UNISON DEATH BENEFIT CLAIM FORM: GUIDANCE

**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.

**Claimant details**

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

If possible, an email address should be given; it can be either a work or personal email address. (This is for communication purposes only).

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

**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.

**Next Steps**

Please return your completed form to the Regional Secretary for processing; you can find the regional office address here: <http://unison.org.uk/regionalcontacts>

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# UNISON DEATH BENEFIT CLAIM FORM

# valid only for Deaths between March 2020 – July 2020

Please note all questions have to be answered in FULL.

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

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| MEMBER’S DETAILS |
| Member’s full name (Mr/Mrs/Miss/Ms) |
| Membership number (if known) | Date of joining |
| Member’s address: |
| Post code | Date of death |

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| CLAIMANT’S DETAILS |
| Name of payee (next of kin) |
| Address (if different from above)Phone number |
| Email address |  |
| Relationship to deceased(If not the nest of kin please state nature of relationship) |

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| BANK DETAILS |
| Bank name and address |
| Bank account number |  |  |  |  |  |  |  |  | Sort code |  |  | – |  |  | – |  |  |  |

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| OFFICE USE - REGIONAL AUTHORISATION |
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| Signature of Regional Secretary  | Print name  |
|  | Date  |

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| OFFICE USE – ADDITIONAL INFORMATION |
| Supplier no. | Registration ref. |
|  | Amount payable |

Please return to Sandra O’Brien at Unison Centre.