

UNISON'S FATAL ACCIDENT 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.
- Have had a fatal accident whilst in the course of his/her employment, or travelling to or from work or upon union business.
- Claim the benefit within 12 months of the date of death.

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, 2.8.2

Members 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. The Fatal Accident Benefit can not be paid to any other party.

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

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.

We will also need an official letter from the employer of the deceased confirming that fatal accident occurred whilst at work.

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 *Claimant 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
Post code	Date of joining

ACCIDENT DETAILS

Details of fatal accident at work

CLAIMANT DETAILS

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

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 membership	Amount payable