

bereavement benefit fund

Financial stress often adds to the physical and mental trauma people can experience on the death of a loved one in the family.

On many occasions, bank accounts are frozen and the family are faced with the bleak task of trying to scrape through for several weeks on the ready cash available in the home at the time.

With a view to reducing the trauma for the family of members of the HSUWA at this time, the Committee of Management have established a special fund – the Bereavement Benefit Fund.

What is it?

A fund to alleviate any immediate financial difficulties a member's nominated beneficiary may have on the death of the HSUWA member.

What does it cost?

Nothing. The fund is financed from HSUWA funds.

What is the benefit?

\$5,000 (Note: The fund has an annual capped limit of \$50,000)

Who can be my nominated beneficiary?

Mother, father, spouse, child or any nominated person.

Is this information confidential?

Yes, records of the fund are strictly confidential

What happens if I don't nominate a beneficiary?

Without obligation, the Union may make payment to a person the Union deems to be your next of kin.

How do I nominate a beneficiary?

Complete the application form overleaf and return it to the HSUWA

If you need further information please contact the HSUWA office on 9328 5155.



Join or renew now
9328 5155 – hsuwa.com.au

The HSUWA is the union that represents health professional, administrative, clerical, technical, supervisory and management employees in West Australian public hospitals and health services, private hospitals, aged care, disability services, private pathology, radiological services, private therapy services, private dental practices and services, and community pharmacies. Our members range from Clerks and Administrators to Technicians and Assistants to Health Science and Allied Health professionals.

 **hsuwa**
with you at work

HSUWA BEREAVEMENT BENEFIT FUND - NOMINATION OF BENEFICIARY

Please print in **BLOCK LETTERS**.

ABOUT YOU

Title: Dr Mr Ms Mrs Miss
(please tick)

Gender:
(please choose: M or F)

Date of Birth ____ / ____ / ____

Name: _____
(Given name)

(Surname)

 Your signature: _____

YOUR BENEFICIARY

Title: Dr Mr Ms Mrs Miss

Name: _____
(Given name)

(Surname)

Address: _____

Identifying signature of Beneficiary

If you cannot get the beneficiary to sign this form please give some other means of identification (e.g. date and place of birth)

IMPORTANT:

Please keep a copy of this form with your personal records

Return **completed** form either by:

Mail: HSUWA, PO Box 8204 Perth Business Centre
PERTH WA 6849

Fax: 93289107

Email: union@hsuwa.com.au

IMPORTANT INFORMATION ABOUT THE HSUWA BEREAVEMENT BENEFIT FUND

Purpose:

The purpose of the fund is to provide financial assistance to nominated persons and/or family of a member to deal with the aftermath of the death of that member. Accordingly the payment is to be made available to the designated person as soon as practicable after the death of the member and is to be used towards the cost of the members funeral and associated expenses, and/or to assist with bills, such as, rent, mortgage, groceries, and/or the payment of outstanding bills, credit cards etc. The fund is administered and payments made at the sole discretion of the Union.

The service shall be known as “**The Bereavement Benefit Fund**” (the Fund).

This service replaces the service previously named the Dependents Maintenance of Income Fund and any “dependants” nominated to receive payment under that service will be recognised as being nominated to receive the payment to nominated persons under this fund.

The amount payable from the fund is at the sole discretion of the Committee of Management.

Any amount agreed to be paid on the death of a member will not exceed \$5,000.

The total of all such payments per financial year is capped at \$50,000 subject to the discretion of the Committee of Management.

The fund is to be administered by the Secretary in consultation with the Executive.

In the case of any dispute arising in regard to payments made or proposed to be made out of the fund the Executive will have the sole right to determine payment, and to whom the payment will be made, if any.

The \$5,000 payment can be used towards the cost of the member’s funeral including any associated costs, and/or to assist with bills, such as, rent, mortgage, groceries, and/or the payment of outstanding bills, credit cards etc., in the event of the death of a member and is not to form part of the Member’s estate.

Members must be financial in order for the nominated or designated person to access the service.

The benefit will be paid upon receipt of reasonable evidence of death.

New members will be covered only for accidental death in their first 12 months of HSU membership, but after a 12 month qualifying period, the member will be eligible for the full benefit regardless of cause of death (i.e. cover includes pre-existing illness).

Members will be encouraged to nominate a person to receive the payment.

Where the member nominates a person to be the recipient of the payment the nomination is to be in writing and must be one person only.

The nominated person may be altered in writing at any time by the member in which case the new nomination will automatically revoke the nomination of any previous nominee advised by the member.

Subject to the rules of this fund, where the member fails to nominate a person, without obligation, the Union may, at their sole discretion, make payment to a person the Union deems to be the member’s next of kin.

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