

### Dental, optical, hospital and other benefits

(Available to Fórsa members paying Fórsa 3 legacy subscription rate of 1% only)

## **Benefits Claim Form**

Members of Fórsa who are in grades linked to the Clerical Officer in the Civil Service & Services & Enterprises Divisions pay a higher union subscription than other Fórsa members and, therefore, retain access to a 'benefits fund' that provides certain dental, optical, hospital and other benefits operated by the former CPSU prior to the formation of Fórsa. If they leave these grades they are no longer eligible for these benefits, and their rate of union subscription is reduced to the main Fórsa 1 rate (0.8%).

# Benefit scheme for civil service clerical officer grade-related members

#### **Dental benefit**

Members may claim 50% of the cost of treatment as indicated:

2 months to 2 years completed membership	€65.00
2 to 5 years completed membership	€140.00
Over 5 years completed membership	€240.00

Members may claim dental benefit during the calendar year, from January 1st to December 31st.

#### **Optical benefit**

Members may claim 50% of the cost of treatment as indicated:

2 months to 2 years completed membership	€65.00
2 to 5 years completed membership	€140.00
Over 5 years completed membership	€240.00

Members may claim optical benefit over the course of two consecutive calendar years.

#### Hospital benefit

Hospital benefit is €35 per day for the first five days, and €13 per day thereafter, subject to a maximum of €900 per annum for an in-patient stay in hospital. Excludes maternity cover.

#### Other

#### Mortality/death benefit

€4,000 paid to member's next of kin.

#### **Funeral expenses**

A maximum assistance of €1,500 will be provided to a member who has lost a spouse or partner or dependent son or daughter.

Full details available upon application.

#### Special assistance benefit

25% to a maximum of €450 but on a discretionary basis, the union's member benefit committee will consider claims for financial assistance in excess of the maximum to help cover the costs associated with alternative medicine, hearing aids, prosthesis, cancer care etc. Payment will be made following approval of the committee. Members seeking benefit under this section will be asked to provide written evidence of all other claims being made/benefits received in connection with their claim.

#### **Cancer screening**

€50 towards the cost of cancer screening.

Please note: claims must be sent with a copy of a current payslip to Fórsa, Nerney's Court, Dublin 1, D01 R2C5 within the calendar year that treatment has taken place.

PART ONE PLEASE FILL OUT	THIS SECTION FULLY						
First Name	Surname						
piease print first name and surname in full		Day Month Year					
Former Name (if any)		Date of Birth					
Home Address							
	+++++++++++++++++++++++++++++++++++++++	<del>                                     </del>					
Post Code Post Code	Staff No.	Union No.					
Mobile	Gender M F	Year Joined Union					
Personal							
Email							
Bank/CU Name							
Bank/CU Account Name							
Bank/CU Account No.	Bank/C	U Sort Code					
IBAN and BIC numbers can be obtained on your	bank statement	BIG [ ]   ]   ]					
IBAN		BIC					
Current Department							
Location/ Address							
Office	Branch						
Tel. No.							
Claimant Signature Section							
PART TWO TICK WHICH TYPE	OF BENEFIT YOU WISH TO CL	AIM					
Dental Optical Hospital Other (see page 2)							
PLEASE ENCLOSE: 1. Original receipt showing last day of treatment 2. Copy of current pay slip							
PARTTHREE TO BE COMPLETE	ED AND STAMPED BY DENTIST	/OPTICIAN					
Day Month Year  Date of	Cost of						
examination/ treatment	treatment (in words)						
Day Month Year	(III WOI ds)						
Date payment received							
0'	Day Month Year						
Signed	Date						
PART FOUR FOR OFFICE USE	ONLY						
Amount paid	Inputted	Processed					

Please fill our this form as carefully as possible to ensure a speedy and accurate response to your benefit claim.

Please remember to attach receipts and your pay advice showing your union membership deduction, employer identity and pay date only. Incorrect or insufficient information will delay the processing of your benefit payment.

Your payroll number is printed on your pay advice and it is important to include this on our claim form.

Please submit claims between 1st January-31st December of current year.



Fórsa is committed to processing personal data in accordance with the requirements of data protection legislation, namely the EU General Data Protection Regulation (GDPR) and Irish Data Protection Act 2018, and aims to maintain consistently high standards in protecting and securing all of your personal information. Our Privacy Statement can be

The information collected on this form is used for compensating members under the Fórsa dental/optical scheme. The information provided may also be used for the updating of members membership records. During the processing of this claim your data will be shared with ERS Computer Solutions and Pegasus Soft Ware.

Payment will be made by electronic financial transfer (EFT) from early 2020. After that date payments will no longer be made by cheque.

Fórsa Trade Union **CO linked Benefits Scheme** Nerney's Court Dublin 1 **D01 R2C5** 

Tel: 01-817-1500

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