# BENEVOLENT FUND APPLICATION FORM

An annual budgetary allocation is made by the National Executive Committee (NEC), into a fund to provide assistance, in conjunction with the branches, to members and/or their families, who find themselves in particularly difficult circumstances.

**GUIDELINES**

[It is the intention to apply these guidelines flexibly and sensitively according to the needs presented].

[a] The union allocates a limited budget to this fund. The fund receives many applications and is rarely in a position to meet any request in full. Due to the limited resources available, the maximum payment in any particular case will not normally exceed €1,000. [This figure will be reviewed from time to time in the light of the union's finances and the level and nature of applications to the fund].

[b] Generally, the fund will make a once-off payment, within the above limits, in any case recommended for payment. However, this does not prevent exceptional situations being dealt with on their merits.

[c] Members, branches and staff are urged to consider all funding options when needs arise and not to depend solely on the union's benevolent fund. Branches should also consider donations from branch funds or the running of a fundraising event in addition to making application to the fund.

[d] Branches should endeavor to utilise all available expertise within the union's membership in addressing the difficulties involved e.g. by ensuring that the applicant has received all their statutory and other entitlements.

[e] The fund will not provide financial assistance where the problem is properly the responsibility of the health service, the social welfare system or the supplementary welfare system. Members and their facilities that have been refused payment from these sources should be encouraged and assisted to appeal, where appropriate.

[f] Members and their families are encouraged to seek flexibility from banks and other loan institutions in relation to loan repayments or rescheduling where there is difficulty in repaying a loan.

[g] Members and their families are encouraged to make full use of the credit union movement.

[h] Members and their families are encouraged to make full use of the union's financial protection schemes, e.g. salary protection and life assurance schemes.

[i] In relation to your data, branches are not to retain any copies of your form. The union will retain a copy for one year for audit purposes only. Please do not submit original copies of your documentation.

Completed application forms should be sent directly to your **branch Secretary** for the completion of Page 7. Your branch will forward the final completed application to Fórsa for NEC consideration.
**Please DO NOT send applications directly to Fórsa**, as doing so could considerably delay the processing of your application.

# BENEVOLENT FUND APPLICATION FORM

**Notes:**

A. Pages 2 – 6 should be completed and signed by the applicant unless he/she is medically unable to do so.

B. To facilitate a speedy response, all relevant information and supporting documentation should be attached to this application. Providing inaccurate information or deliberately withholding relevant information will invalidate the application, which will not be considered as a result.

C. All information provided by applicants will be treated with strict confidentiality on a need-to-know basis. It is the **sole responsibility of the member** to ensure that this form and supporting documentation are sent to their **branch Secretary** for the completion of page 7. (Branch comments on application)

D. **Applications will not be considered by the NEC unless Page 7 of this form is fully completed.**

**1.** **Name of applicant**: .....

**Address**: ……..……..……..…..

……

**Eircode:**……..…... **Contact phone no**:…….

**Email:**……

**Date of birth:** ……..

**Employer**: ……..……....

**Grade/Category**: .....

**Fórsa branch**: ……..……..

**Fórsa member since**: ……..…… (year). **Union membership no**:……..……..

**2.** **Applicant's income**

Are you a member of the Fórsa *Salary Protection Scheme*? YES ☐ NO ☐

Are you on Full Pay? ☐ Half pay? ☐ Pension rate of pay? ☐

No pay? ☐

When will/did you cease entitlement to full pay? ..... (date)

Salary*: Amount per week [Net of PAYE/PRSI] €

Social Welfare*: Amount per week €

Salary Protection Scheme*: Amount per week €

Other income*: Amount per week €

*Please give details of other income, if any / * Please insert `Nil' if appropriate.

Have you received financial assistance from any other source? YES ☐ NO ☐
[Including branch]

If yes, please give details.

Do you have any savings/investments in excess of €1,000? YES ☐ NO ☐

If yes, please give details including amounts.

**3. Others in household**

| Name | Relationship to you. | Age (Children only) | Income * Per week |
|---|---|---|---|
| ……..…….. | …… | …….. | ……. |
| ..…….. | ..…….. | …… | ….…… |
| …… | …….. | ….…… .. | …… |
| …… | …… | ……. | …… |

Do any of the above have savings/investments in excess of €1,000? YES ☐ NO ☐

If YES, please give details including amounts.

