

APPLICATION FOR FINANCIAL ASSISTANCE.

Please read the following before completing this form.

If you are a member of one of the following trade unions; BATU, SIPTU, CONNECT, UNITE, OPATSI, you should return this form to your union branch office for verification.

If you are not a member of a union, please complete Box 2 below, and return the form directly to the Fund.

1. The CWBF was established to provide financial assistance to individuals engaged in the Irish Construction Industry or their dependents and are experiencing financial distress or hardship.
2. The Fund is administered by a Board of Trustees all of whom are either full time or retired Trade Union Officials.
3. The Fund offers assistance under 3 principal headings.
 - (a) Bereavement—funeral expenses
 - (b) Long term serious Illness affecting the applicant’s ability to work
 - (c) Other (domestic or social crisis)
4. The Fund cannot assist with Unemployment, Retirement, augmenting Social Welfare Benefits, Covid-19, alcohol addiction or substance abuse.

WHEN COMPLETING THE FORM:

- If you are applying for a **bereavement grant**, please complete sections, 1, 2 and either 5 or 6 (whichever applies).
- If you are applying for an **Illness grant**, please complete sections 1, 3 and 6.
- If you are applying for any other type of financial assistance, please complete sections 1, 4 and either 5 or 6 (whichever applies).

IMPORTANT.

Please ensure that you attach all relevant documentation e.g., funeral account, GP/ Specialist letter, receipts etc. with your application. Failure to do so may result in delays.

BOX 1. Trade Union Stamp.

Signed.....

BOX 2. Please present photo I.D. (Passport, Driving licence, S/W I.D. card) at any Post Office, Garda Station, GP Surgery.

Official Stamp.

Signed.....

Section 1.
PERSONAL DETAILS.

NAME:.....

ADDRESS:.....

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Email Address.....

Mobile phone.....Date of Birth.....

Current/last employer.....

Are you, or were you ever a member of Construction Workers Pension Scheme? Yes.....No.....

If yes, please provide your Pension Number.....

Married/ living with partner.....Single.....Separated/Divorced.....

Number of dependent children.....

Household Income (Net amount).

	SELF	Partner	Children
WAGES: per week:
SOCIAL WELFARE: per week
STATE PENSION: per week
CWPS PENSION: per week

REASON FOR APPLICATION. Bereavement.

Illness

Other

Are you a member of a Trade Union Yes..... No.....

Name of Union.....Union Number.....

Signature of Applicant.....Date.....

SECTION 2.

Bereavement.

Name of Deceased.....

Date of Birth.....Date of Death.....

Relationship to applicant.....

Please attach a copy of the funeral invoice

SECTION 3.

Ill Health

What is the nature of your illness?

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Have you been approved for early retirement by CWPS?.....

Please attach written medical evidence.

SECTION 4.

OTHER.

Please describe the nature of your financial distress or hardship and the reason for applying to this Fund.

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***Use additional pages to explain your situation if necessary**

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AUTHORISATION

If you are the spouse/partner/next of kin, of a deceased Construction Worker

I confirm that the information supplied in this application is true and correct to the best of my knowledge.

I hereby authorise CWBF to request a copy of the pension record and fund value with the Construction Workers Pension Scheme for;-

Name of Deceased.....

Pension No (if known).....

APPLICANT'S SIGNATURE.....

DATE.....

RELATIONSHIP TO DECEASED.....

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AUTHORISATION

If you are a Construction Worker

I hereby authorise CWBF to request a copy of my pension record and fund value from the Construction Workers Pension Scheme.

I confirm that the information supplied in this application is true and correct to the best of my knowledge.

SIGNED.....

Pension No.....

DATE.....

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DATA PROTECTION

The personal data which you have supplied in this application is fully protected under the terms of the Data Protection Act 2018 and the General Data Protection Regulation (Regulation (EU) 2016/679). The data will be used solely to establish your entitlement to assistance from the Fund and for no other purpose. The data will not be shared with any parties other than your Trade Union and the Fund.

If this application discloses personal medical information related to a third party (for example the spouse or other relative of the claimant) the third party must, if possible, sign the consent section below:

I consent that the Construction Workers Benevolent Trust CLG, Trustees and staff of the Construction Workers Benevolent Fund and the named Trade Union, may use my medical information to process the application of the above-named person. I understand that I can withdraw my consent at any time and that all information relating to me will be promptly destroyed.

Signed: _____

Date: _____