*PRIVATE & CONFIDENTIAL*

**THE INSTITUTION OF ENGINEERS, SRI LANKA**

**REQUEST FOR ASSISTANCE FROM THE BENEVOLENT FUND**

**This application may be filled by a member or his/her spouse**

***(Applicants are advised to read the guidelines for the Benevolent Fund disbursements provided with this application)***

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| --- | --- |
| **1. Name of the Member** |  |
| **2 .Membership Number** |  |
| **4. Address** |  |
| **5. Telephone** |  | **6. Email** |  |
| **7. Current Employment** |  |
| **Questions 10 to 12 should be filled only if the applications is made on behalf of the member by another** |  |
| **10. Name of the Applicant** |  |
| **11.**The reason for making the application on behalf of the member |  Incapacitated |
|  Deceased  |
| **12.T**the relationship of the applicant to the member? |  |
| **13**.If the Member is applying in respect of dependent. Please indicate the relationship. | Child under 21 years of ageDifferently abled childSpouseParent \*(\* The Member should be the only child in the family to seek assistance for the parents)  |
| **14. Have you or the Member has received assistance from the Benevolent Fund previously.** Yes NoIf yes, please state the date of receipt of assistance and the amount of assistance received

|  |  |  |
| --- | --- | --- |
| **Date**  | **Reason** | **Amount**  |
|  |  |  |

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|  |  |
| --- | --- |
| **15.Reasons for seeking assistance** |  |
| * To reimburse medical expenses of a specific illness
 |  |
| * To reimburse medical expenses of an accident
 |  |
| * To meet the expenses related to a family bereavement
 |  |
| * To reimburse cost of home repairs resulting from a natural disaster
 |  |
| * To reimburse the cost of a wheelchair, walking aid, hearing aid, spectacles etc., purchased
 |  |
| * For recurring medical expenses in old age
 |  |
| * Any Other
 |  |

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| --- |
| **16.Details of the family** |
| Name | Age |  | Occupation |
| Spouse |  |  |  |  |
| Name | Age | Married/Single | Occupation |
| Children |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| **17.Assistance received/ expected from Employer, Insurance schemes and other sources.** |
|  | Name of the Organization | Amount Received |
| Employer  |  |  |
| Insurance schemes |  |  |
| Other  |  |  |

|  |
| --- |
| **18.**Reasons for distress situation that would support your application.( Not less than 100 words) |
|  |

**19.Please provide the following information where applicable:**

|  |  |
| --- | --- |
|  | Enclosed |
| Diagnostic card in respect of an illness or accident |  |
| Certified copies of expenses related to the assistance sought |  |
| Death certificate in respect of a deceased Member |  |
| Proof of relationship to the incapacitated/deceased Member when the applicant is not the Member Eg- Marriage certificate, Birth Certificate, National ID card, Affidavit  |  |
| Proof of Family relationship in case of Member applying on behalf of spouse, children and parentsEg- Marriage certificate, Birth Certificate, National ID card, Affidavit |  |

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| --- |
| **DECLARATION** |
| I certify that the forgoing statements made by me are true and correct.Signature of applicant: …………………………………….. Date: …………………………………… |

**CERTIFICATION BY A FELLOW/MEMBER OF THE INSTITUTION**

I certify with personal knowledge that the applicant is in need of financial assistance under the circumstances indicated.

(The certifying Member has to be a Fellow of the Institution if the applicant is not a Member.)

Name: ……………………………………………………… Membership No: …………..…… Telephone:……………………………………

Signature: ……………………………………….. Date: ……………………………………….

**FOR OFFICE USE (IESL)**

Eng. ………………………………………………………………………………………… is a current Member of the Institution / was a Member of the Institution at the time of his death.

……………………………………… …………………..………………….

CEO/Executive Secretary Date

Payment of Rs ………………………….…is approved. (In Words…………………………………………………………………….………………)

……………………………………………………………… ……………………………………….

Chairman-Board of Management of Benevolent Fund Date

**GUIDELINES FOR BENEVOLENT FUND DISBURSEMENTS**

The fund, offers financial assistance to members and their dependents when they are considered to be in distress by the Board of Management of the Benevolent Fund.

All members except those in the class of Student Members regardless of their contributions to the Benevolent Fund are eligible to be beneficiaries of the fund. The members can seek financial assistance for themselves and their dependents. Children under 21 years of age or those who are differently abled, spouse, parents if the member concerned is / was the only child in the family are considered as dependents of a member. Under special circumstances dependents of a deceased member will be considered for assistance from the fund provided that a member in the class of Fellow has certified the application.

Members and/or his/her dependents will be considered to be in distress, deserving assistance from the Benevolent fund in case of illness, family bereavement or when affected by natural disasters. In such cases the Fund will provide financial assistance for the following Purposes:

1. To meet medical expenses of specific illnesses including those resulting from accidents
2. To meet the expenses related to a family bereavement including those of a diseased member claimed by a dependent of the deceased member
3. For home repairs resulting from natural disasters
4. For purchasing wheelchair, walking aids, hearing aids, spectacles and similar items in case of general debility
5. For recurring medical expenses in old age under very special circumstances.

All applications for assistance from the Benevolent Fund must be personally made by the member (except when the member is incapacitated or deceased)

The Benevolent Fund will however not be able to meet the following:

1. Payment of Subscription fees
2. Travel costs
3. Legal costs
4. Business related costs
5. Educational costs
6. Home improvement costs
7. House rental

The payment can be a onetime payment of a lump sum or in very special cases a monthly payment for a period of one year. The applications for assistance could be made using the prescribed form. The Board of Management of the Benevolent Fund may at times arrange a member of the Board or a senior member of the Institution to visit the applicant to ascertain for themselves the circumstances that have led the applicant to seek assistance from the fund.

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