HSEU HARDSHIP GRANT APPLICATION FORM

To apply, Members must
- Have at least 6 months of continuous paid-up membership before the date where application is filed;
- Be an ordinary (OB) member of HSEU;
- Must not be in receipt of benefits from SLF Gift Plus or SLF Hardship Grant for the same justification/reasons as per this application;
- Must not be in receipt of benefits from HSEU's Scheme III or any other benefit/award conferred by HSEU for the year when application is filed;
- Maximum one application per ordinary member per calendar year and
- Submit application and all relevant documents within 3 months of the occurrence of the event.

For application for Injuries sustained, Injuries must be
- Sustained while representing or participating in any activity/programme/sport organized by NTUC/HSEU or HSEU branches;
- Treated at a recognized Singapore medical institution and
- Resulting in at least 7 days of hospitalization leave.

DETAILS OF MEMBER

NAME OF MEMBER (CLAIMANT):		GENDER:	
ADDRESS: POSTAL CODE:		NRIC: DATE OF BIRTH:	
OCCUPATION:	DATE OF BIRTH:	AGE:	EMAIL:
CONTACT NUMBER: (HOME) (MOBILE) (OFFICE)			

SUPPORTING DETAILS FOR APPLICATION (pls tick one)

Financial Hardship ☐ Details of Hardship & Cause:	Injuries sustained ☐ Date of Incident: Event injury occurred at: Treated at: Description of Incident & Injury:

I hereby declare that the above statements are true and complete and I have not with-held any material fact from HSEU. I consent to HSEU obtaining/ providing information about me from/ to any medical source, insurance office, organization or person. I agree that a photocopy of this form shall be as valid as the original.

SIGNATURE OF MEMBER (CLAIMANT)	DATE:

CERTIFICATION OF UNION MEMBERSHIP (FOR HSEU'S USE ONLY)

DATE JOINED UNION (DD/MM/YY):	PAYMENT CHECKED FOR UNION: YES / NO
I HEREBY CERTIFY THAT THE ABOVENAMED IS A FULLY PAID UP MEMBER OF HSEU. NAME/ SIGNATURE OF BRANCH OFFICIAL: NAME/ SIGNATURE OF HQ OFFICER: DATE: DATE:	NAME/ SIGNATURE OF AUTHORISED OFFICER: DATE:
SUPPORTED BY WELFARE COMMITTEE CHAIRPERSON? YES/ NO NAME/ SIGNATURE: DATE:	TOTAL PAYABLE: S$

HEALTHCARE SERVICES EMPLOYEES' UNION
NO. 3 BUKIT PASOH ROAD #02-00 SINGAPORE 089817
TEL: 6222 1227 FAX: 6222 6683 EMAIL: hseu@ntuc.org.sg WEBSITE: www.hseu.org.sg

With effect from 1 April 2011