



HSEU HARDSHIP GRANT APPLICATION FORM

The HSEU Hardship Grant is a once-off claim which aims to provide assistance to union members in the event that the member/next-of-kin suffers hardship arising from one of the following circumstances which is of non-industrial nature:

1. Death
2. Total and permanent incapacity
3. Chronic medical condition
4. Incidences not limited to the following: fire, flood, etc.

To apply, Members must

- Have at least 6 months of continuous paid-up membership before the date when application is filed;
- Be a 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;
- Maximum one application per 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 a any activity/programme/sport organised by NTUC/HSEU or HSEU Branches;
- Treated at a recognised Singapore medical institution; and
- Resulting in at least 7 days of hospitali-

Required Supporting Documents—To avoid delay in processing, please ensure that all required documents are submitted together with the application form. Please also note that Applicant may be requested to submit other supporting documents if necessary, for verification and audit purposes.

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| <ul style="list-style-type: none"> • Death certificate • Marriage certificate (if applicant is spouse) • Birth Certificate (if applicant is child/parent) | <ul style="list-style-type: none"> • Medical memo/report from doctor • Police report • NRICs of applicant & all family members | <ul style="list-style-type: none"> • Payslips of applicant & all family members • Any other documents supporting claim and showing financial Hardship (eg. Hospital bills) |
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SECTION A: PARTICULARS OF UNION MEMBER

NAME OF MEMBER (CLAIMANT):	NRIC:	GENDER: M / F
ADDRESS: POSTAL CODE:	DATE OF BIRTH: DD/MM/YYYY	BRANCH:
	OCCUPATION:	
OCCUPATION:		EMAIL:
MARITAL STATUS: Single/ Married/Divorced/Separated/Widowed	MEMBER WORKING AT THE POINT OF APPLICATION: YES / NO	IF MEMBER STOPPED WORKING, PLS STATE DATE OF LAST WORK: DD/MM/YYYY
CONTACT NUMBER:	(HOME)	(MOBILE) (OFFICE)

SECTION B: SUPPORTING DETAILS FOR APPLICATION (Please tick)

<input type="checkbox"/> <u>Financial Hardship</u> Details of Hardship & Cause: DEATH / TOTAL AND PERMANENT DISABILITY / CHRONIC MEDICAL CONDITION / INCIDENTS <hr/> <hr/> <hr/>		
<input type="checkbox"/> <u>Injuries sustained</u>		
DATE OF INCIDENT: DD/MM/YYYY	EVENT INJURY OCCURRED AT:	TREATED AT (MEDICAL INSTITUTION):

Description of Incident & Injury:

SECTION C: DECLARATION FROM APPLICANT (MEMBER/NEXT-OF-KIN)

1. I, the undersigned, declare that the information stated in this application form is true and correct, and that I have not wilfully withheld any material fact.
2. I acknowledge that I may be required to furnish other supporting documents for verification and audit purposes.
3. I consent to my personal data being collected, used and retained by HSEU for the purposes of:
 - a. Processing, administering and managing my application for the Hardship Grant; and
 - b. Carrying out verification and updates of my membership status and/or information I have provided in this application form.
4. I consent to be contacted by HSEU via email, text messages, fax and/or post for matters relating to my application for Hardship Grant and membership matters.
5. For the purposes of employment-related matters, I consent to HSEU obtaining my personal data and relevant data relating to my employment from my company.
6. I further declare that the personal data pertaining to my spouse and dependant(s) are true and correct and that these persons are aware and consent to HSEU managing their information for authorised purposes.
7. I am the only applicant submitting for my family and we have not made any similar application for the SLF Hardship Grant.

FOR DECEASED MEMBER: IF APPROVED, PAYMENT IS TO BE MADE TO NEXT-OF-KIN.

FULL NAME OF NEXT-OF-KIN:

RELATIONSHIP TO MEMBER:

SIGNATURE OF APPLICANT:

DATE:

RECOMMENDATION BY BRANCH COMMITTEE (FOR HSEU'S USE ONLY)

THE BRANCH COMMITTEE HEREBY RECOMMEND/ DO NOT RECOMMEND THE APPLICATION FOR HSEU HARDSHIP GRANT BASED ON THE FOLLOWING REASONS:

BRANCH CHAIRPERSON (NAME/SIGNATURE/DATE):

BRANCH SECRETARY/TREASURER (NAME/SIGNATURE/DATE):

DATE JOINED UNION:

PAYMENT CHECKED FOR UNION:

CHECKED BY HQ OFFICER (NAME/SIGNATURE/DATE):

DD/MM/YYYY

YES/NO

APPROVAL OF INTERIM RELIEF GRANT (FOR HSEU'S USE ONLY)

QUANTUM PAYABLE:

ENDORSED/APPROVED BY:

VOUCHER NUMBERS:

BRANCH REPRESENTATIVE (NAME/SIGNATURE/DATE):

IF NOT SUPPORTED, PLS STATE REASONS:

WELFARE I/C (NAME/SIGNATURE/DATE):

WELFARE CHAIRPERSON (NAME/SIGNATURE/DATE):

EXECUTIVE SECRETARY (NAME/SIGNATURE/DATE):

HSEU HARDSHIP GRANT (FOR HSEU'S USE ONLY)FOR INJURIES ONLY

SUPPORTED BY SPORTS COMMITTEE CHAIRPERSON? Y/ N

NAME/ SIGNATURE/ DATE:

IF NOT SUPPORTED, PLS STATE REASONS:

FOR ALL APPLICATIONS

SUPPORTED BY WELFARE COMMITTEE CHAIRPERSON? Y/ N

NAME/ SIGNATURE/ DATE:

IF NOT SUPPORTED, PLS STATE REASONS:

APPROVAL BY GENERAL SECRETARY: YES/ NO

SIGNATURE/ DATE:

QUANTUM AWARDED: S\$

CHEQUE NUMBER/ DATE:

HEALTHCARE SERVICES EMPLOYEES' UNION

NO.3 BUKIT PASOH ROAD #02-00 SINGAPORE 089817

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