



GMB Northern Region Sick and Accident Society

For an extra contribution of 10 pence per week or 43 pence per month on top of your GMB contribution, the Sick and Accident Society will provide you with a benefit should you be unable to follow your employment due to sickness or an accident. ***Subject to Rule.**

Assistance includes: -

In case of sickness or accident, a benefit of £17 per week or £3.40 per day

and

In case of hospitalisation, a one off payment in any one year of £60 for a continuous stay in hospital in excess of 14 days

and

One off benefit payment for more extensive injuries – See Rules for further information

Joining is simple :-

If you pay your GMB contributions by Direct Debit, please contact the Membership Department on Freephone 0800 731 7017 and ask to join the Sick and Accident Society

or

If you pay your GMB contributions through your salary, complete the application on the reverse side and post in an envelope to 'Freepost GMB NORTHERN'. (This can be handwritten on the envelope)

***GMB Northern Region Sick and Accident Society is subject to Rules. A copy of these rules will be sent out to you by email or post upon joining**



GMB Northern Region Sick and Accident Society Application Form

Title: _____ First Name: _____ Surname: _____

Membership Number: _____

Address: _____

_____ Post Code: _____

Mobile Number: _____ Home Number: _____

Email Address: _____

Employer: _____

Employer Address: _____

_____ Post Code: _____

Job Title/Occupation: _____

Hours worked per week: _____ Payroll/Employee Number: _____

I agree to abide by the Rules of the GMB Northern Sick and Accident Society: -

Signed:

Date:

Please complete to increase your GMB contributions through salary

I authorise my employer _____ to deduct from my salary each week/month the sum of 10p per week/44p per month on top of my GMB Contribution, or other amounts as my be fixed by the GMB from time to time.

- Please start the deduction immediately and pay the amounts to the GMB
- I note that this agreement may be cancelled by one month's notice in writing
- I give permission to my employer to notify the GMB of any future change of address

Signed: _____ Date: _____