



HEALTHCARE SERVICES EMPLOYEES' UNION

Union HQ, 31 Third Hospital Avenue #01-03
 Bowyer Block C, SGH Singapore 168753
 Tel: 6321 3803 Fax 6222 9719

MEMBERSHIP CONVERSION FORM

MEMBER'S EMPLOYMENT PARTICULARS

Member's Particulars	Current (Please provide particulars)
Member's Name (as in NRIC)	
NRIC No	
FIN (For Foreigners Only)	
Company Name Ward/Dept	
Date Joined Company	
Nature of Business	
Company Address	
Residential Address	
Telephone No (O) (H)	
Email	
Occupation	
Union	
Membership Type	* Ordinary (OB) / General (GB) / Associate
Remarks (if any)	

Signature of Member/Date

* Please delete where applicable

OFFICIAL USE

Change of Membership Type and Union (Please tick v)

Ordinary
 General Branch
 Associate
 Union: _____

To notify NTUC Fairprice and NTUC Link of the changes where applicable.



HEALTHCARE SERVICES EMPLOYEES' UNION
UNION HQ, 31, THIRD HOSPITAL AVENUE, #01-03, BOWYER
BLOCK C, SINGAPORE 168753, TEL : 6 321 3803 FAX : 6 222 9719

To :
 Through : The General Secretary
 Healthcare Services Employees' Union
 Name :
 NRIC :
 Employee No :
 Department :
 Hospital : AH / CGH / IMH / KKH / NCC / NDC / NHC / NHGP / NHGHQ / NSC /
 SNEC / SGH / SHGP / SHS / TTSH

I wish to request you to deduct from my salary the following sum as payment of the insurance premium for the HSEU Mutual Aid Scheme (Scheme III):

Insurance Premium Mutual Aid Scheme (Scheme III)
 \$2.00 per member per month

I hereby authorize the management to deduct this amount until such time when my employment with the company ceased. The amount deducted is to be sent to the Healthcare Services Employees' Union of which I am a member. I also agree that the Executive Council shall be authorized to vary the above rate if required.

Notice of Termination
 Union member have to give 6 months notice for termination of membership in writing.

Staff on Probation
 Staff on Probation shall get to enjoy the benefits covered by Welfare Scheme III; however they shall not have representation rights from the union until duly confirmed by the management as governed by the Collective Agreement.

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 Member's Signature / Date

.....
 Witness by union official / Date