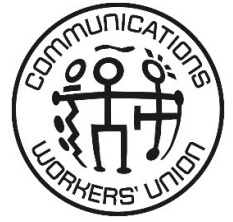


# COMMUNICATIONS WORKERS' UNION APPLICATION FOR MORTALITY GRANT



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 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

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.

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

