

UNISON DEATH BENEFIT CLAIM FORM: GUIDELINES

Criteria

To claim this benefit a member must:

- Have been a member for 4 weeks prior to death.
- Have no arrears of contributions.
- Must be in full membership.
- Claim the benefit within 12 months of the date of death.

Retired members

Please note due to protections negotiated at the time of merger this benefit is only payable to ex-Nupe retired members.

Guidelines

Please note all questions have to be answered in full. Failure to do so will cause a delay in paying this claim.

For rates of benefit please see the Rule Book, Schedule B, Members Benefits, point, 2.6.2

Member's details

This section is to enable us to confirm membership and determine whether the member is eligible for benefit. If you are unable to find the answer to any of the questions in this section you must first contact the members branch official.

Claimant details

This section informs us of who the payment should be made to.

Benefit will be paid to the partner of the deceased, the next of kin/dependant or to the estate of the deceased only. We will require a letter of explanation if it is to be paid to any other person other than these, or if the claimant is different to the informant on the death certificate.

If possible an email address should be given, this is for communication purposes. It can be either a work or personal email address.

Please also include a phone number you can be contacted on if needed.

We will make **no payment unless a photo stat copy of the death certificate is enclosed with the claim.** Please tick the box overleaf to confirm it has been included.

Bank details

UNISON makes all payments by BACS. Please ensure your bank details are written clearly in the boxes provided to prevent delays in payment. We will also require the email address to be completed in *Claimant details* to enable us to send you a remittance advice.

All information is confidential and kept secure.

Claimant's signature

The person claiming the benefit needs to sign the form here to confirm all details are correct.

All paperwork must be returned to the branch official.

Branch authorisation

Once the form has been completed the form must be returned to the branch official for checking and authorisation. No forms can be processed unless they have been signed by the branch official.

If your branch official is unknown please contact UNISON Direct on 0800 0 857857.

Do not send them direct to national office without this signature as it will delay payment.

Once authorised the branch will then send the forms to the payments section at UNISON Centre where they can be processed.



UNISON DEATH BENEFIT CLAIM FORM

Please note all questions have to be answered in FULL. Failure to do so will cause a delay in paying this claim.

Before completing the claim form please read the criteria and guidelines overleaf.

Branch name	Branch number
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MEMBER'S DETAILS

Member's full name (Mr/Mrs/Miss/Ms)	
Membership number	National insurance number
Member's address:	Date of joining
	If member joined before 1 July 1993, previous union: <input type="checkbox"/> NUPE <input type="checkbox"/> NALGO <input type="checkbox"/> COHSE
Post code	Retired membership <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES' date of retirement:

CLAIMANT'S DETAILS

Name of payee (next of kin)	
Address (if different from above)	
Phone number	
Email address	Death certificate enclosed? <input type="checkbox"/> YES
Relationship to deceased (If not the next of kin please state nature of relationship)	

BANK DETAILS

Bank name and address	
Bank account number	Sort code
	-
Claimant signature	Date

BRANCH AUTHORISATION

Signature of branch official	Print name
Branch address	Membership number
	Date

OFFICE USE

Supplier no.	Registration ref.
No. of years of membership	Amount payable