



MEDICAL FUND

Rules

COMMUNICATIONS WORKERS' UNION

Medical Fund

RULES

1. *Introductory*

- 1.1 The Medical Fund has been established by the National Executive Council of the Communications Workers' Union, with the objective of providing financial assistance, in the form of a limited refund, to members towards the costs of dental treatment, optical treatment, and surgical/medical appliances.

2. *Definitions*

- 2.1 "Fund" means the monies in credit to the Medical Fund. In this Fund, "Union" means the Communications Workers' Union. "NEC" means the National Executive Council of the Union.

3. *Participation*

- 3.1 Any employed 'in benefit' member of the Union may participate in the Fund.
- 3.2 Members of the Retired Members' Section or Unemployed Members' Section may *not* participate in the Fund.
- 3.3 A member shall authorise the Payroll Section of their employer to deduct from their pay the appropriate subscription, or shall arrange for payment of same from their Bank/Building Society account by means of a direct debit.
- 3.4 The authorisation shall be in the form set out in the Appendices to these rules.
- 3.5 A member may terminate their membership of the Fund at any time by advising the Union and the Payroll Section of their employer, or their Bank/Building Society, that they wish to have the deductions from pay/direct debit from their account discontinued. The onus is on the member to take responsibility to ensure their deductions are being made and/or to cancel their deduction if they wish to leave the Fund.

4. *Subscriptions*

- 4.1 The appropriate subscription shall be €3.00 per week or €6.00 per fortnight, or such other subscription as may be decided by the NEC from time to time. The NEC shall have the 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. Due notice of any such alterations will be communicated to members by way of GS Circular, as soon as possible.

- 4.2 Participants in the Fund who may not, for a period of time, be in receipt of pay, should remit contributions directly to the General Secretary in Union Head Office. Any such participant who is more than eight (8) weeks in arrears with contributions shall be regarded as having ceased their 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 calendar year. All expenses must be claimed in the year that the expenditure is incurred. *There is 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 All claims must be made direct to Union Head Office. Members may claim for themselves, their spouse/civil partner, or their children, subject to the maximum of one claim per member in each category in the 12-month calendar year. Claims for children up to the date of their 18th birthday; members may claim using receipts dated before their child's 18th birthday, after the date of their 18th birthday, if they are accumulating receipts within a category to claim later in the 12-month calendar year.

- 5.3 Members may *not* claim grants in their first year of membership of the Fund.

- 5.4 Medication, prescription charges, doctors and/or consultant's fees are *not* eligible for a grant from the Fund. Asthmatic Inhalers are *not* eligible for a grant under the Surgical/Medical Appliances category, as these are designated as medication. Laser Eye Surgery, or other ophthalmology treatment/consultation, is *not* eligible for a grant under the Optical category.

- 5.5 Under Surgical/Medical Appliances, the following items are eligible for a grant on a *once-off* basis, up to the maximum of €152.00 (this list is not exhaustive):

Hearing Aids	Nebuliser Machines
Wheelchairs	Blood Pressure Machines (medically prescribed only)

6. *Claims*

6.1 All claims must be made direct to Union Head Office and include original receipts for all treatment and/or appliances. Original receipts with official practitioner's stamp are required for processing claims. These receipts will *not* be returned; members should make copies for their own records before submitting a claim. Only receipts from the Island of Ireland will be accepted; no receipts from outside this jurisdiction are eligible for a grant.

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 NEC 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 Payments shall be made by Electronic Fund Transfer (EFT) or cheque.

7.5 The operation of the Fund shall be reviewed quarterly by the NEC 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 NEC.

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 at the Biennial Conference of the Union and sent to each Branch and member of the NEC.

7.9 The NEC 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 NEC may, at any time, discontinue the Fund. In such event, the NEC shall make arrangements for the disposal of the Fund, as it thinks proper.

7.11 The decision of the NEC on any matter connected with the Fund shall be final.

C.W.U. MEDICAL FUND

APPLICATION FORM

The General Secretary, Communications Workers' Union

I have completed the appropriate form of either:

- (a) Deduction at Source Form, addressed to the Company's Payroll Section, authorising the deduction from my pay until further notice, the sum of:
- **€3.00 per week; OR**
 - **€6.00 per fortnight**
- (b) Direct Debit Form, authorising my Bank/Building Society to charge to my account, until further notice, the sum of:
- **€13.00 per month**

to be remitted for credit to 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.

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

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

Name: _____ Staff No. _____
(BLOCK CAPITALS)

Home Address: _____

Branch: _____

Signed: _____ Date: _____

DATA PROTECTION:

The information collected here will only be used for the purpose of processing your subscription to the CWU Medical Benefit Fund. This information will be shared with your Company Payroll or Bank/Building Society, depending on the method of payment you have chosen. If you consent to the use of your data for this purpose, please sign the form below.

Signed: _____ Date: _____

C.W.U. MEDICAL FUND
DEDUCTION AT SOURCE FORM

Request for deductions from pay

Please complete and submit this form to the General Secretary of the Union. They 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 _____

OR

TOTAL per fortnight _____

Please enter the applicable amount in accordance with your rate of pay; being either weekly or fortnightly.

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 further 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.


Name: _____ Staff No. _____
(BLOCK CAPITALS)

Branch: _____

Signed: _____ Date: _____

C.W.U. MEDICAL FUND

DIRECT DEBIT FORM

Unique Mandate Reference		
Creditor Identifier: IE82ZZZ304979		
PLEASE FILL OUT THE FORM IN BLACK CAPITALS		
<p>LEGAL TEXT: By signing this mandate form, you authorise your bank to debit from your account, until further notice, the amount of €13.00 per month, remitted to the COMMUNICATIONS WORKERS' UNION MEDICAL FUND.</p> <p>As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks, starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.</p> <p>Any personal information provided by you to this Union will be used for purposes consistent with your membership of this Union. Other than the Company listed by you on the form, your details will not be revealed by the Union to any external body, unless the Union has your permission, or is under a legal obligation to do so.</p>		
PLEASE COMPLETE ALL THE FIELDS BELOW MARKED *		
* Your Name:		
* Your Address:	Line 1	
	Line 2	
* City/Postcode:		*Country:
*IBAN:		
* Swift BIC:		
PLEASE RETURN COMPLETED FORM TO:		
Creditor's Name:	Communications Workers' Union	
Creditor's Address line 1	William Norton House	
Creditor's Address line 2	575 North Circular Road	
Creditor's Address line 3	Dublin 1	
Country:	Ireland	
TYPE OF PAYMENT: RECURRENT <input checked="" type="checkbox"/>		
*Signature(s):		
*Date of Signing:		





You're better off in a Union!

The Communications Workers' Union is committed to providing its members with a voice in the workplace.

For more information, please contact:

Communications Workers' Union
Ceard Chumann Oibrithe Cumarsáide

William Norton House
575 North Circular Road
Dublin 1 D01 TR53

Tel: 01 866 3000
Fax: 01 866 3099
Email: info@cwu.ie

For more information on what the CWU
can do for you, visit us at
www.cwu.ie



CWU Ireland



@CWU

It is your legal and constitutional right to join a trade union and no provision in your employment can prevent you from doing so.
You can apply to join the CWU regardless of your employment status:
full-time, part-time, agency or contractor.