

# CWU MEDICAL FUND

## *APPLICATION FORM*

### **To 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 \_\_\_\_\_ 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: \_\_\_\_\_

#### **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: \_\_\_\_\_

**CWU 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: \_\_\_\_\_

# CWU MEDICAL FUND

## DIRECT DEBIT FORM

<b>Unique Mandate Reference</b>		
<b>Creditor Identifier: IE82ZZZ304979</b>		
<b>PLEASE FILL OUT THE FORM IN BLACK CAPITALS</b>		
<b>LEGAL TEXT:</b> By signing this mandate form, you authorise your bank to debit from your account, until further notice, the amount of <b>€13.00 per month</b> , remitted to the COMMUNICATIONS WORKERS' UNION MEDICAL FUND.		
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.		
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.		
<b>PLEASE COMPLETE ALL THE FIELDS BELOW MARKED *</b>		
<b>* Your Name:</b>		
<b>* Your Address:</b>	<b>Line 1</b> .....	
	<b>Line 2</b> .....	
<b>* City/Postcode:</b>		<b>* Country:</b>
<b>*IBAN:</b>		
<b>* Swift BIC:</b>		
<b>PLEASE RETURN COMPLETED FORM TO:</b>		
<b>Creditor's Name:</b>	<b>Communications Workers' Union</b>	
<b>Creditor's Address line 1:</b>	<b>William Norton House</b>	
<b>Creditor's Address line 2:</b>	<b>575 North Circular Road</b>	
<b>Creditor's Address line 3:</b>	<b>Dublin 1</b>	
<b>Country:</b>	<b>Ireland</b>	
<b>TYPE OF PAYMENT: RECURRENT</b> <input checked="" type="checkbox"/>		
<b>*Signature(s):</b> .....		
<b>*Date of Signing:</b> .....		