

COMMUNICATIONS WORKERS' UNION

APPLICATION FOR SICKNESS 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	€ _____	<i>per week</i>	<input type="checkbox"/>	OR	<i>per month</i>	<input type="checkbox"/>
MEDISAN	€ _____	<i>per week</i>	<input type="checkbox"/>	OR	<i>per month</i>	<input type="checkbox"/>
ROWLAND HILL FUND	€ _____	<i>per week</i>	<input type="checkbox"/>	OR	<i>per month</i>	<input type="checkbox"/>

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)

CONSENT:

The information collected here will only be used for the purpose of processing your claim from the Social Benefit Fund; however, if you are a member of Medisan and your claim is covered under that scheme, your requisite documentation will be transferred to the administrators. **By signing below you are consenting to the above:**

SIGNED: _____ DATE: _____

**COMMUNICATIONS WORKERS' UNION
RULE 10.1 – SOCIAL BENEFIT FUND**



Dear Colleague,

The above payments are being made to you from the Social Benefit Fund of the Union in accordance with Rule 10.1, which is as follows:

(A) SICKNESS BENEFIT SCHEME

1. Subject to these Rules and on production of the requisite documentation, an "In Benefit" member on reduced basic pay, resulting from illness or injury 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 Finance Committee subject to the sanction of the National Executive Council.
2. Any such payments will be inclusive of payments/grants from other sources, including the Medisan Fund and the Social Welfare Illness/Occupational Injury Benefit.
3. 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 must reimburse the Social Benefit Fund in respect of any payments made to them. The member (and/or their legal representative) must provide particulars of the amount recovered to include, where requested, supporting documentation.

I would be obliged if you would read and sign this notice, and return it to Union Head Office in order that we can continue making Social Benefit payments to you.

Yours fraternally,

**Seán McDonagh
General Secretary**

DISCLOSURE & CONSENT:

You are obligated under the CWU Rules & Constitution to disclose any legal action you may be taking relating to your absence before receiving any payment of Sickness Benefit. If you are pursuing a legal case you **must** provide contact details for your Solicitor; the Union will contact your Solicitor with details of the above Rule and a schedule of payments made to you from the Social Benefit Fund. **By signing below you are consenting to the above:**

PLEASE INDICATE IF YOU ARE PURSUING A LEGAL CASE: YES NO

NAME OF SOLICITOR: _____

ADDRESS OF SOLICITOR: _____

TELEPHONE NUMBER: _____

YOUR NAME: _____ **SIGNATURE:** _____

DATE: ____ / ____ / ____

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 INSTITUTION: _____ PLEASE PRINT

NAME ON ACCOUNT: _____ PLEASE PRINT

IBAN:

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ACCOUNT NO: _____ SORT CODE: _____

DATA PROTECTION:

The information collected here will only be used for the purposes 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: _____

Yours fraternally,



Seán McDonagh
General Secretary