

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.

Benefit Rates

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

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 need a letter of explanation if it is to be paid to any other person other than those stated.

We will need an email address; it can be either a work or personal email address, and a phone number you can be contacted on if needed. (This is for communication purposes only).

Death Certificate

You will need to include a copy of the Death Certificate. No payment can be made without this.

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.

Branch Authorisation

Please return your completed form to the Branch Secretary for authorisation who will then forward it to the email address below on your behalf for processing.

Please note no forms can be processed unless they have been signed by the Branch Official. Do not send them direct to the email address below without this signature as this will delay payment

Email address: b3@unison.co.uk



UNISON DEATH BENEFIT CLAIM FORM

Please note all questions have to be answered in FULL.

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

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

CLAIMANT'S DETAILS

Name of payee (next of kin)

Address (if different from above)

Phone number

Email address

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

Once you have completed all sections please return to your Branch for authorisation along with a copy of the Death Certificate

OFFICE USE – BRANCH AUTHORISATION

Signature of Branch Official

Print name

Date

Once authorised please return to the Benefits Section via email at this address b3@unison.co.uk

OFFICE USE – ADDITIONAL INFORMATION

Registration ref.

Amount payable