

**Application to be a Participant of the GUM Bereavement Scheme**

**[ENROLMENT FORM]**

This form must be completed by a registered member of any of the groups that are affiliated to Ghana Union Midlands [GUM] who wishes to voluntarily join and participate in the GUM Bereavement Scheme. The information provided will be used to assess your application before we can accept you to participate in the scheme. You must fill in the form fully and truthfully to the best of your knowledge and belief. If you do not do this, it will affect the assessment of your application, and your participation in the scheme may be void and your claim for benefit entitlements refused.

The Union is committed to ensuring that the way we collect, hold and use the information about you complies with the Data Protection Act 1998. & GDRP regulations. We will use the personal information you give us in this form for the following:

* + to provide and administer the plan requested
  + for fraud detection and prevention

**PART 1: APPLICANTS' DETAILS**

|  |  |  |
| --- | --- | --- |
| Title | Forename | Surname |
|  |  |  |

|  |  |
| --- | --- |
| **ADDRESS** |  |
| Address: Line 1 |  |
| Address: Line 2 |  |
| Address: Line 3 |  |
| Post Code |  |
| Telephone |  |
| Mobile No |  |
| Email |  |

**PART 2: DESIGNATED CLOSE RELATIVES UPON DEATH**

2a. **Full Name of your next of kin *(Upon death of the applicant/member of the scheme)***

|  |  |  |  |
| --- | --- | --- | --- |
| Title | First Name | Surname | Country of Domicile |
|  |  |  |  |

**2b. Full Name of Spouse *(Please state whether Alive or Nominated)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | First Name | Surname | Country of Domicile | State whether Alive or Nominated |
|  |  |  |  |  |

**2c. Full Names of Natural or Adopted Children *(Limited only to 3 children from the list below for payment of death benefits when making a claim)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Name | Surname | Country of Domicile | State whether Natural or Adopted |
| Child 1 |  |  |  |  |
| Child 2 |  |  |  |  |
| Child 3 |  |  |  |  |
| Child 4 |  |  |  |  |
| Child 5 |  |  |  |  |

**2d. Full Names of Siblings *(NB: This is limited to two siblings from the list below for payment of death benefits when making a claim)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Name | Surname | Country of Domicile | State whether Natural or Nominated |
| Name of Brother or Sister 1 |  |  |  |  |
| Name of Brother or Sister 2 |  |  |  |  |
| Name of Brother or Sister 3 |  |  |  |  |
| Name of Brother or Sister 4 |  |  |  |  |
| Name of Brother or Sister 5 |  |  |  |  |

**2e. Full Names of Biological or Nominated Parents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Name | Surname | Country of Domicile | State whether Natural or Nominated |
| Name of Father |  |  |  |  |
| Name of Mother |  |  |  |  |

**PART 3: DECLARATION BY APPLICANT**

I declare that I am voluntarily applying to participate in the Ghana Union Midlands [GUM] Bereavement Scheme, which is currently been administered by Ghana Union Greater Birmingham {GUGB} on behalf of GUM. I have completed the application form honestly and accurately. The information I have provided in response to the questions is to the best of my knowledge complete and correct. If the information I have provided is later found to be false, this will invalidate my application and participation in the scheme, and I will also lose all the bereavement benefits that I am entitled to claim.

On my acceptance onto the scheme, I also pledge to pay on demand my premium contributions in full into the bereavement fund whenever a member of the scheme is bereaved. I understand the premiums collected are used to pay members benefit entitlements in all the death categories specified in my plan. I agree that if my premium contributions due remains unpaid after the **30 days** grace period permitted to settle any outstanding premiums, it would be deemed that I have opted out of the scheme, and my application will automatically be cancelled and ceased to be a member of the scheme.

      Date:

Signature of applicant

**FOR OFFICE USE ONLY**

Reference No:       Date application was received

Type of plan applicant has applied for

Date applicant accepted onto the Scheme

Qualifying period: From       To

***Application processed by:***

Name

Signature

Date

**ASSESSOR'S NOTES**