COMMUNICATIONS WORKERS' UNION
APPLICATION FOR SOCIAL BENEFIT

I wish to apply for assistance from the CWU Social Benefit Fund:

MEMBER'S NAME _____ **STAFF NO** _____

BRANCH _____ **MOBILE** _____

HOME ADDRESS _____

_____

Subject to the CWU Rules & Constitution, and on production of the requisite documentation, an "In Benefit" member on reduced pay (inclusive of Social Welfare payments), following a continuous or accumulative absence of either 13 or 26 weeks from duty (in accordance with the sick pay regulations of the relevant company), resulting from illness or accident, may be paid an amount up to 70% of their basic pay while a member of the Union. This payment may be paid for a **maximum of 12 months in any period of 4 years** in accordance with the following scale:

1 - 4 months	Up to **70%** of basic pay
5 - 8 months	Up to **65%** of basic pay
9 - 12 months	Up to **60%** of basic pay

Payments will cease after this period except in the most extreme of hardship circumstances. Applications for continuation or otherwise of Social Benefit outside of this period will be considered on their merits by the NEC Finance Committee, which will make a recommendation to the National Executive Council. The decision of the National Executive Council on such applications will be final.

Please mark ALL payments which you are in receipt of:

SOCIAL WELFARE	**€** _____	*per week* ☐	***OR***	*per month* ☐
MEDISAN	**€** _____	*per week* ☐	***OR***	*per month* ☐
ROWLAND HILL FUND	**€** _____	*per week* ☐	***OR***	*per month* ☐

Please submit the following requisite documentation in support of your application for Social Benefit:

1. Consultant's Report
2. Payslip showing **full pay**
3. Medical Certificate from the first day of illness to the present
4. **All** payslips showing reduced pay
5. Social Welfare letter confirming personal rate of Illness Benefit

PLEASE DON'T SUBMIT FORM UNTIL YOUR PAY HAS BEEN REDUCED (i.e. Half Pay or less)

DATA PROTECTION:
The information collected here will only be used for the purpose of processing your claim from the Social Benefit Fund and will not be shared with any third-party. If you consent to the use of your data for this purpose, please sign the form below.

SIGNED: _____ **DATE:** _____

COMMUNICATIONS WORKERS' UNION
RULE 10.1.5 – SOCIAL BENEFIT FUND

Dear Colleague,

Any payment being made to you from the Social Benefit Fund of the Union is done in accordance with Rule 10.1, Subsection 5, which is as follows:

5. Subject to these Rules and on production of the requisite documentation, a Benefit Member on reduced basic pay, following a continuous or accumulative absence of either 13 or 26 weeks from duty (in accordance with the sick pay regulations of the relevant company) resulting from illness or accident may be paid an amount up to 70% of their basic pay while a member of the Union. Requests for Sickness Benefit from Members who have not had such an absence may be considered on their merits by the Management Committee subject to the sanction of the National Executive Council. Any such payments will be inclusive of payments/grants from other sources, including Medisan Fund and the State Pay Related Social Insurance. In the event that the member is successful in recovering damages at common law or through any other avenue for their accident or illness, then the member shall reimburse the Social Benefit Fund in respect of any payments made to that member by the Fund. The member (and/or their legal representative) shall also provide particulars of the amount recovered to include, where requested, supporting documentation.

I would be obliged if you would read and sign this form in order that we can process your application to the Social Benefit Fund.

Yours fraternally,

Steve Fitzpatrick

Steve Fitzpatrick
General Secretary

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NAME: _____ SIGNATURE: _____

DATE: ____ /_____ /_____

***PLEASE INDICATE IF YOU ARE PURSUING A LEGAL CASE*: YES_____ NO_____**

NAME OF SOLICITOR: _____

ADDRESS OF SOLICITOR: _____

TELEPHONE NUMBER: _____

ACCOUNT DETAILS

CWU Social Benefit Fund

Dear Colleague,

Following a decision taken by the National Executive Council, the payment method for Social Benefit is Electronic Fund Transfer. ***Payments will be made on the first and third Friday of each month; there will be a cut-off for receipt of payslips and medical certs of the first and third Wednesday, to allow time for processing.*** Photocopies of these documents are acceptable, but the date must be clearly visible.

ACCOUNT DETAILS: ***(Bank/ Building Society/ Credit Union/ An Post Smart Account)***

NAME OF INSTITUION: _____ *PLEASE PRINT*

NAME ON ACCOUNT: _____ *PLEASE PRINT*

IBAN:

ACCOUNT NO: _____ **SORT CODE:** _____

DATA PROTECTION:
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SIGNED: _____ **DATE:** _____

Yours fraternally,

Steve Fitzpatrick

Steve Fitzpatrick
General Secretary