……

……

* **Please insert `Nil' if appropriate**.

**4.** Please outline your weekly/monthly outgoings (e.g. mortgage repayments, rent household expenses etc.) and debts (e.g. outstanding mortgage, loans etc.) specifying the approximate amounts involved.

**5.** Where the application is in respect of medical costs please provide the following details:

Do the costs refer to yourself? ☐ Spouse/Partner? ☐ Dependent children? ☐
Nature of illness

Where hospitalised please state;

Name of Hospital ……..

Dates hospitalised: ..... (from/to)

Hospital expenses €

Other medical expenses €

Other relevant expenses €

[Please attach details on a separate sheet]

Do you have a medical card? YES ☐ NO ☐

Are you a member of VHI/BUPA or other health insurer? YES ☐ NO ☐

If YES, which plan? ……..

Amount of hospital and medical expenses not re-imbursed by insurer or other source €

[Please attach any supporting documentation from insurers etc.]

Are you a member of the Hospital Saturday Fund or similar insurer? YES ☐ NO ☐

Have you made a claim for tax relief for the unreimbursed hospital/medical costs above?

YES ☐ NO ☐

Have you applied to other agencies (e.g. employment based welfare fund) for assistance with these expenses?

YES ☐ NO ☐

If so, give details indicating any amounts received.

Have you considered or applied for a Critical Illness or Personal Accident benefit through Fórsa's insurance schemes (where applicable)?

YES, I HAVE APPLIED ☐ NO, I HAVE NOT APPLIED ☐ NOT APPLICABLE ☐

If yes, please indicate the status of your application.

*For information on eligibility and terms and conditions: Please read the Members' information document Term Life.*

**6.** Where the application is in respect of matters other than or in addition to medical costs please set out the details below.

**7.** Please provide any additional information that you consider may assist the union in considering this application.

## 8. Bank account details

**BANK DETAILS:**

**Bank account name** _____

**Bank account number** _____

**Bank sort code** _____

**BIC** _____

**IBAN** _____

**Bank name** _____

**Bank address** _____

**Please make future payments directly to the bank account referred to above.**

**Signed** _____

**Date** _____

I declare that the information given in this application form is correct to the best of my knowledge and that I have not withheld any relevant information.

**Signature of applicant** * ……..

**Date** …….

***** Or authorised person where not reasonable to have applicant sign the form.

**Fair processing notice:**

The personal date you provide in this form will be used to process your application to Fórsa's Benevolent Fund. The data may also be used to update your membership details. The information will be kept for one 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 viewed at www.forsa.ie

# Branch comments on application

**of** ……..
(Name to be inserted)

The application was considered by the branch committee/officers on ..... it was decided to recommend as follows:

Any observations that the branch considers may be of assistance to the NEC Benevolent Fund Committee (including details of any financial support being provided by the branch).

Has the branch made any financial contribution to the applicant? If so, please provide details. If not, why not?

**Please tick the box below to confirm the following statement:**

**On behalf of the branch, I have confirmed with Fórsa's Head Office that the applicant to the Benevolent Fund is in good standing with Fórsa and up to date with their membership fees.**

**Yes** ☐

**Signed** ……..

**Position** …… **Date** …….

**On behalf of**.....**Branch**

This form should be submitted to the General Secretary for circulation to the members of the NEC Benevolent Fund Committee.

***So as to maximise confidentiality the branch should not keep a copy of this application.***

## Recommendation of NEC Benevolent Fund Committee to the NEC.

[Specify the names of the applicant, the amount, if any, recommended and to whom payment is to be made]

……..

……..……

……..……

……..

……..……

**Signed** ……..…….. **Date** ……...…….

**ON BEHALF OF BENEVOLENT FUND COMMITTEE**

**[All copies of the application should be destroyed or returned to the General Secretary or his nominee]**

## Decision of the NEC in relation to application.

The NEC at its meeting on ..... decided as follows: [Specify the name of applicant, the amount involved and to whom the payment is to be made].

……..

……..

……..

……..

……..

**Signed** …….. **Date** ……

**ON BEHALF OF THE NEC**

[A copy of this decision but not the full application to be provided to the Accounts section for urgent payment. The application should be returned by the General Secretary or his nominee for audit purposes.]

**FOR ACCOUNTS SECTION USE**

**Cheque no:** …… **Issued on:** ……

**Signed:** …… **Date:** ……