Workers' Union with the object of providing financial assistance to members towards the costs of Dental Treatment, Optical Treatment, and Surgical and Medical Appliances.

2. *Definitions*

- 2.1 In this Fund "Union" means the Communications Workers' Union. "National Executive Council" means the National Executive Council of the Union. "Fund" means the monies for the time being to the credit of the Medical Fund.

3. *Participation*

- 3.1 The following persons may participate.

A member of the Communications Workers' Union in good standing.

- 3.2 A participant shall authorise the Payroll Section of his/her employer to deduct from his/her pay the appropriate subscription or shall arrange for payment of same from his/her Bank/Building Society account by means of a direct debit.
- 3.3 The authorisation shall be in the form set out in the Appendices to these Rules or in a form to the like effect.
- 3.4 A participant may terminate his/her membership of the Fund at any time by advising the Payroll Section of his/her employer or his/her Bank/Building Society through the National Executive Council, that he/she wishes to have the deductions from pay/direct debits from his/her account discontinued.

4. Subscriptions

- 4.1 The appropriate subscription shall be €2.00 per week or €4.00 per fortnight, or such other subscription as may be decided by the National Executive Council from time to time. The National Executive Council shall have power in accordance with Rule 7.9 to increase or decrease the subscription rate in consultation with the Union's financial advisers depending on the amounts standing to the credit of the Fund from time to time. Due notice of any such alterations will be published as soon as possible in the Union Journal.
- 4.2 Participants in the Fund who may not for the time being be in receipt of pay, should remit contributions direct to the the General Secretary of the Union. Any such participant who is more than eight weeks in arrears with contributions shall be regarded as having ceased his/her membership of the Fund.

5. Benefits

- 5.1 Members may make one claim in each category below and subject to the limits outlined, the treatment date must be within a 12 month period preceding the date that the claim is submitted to the Union All expenses must be claimed in the year that the expenditure is incurred there will be no retrospection of claims.

Dental Grant	Up to	€305.00
Optical Grant	Up to	€152.00
Surgical & Medical Appliances	Up to	€152.00

- 5.2 Members may claim for themselves, their spouse, or their children, subject to the maximum of one claim per member in each category in 12 months. "Children" will be construed to mean the children of the member who are not over 18 years of age and who are not in employment.
- 5.3 Members may not claim grants in or in respect of their first year of membership of the Fund.

6. Claims

- 6.1 All applications for grants, together with the receipted account in each case, must be made direct to Union Headquarters.

7. Administration

- 7.1 The administration of the Fund shall be vested in the National Executive Council.
- 7.2 Contributions from participants in the Fund shall be lodged to a separate current account of the Union to be titled Communications Workers' Union Medical Fund.
- 7.3 The National Executive Council may at its discretion, allow any balance of the Fund to remain on current account or authorise the whole or part of the balance to be placed on deposit.
- 7.4 Withdrawals shall only be made from the Fund by cheque signed by any two of the General Officers of the Union as authorised for such purpose from time to time by the National Executive Council.
- 7.5 The operation of the Fund shall be reviewed quarterly by the National Executive Council and the accounts of the Fund shall be audited annually by the Union's Auditors.
- 7.6 Payments from the Fund and the amount of such payments shall, subject to the provisions of Rule 4, be at the absolute discretion of the National Executive Council.
- 7.7 Trustees of the Fund shall be the Trustees of the Union for the time being.
- 7.8 A copy of the Annual Audited Statement of Accounts of the Fund shall be presented each year to the Annual Conference of the Union and sent to each Branch and member of the National Executive Council.
- 7.9 The National Executive Council may amend the rules of the Fund at any time and in any respect, and shall as soon as possible, give due notice of such amendment.
- 7.10 The National Executive Council may, at any time, discontinue the Fund. In such event the National Executive Council shall make arrangements for the disposal of the Fund as it thinks proper.
- 7.11 The decision of the National Executive Council on any matter connected with the Fund shall be final.

C.W.U. MEDICAL FUND

FORM A

The General Secretary, Communications Workers' Union

(1) I have completed the attached (a) form of authorisation addressed to the Company's Payroll Section authorising the deduction from my pay, or (b) the attached direct debit form authorising my Bank to charge to my account, until further notice the sum of:

- **€2.50** per week
- **€5.00** per fortnight
- **€10.84** per month/by Direct debit (Form C)

to be remitted for credit of the account of the:

COMMUNICATIONS WORKERS' UNION – MEDICAL FUND

I note that this subscription rate may be increased/decreased by decision of the National Executive Council of the Union as provided for by the Rules of the Fund.

(2) I am a serving member of the _____ staff.
(NAME OF COMPANY)

(3) I have read and agree to be bound by the Rules of the Fund.

Signed: _____ Staff No. _____

Full Name (BLOCK CAPITALS) : _____

Grade: _____ Office: _____

Home Address: _____
(BLOCK CAPITALS)

Date: _____ Union Branch: _____

C.W.U. MEDICAL FUND

FORM B

Request for Deductions from Pay

Please complete and submit this form to the General Secretary of the Union. He/she will detach it and transmit it to the Payroll Section of the company when your membership application has been accepted.

To the Payroll Section _____
(NAME OF COMPANY)

Until further notice, and commencing as soon as possible please deduct from my pay the sum of:-

- **TOTAL** per **week** _____
- **TOTAL** per **fortnight** _____
- **Delete inapplicable line**

(The amount to be entered here is the total weekly or fortnightly deductions.)

in respect of my contribution under the Medical Fund being operated by the Communications Workers' Union.

I recognise that these deductions, being made solely as a measure of convenience to me, may be terminated at any time.

- I also recognise that the ultimate responsibility for ensuring that the deductions have in fact, been made from my pay rests with myself, and that, beyond making remittances on foot of sums deducted for credit to the account of the Communications Workers' Union Medical Fund, the Company accepts no responsibility of any kind in the matter.

Signed (Official Name): _____

Full Name (BLOCK CAPITALS): _____

Grade: _____ Office: _____

Date: _____ Staff No: _____

C.W.U. MEDICAL FUND

FORM C

REQUEST FOR STANDING ORDER

Please complete details below to instruct your Bank/Building Society to set up a Standing Order from your account, then return to C.W.U. Head Office with your completed Membership Application Form (**FORM A**). It will be forwarded to your Bank when your membership application has been accepted.

To: THE MANAGER, BANK/BUILDING SOCIETY BRANCH: _____
(DELETE WHICHEVER IS NOT APPLICABLE)

PLEASE CHARGE MY ACCOUNT A/C NO:

NAME OF ACCOUNT _____

(BLOCK CAPITALS PLEASE)

PAYMENT REFERENCE:

SURNAME **INITIALS**

REF NO (Office use only)

and pay to: **COMMUNICATIONS WORKERS' UNION**
BANK OF IRELAND, 2 COLLEGE GREEN, DUBLIN 1.

SORT CODE 90 00 17 **ACCOUNT NO:** 11746799

FOR OFFICE USE ONLY

Amount (stated below) at monthly intervals until otherwise notified in writing by the C.W.U. commencing with first payment from:

DATE: **MONTH:** **YEAR:**

Amount: _____

Signature: _____ **Date:** _____

I recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with myself and that these deductions, being solely as a measure of convenience to me, may be terminated at any time.

