

COMMUNICATIONS WORKERS' UNION APPLICATION FOR MORTALITY GRANT



I wish to apply for a Mortality Grant in respect of the following:

PLEASE TICK THE RELEVANT OPTION

- (A) Deceased IN BENEFIT MEMBER
- (B) Deceased IN RETIREMENT BENEFIT MEMBER
- (C) Deceased SPOUSE/CIVIL PARTNER

MEMBER'S NAME _____ STAFF NO _____

BRANCH _____ CONTACT NO _____

HOME ADDRESS _____

NAME OF DECEASED _____

RELATIONSHIP TO DECEASED _____ DATE OF DEATH _____

Please submit the following requisite documentation in support of your application for a Mortality Grant:

1. Death Certificate

ORIGINAL DOCUMENTATION WILL BE RETURNED

RULE 10.1

(B) MORTALITY GRANT SCHEME

1. A member may be paid €635.00 on the death of their spouse or civil partner. The estate of a member may be paid €5,080.00 on their death. A member may nominate during their lifetime to whom the grant, if approved, should be payable.
2. The estate of a Retired Member (as referred to in Rule 2.5) may be paid €1,270.00 on their death. A Retired Member (as referred to in Rule 2.5) may during their life nominate to whom the grant, if approved, should be payable.

DATA PROTECTION:

The information collected here will only be used for the purpose of processing your claim from the Mortality 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
MORTALITY GRANT- NEXT OF KIN- CLAIM FORM**



PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

NAME _____ MOBILE _____

HOME ADDRESS _____

DECEASED MEMBER'S NAME _____ STAFF NO _____

ONCE PROCESSED, YOUR GRANT WILL BE PAID BY ELECTRONIC FUND TRANSFER

BANK DETAILS:

NAME OF BANK: _____ PLEASE PRINT

NAME ON ACCOUNT: _____ PLEASE PRINT

IBAN:

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ACCOUNT NO: _____ SORT CODE: _____

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SIGNED: _____ DATE: _____