



Application for Benefit
Demotion through Injury or Ill-Health (Rule 20)

BRANCH (Block Letters).....

NAME (Block Letters).....Age.....

ADDRESS (Block Letters).....

National Insurance No.

Grid for National Insurance No.

Membership No.....

Former Grade/Job Title..... Average weekly earnings prior to reduction in Grade/Job Title.....

Present Grade/Job Title..... Average weekly earnings following reduction in Grade/Job Title.....

Employer.....

YOU MUST ATTACH THE COMPANY'S NOTICE OF REDUCTION IN GRADE/JOB TITLE BEFORE THE CLAIM CAN BE CONSIDERED

Reasons for permanent downgrading (give full details).....

Member's Signature.....

I certify that to the best of my knowledge the above-named has a valid claim.

Signature of Branch Secretary/Organiser..... Date.....

To enable us to get payment to you as quickly as possible, we can transfer payment directly into your bank account. This saves time between our posting a cheque and your receiving it, the delay in cheque clearance and the possibility of the cheque being lost in the post or otherwise mislaid. It must be your own bank account; we cannot take responsibility for payment on your behalf into someone else's account.

For payment by this method, please complete the following details:

Table with 4 columns: Name of bank, Branch, Sort Code, Account Number

FOR H.O. USE
Benefit Authorised £..... by.....
Cheque No..... BACS Ref.....

BRANCH STAMP