

UNISON EX-COHSE RETIREMENT BENEFIT CLAIM FORM: GUIDELINES

Criteria

To claim this benefit a member must:

- A member must have full membership of the former COHSE union at the time of merger, 1st July 1993.
- They must be a full member with no arrears of contributions or break in membership.
- To claim benefit a member must have more than 10 years unbroken membership.
- Claims must be made within 12 months of the date of retirement.

Guidelines

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

Benefit is payable at a rate of £2.00 for every completed year's continuous membership from the last date of joining COHSE. Maximum payable is £100.00

Members details

This section is to enable us to confirm membership. If you are unable to find the answer to any of the questions in this section you must first contact your local branch official.

Retirement details

This section informs us of your date of joining COHSE and your date of retirement and allows us to determine whether you are eligible for benefit.

Bank details

UNISON prefers to make all payments by BACS. If you require payment to be made this way please complete this section, we will also require the email address to be completed in *Members details* to enable us to send you a remittance advice.

All information is confidential and kept secure.

If you require payment to be made by cheque, please leave this section blank. Please note payments made by cheque can take up to 5 working days longer to be received.

Claimants signature

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

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.

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.

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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)	
Member's address:	Membership number
	National insurance number
	Contact telephone number
Post code	Email address

RETIREMENT DETAILS

Date of joining COHSE
Date of retirement

BANK DETAILS

Bank name and address																		
Bank account number										Sort code			-			-		

I certify that the above information is correct and that I have previously been a member of COHSE and now UNISON and have a minimum of 10 years unbroken membership.

Claimant signature	Date
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BRANCH AUTHORISATION

Signature of branch official	Print name
Branch address	Membership number
	Date

OFFICE USE

Supplier no.		Registration ref.
Dates	Total number of years	Amount payable