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

Please refer to the Explanatory Note attached to this application for further information.

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:

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

EXPLANATORY NOTE – SICKNESS BENEFIT CLAIM

Eligibility:

- The Sickness Benefit Scheme is confined to those paying contributions of 1% of basic pay through Deduction at Source (Payroll).

- Regular Pay **must** be reduced to **half pay/or less or pension rate** of pay before submitting claim.

How to apply:

- Complete Application Form in full and provide documentation points 1-4.

- You **must** indicate if you are pursuing a legal case and **sign** section of form.

Q&A sample questions

Q: Why do I have to provide a FULL Payslip?
A: This determines which rate will apply to your claim.

Q: Is the claim assessed on NET figure?
A: No, the claim is assessed based on regular /pension rate of pay before any deductions.

Q: Do I have to keep submitting documentation to receive benefits from the Fund?
A: Yes, you have to continuously send in reduced payslips with medical certificates to cover the period of payslips you are providing.

Documentation can be sent via email welfare@cwu.ie or by post to CWU Headquarters, William Norton House, 575 North Circular Road, Dublin 1.

Q: What if I am unable to obtain a Consultant's Report?
A: A GP letter setting out the nature of the illness or injury is sufficient if not already on the medical certificate. **However, the illness must be stated.**

Q: What is the frequency of payments?
A: Payments are processed in 2-week cycles.