



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	<input type="text"/>	Surname	<input type="text"/>
<small>please print first name and surname in full</small>			
Former Name (if any)	<input type="text"/>	Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Home Address	<input type="text"/>		
Post Code	<input type="text"/>	Staff No.	<input type="text"/>
Mobile	<input type="text"/>	Gender	M <input type="text"/> F <input type="text"/>
Personal Email	<input type="text"/>	Union No.	<input type="text"/>
<input type="text"/>			
Bank/CU Name	<input type="text"/>		
Bank/CU Account Name	<input type="text"/>		
Bank/CU Account No.	<input type="text"/>	Bank/CU Sort Code	<input type="text"/>
<small>IBAN and BIC numbers can be obtained on your bank statement</small>			
IBAN	<input type="text"/>	BIC	<input type="text"/>
Current Department	<input type="text"/>		
Location/ Address	<input type="text"/>		
Office Tel. No.	<input type="text"/>	Branch	<input type="text"/>
Claimant Signature	Section <input type="text"/>		

PART TWO TICK WHICH TYPE OF BENEFIT YOU WISH TO CLAIM

Dental	<input type="checkbox"/>	Optical	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Other (see page 2)	<input type="text"/>
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PLEASE ENCLOSE:

1. Original receipt showing last day of treatment
2. Copy of current pay slip

PART THREE TO BE COMPLETED AND STAMPED BY DENTIST/OPTICIAN

Date of examination/ treatment	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	Cost of treatment (in words)	<input type="text"/>
Date payment received	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year		<input type="text"/>
Signed	<input type="text"/>		Date <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

PART FOUR FOR OFFICE USE ONLY

Amount paid	<input type="text"/>	Inputted	<input type="text"/>	Processed	<input type="text"/>
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Please fill out 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.



DATA PROTECTION

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 viewed at www.forsa.ie.

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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