

**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

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 PENSION RATE  
OF PAY / TRR**

**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 AND SIGN BELOW.** YES  NO

YOUR NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_

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

NAME OF SOLICITOR: \_\_\_\_\_

ADDRESS OF SOLICITOR: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

# ACCOUNT DETAILS

## *CWU Social Benefit Fund*

Dear Colleague,

The payment method for Sickness Benefit Grants is Electronic Fund Transfer only. ***Payments will be made on a fortnightly basis; there will be a cut-off for receipt of payslips and medical certs on the Wednesday of payment week, to allow time for processing.*** Photocopies, scans, or photographs of these documents are acceptable, but all information must be clearly legible.

### **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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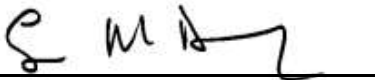
ACCOUNT NO: \_\_\_\_\_ SORT CODE: \_\_\_\_\_

### **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 sincerely,



Seán McDonagh  
General Secretary

**Hardcopy documents can be sent by post to:  
CWU, William Norton House, 575 North Circular Road, Dublin 1, D01 TR53**

**Softcopy documents can be emailed to:  
[welfare@cwu.ie](mailto:welfare@cwu.ie)**