

COMMUNICATIONS WORKERS' UNION APPLICATION FOR SICKNESS BENEFIT GRANT



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

MEMBER'S NAME _____ STAFF NO _____

BRANCH _____ MOBILE _____

HOME ADDRESS _____

YOU MUST SIGN AND DATE ALL THREE PAGES OF THIS FORM – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Sickness Benefit may be paid for a **maximum of 12 months in any period of 4 years** in accordance with the following scale, based on weekly hours of employment:

Full-time	up to 37.5hrs	€120 per week
Part-time (1)	up to 30hrs	€80 per week
Part-time (2)	up to 23hrs	€40 per week

Payments will cease after this period except in the most extreme of hardship circumstances. Appeals for continuation or otherwise of Sickness 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 appeals will be final.**

Please mark ALL regular income support payments which you are in receipt of and include the amount(s) below:

SOCIAL WELFARE MEDISAN ROWLAND HILL

Amount: € _____ Amount: € _____ Amount: € _____

HAVE YOU APPLIED FOR CRITICAL ILLNESS? (if applicable) YES NO

IF YES, what date was application made: ____ / ____ / ____

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

1. Consultant/Medical Report
2. Payslip showing **FULL PAY**
3. Medical Certificate from beginning of reduced pay to present, disclosing nature of illness/injury
4. **ALL** payslips showing reduced pay

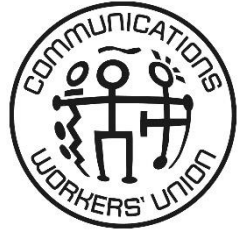
APPLICATIONS WILL ONLY BE CONSIDERED ONCE REGULAR PAY HAS REDUCED TO HALF PAY OR LESS

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~~ [a fixed rate grant based on hours of employment] 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 process your application for assistance from the Social Benefit Fund.

Yours sincerely,

**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:**

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

YOUR NAME: _____ **SIGNATURE:** _____

DATE: ____ / ____ / ____

PLEASE COMPLETE THE FOLLOWING SECTION IF YOU TICKED "YES" ABOVE

NAME OF SOLICITOR: _____

ADDRESS OF SOLICITOR: _____

TELEPHONE NUMBER: _____

