

U CARE HARDSHIP GRANT

Application Form for Members of NTUC Affiliated Unions/Association

The U Care Hardship Grant is a one-off assistance for low-income union members in the event that the members suffer hardship arising from one of the following circumstances which is of a non-industrial nature:

- (i) Death
- (ii) Total and permanent incapacity*
- (iii) Serious chronic medical condition *
- (iv) Registered fire or flood victim

* Pre-existing serious chronic medical condition diagnosed before the applicant became a Union Member will not be considered.

Union member must meet the following criteria in order to be eligible to apply for the grant:

- Total Monthly Gross Household Income of \$1,800 and below; OR
Per Capita Income of \$500 and below if monthly gross household income exceeds \$1,800
- Minimum of 6 months continuous membership at the point of application, no arrears.

Please note:

- (a) Complete all relevant sections in this form. Please use block letters and write legibly. Indicate "N.A." if not applicable.
- (b) Submit completed signed form and relevant supporting documents to:
 - Union that member belongs to (for Ordinary Branch members)
 - NTUC Members' Hub (for General Branch members), NTUC Centre, 1 Marina Boulevard, Level 10, Singapore 018989.
- (c) Please allow about 4-6 weeks of processing time. Your Union or NTUC Membership Services Division will inform you of the outcome of your application.

Reason For Hardship Grant Application <i>(Please tick <input checked="" type="checkbox"/> only one)</i>	Required Supporting Documents – To avoid delay in processing, please ensure all required documents are submitted together with the application form.	
<input type="checkbox"/> Death of Union Member	<ul style="list-style-type: none"> • Death Certificate • Marriage Certificate (if applicant is spouse) or Birth Certificate (if applicant is child / parent) 	Please note that Applicant may be requested to submit other supporting documents, if necessary, for verification and audit purposes.
<input type="checkbox"/> Serious Chronic Medical Condition of Union Member. Please specify _____	<ul style="list-style-type: none"> • Medical Memo / Report from doctor 	
<input type="checkbox"/> Total & Permanent Incapacity of Union Member	<ul style="list-style-type: none"> • Medical Report from doctor 	
<input type="checkbox"/> Fire or Flood Victim	<ul style="list-style-type: none"> • Police Report 	
	<ul style="list-style-type: none"> • Applicant's bank statement (showing the bank logo, bank account name, bank account number) 	For Payment purpose upon approval

(A) PARTICULARS OF AFFILIATED UNION / ASSOCIATION MEMBER

Name of Union Member: (as in NRIC / FIN)		Gender:	Female / Male *
		Age:	
NRIC / FIN:		Marital Status:	Single / Married / Divorced / Separated / Widowed *
Occupation:		Member working at the point of application:	Yes / No / Deceased *
Gross Monthly Income:	S\$	If No, state date member has stopped working:	Last Drawn Income: S\$
Name of Employer:			
Home Address:			Postal Code:
Mobile No:		Email:	

(B) PARTICULARS OF MEMBER'S SPOUSE IF MARRIED

Name of Spouse: (as in NRIC / FIN)		NRIC / FIN:	
Gross Monthly Income:	S\$	Occupation:	
Name of Employer:			
Mobile No:		Email	

* Delete accordingly

(C) PARTICULARS OF FAMILY MEMBERS (CHILDREN AND/OR PARENTS) STAYING TOGETHER IN THE SAME HOUSEHOLD*(If space provided is insufficient, please use another sheet)*

Full Name (As in NRIC / FIN / Birth Cert.)	NRIC / FIN / Birth Cert. No.	Date of Birth (dd / month/ year)	Relationship to Member	Gross Monthly Income S\$	Occupation (Indicate "student" if child is still schooling)
		/ /			
		/ /			
		/ /			
		/ /			

Total Gross Household Income (A) applicant + (B) spouse + (C) family members:**S\$****(D) PAYMENT DETAILS (APPLICABLE FOR DECEASED MEMBER ONLY)** If application is approved the hardship grant is to be made:

Name of next of kin (as in NRIC): _____ Relationship to Member: _____

(E) DECLARATION BY APPLICANT (MEMBER / NEXT-OF-KIN *)

- I, the undersigned, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application form are true and correct, and that I have not wilfully withheld any material fact.
- I have noted that I may be required to furnish other supporting documents for verification and audit purposes.

Collection, Use and Disclosure of Personal Data

- I consent to my personal data being collected, used and retained by NTUC/Union for the purposes of:
 - processing, administering and managing my application for U Care Hardship Grant.
 - carrying out verification and updates of my membership status and/or information I have provided in this application form; and
 - collecting membership fees.
- I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to U Care Hardship Grant.
- I consent to my personal data being disclosed by:
 - NTUC to the Union or by the Union to NTUC for the purposes of processing, administering and managing my application for U Care Hardship Grant; and
 - NTUC/Union to their authorised data intermediaries for the purposes of processing, administering and managing my application for U Care Hardship Grant.
- I consent to be contacted by NTUC/Union via email, text messages, fax and/or post for matters relating to my application for U Care Hardship Grant and other membership matters, as well as to obtain my opinion/feedback on such matters.
- For the purposes of employment-related matters, I consent to NTUC/Union obtaining my personal data and relevant data relating to my employment from my company.

Full Name of Applicant_____
NRIC / FIN No._____
Signature_____
Date**(F) TO BE COMPLETED BY: UNION / ASSOCIATION / NTUC GENERAL BRANCH *
VERIFICATION OF GROSS HOUSEHOLD INCOME & CONFIRMATION OF MEMBERSHIP**

- The monthly gross household income of the applicant has been verified: S\$_____.

- Date member joined Union:

D	D	M	M	Y	Y
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 Membership Tenure as at point of application:

Year/s	Month/s
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The member mentioned in Section (A) is/was * in our membership roll with a minimum of 6 months continuous membership at the point of application. There is no membership arrears.

I hereby confirm that the monthly gross household income and membership tenure of the applicant as stated above are correct.

Name of Authorised Person_____
Signature / Date_____
Stamp of Union / Association / NTUC GB *Designation: **President / General Secretary / Executive Secretary ***
Director / Deputy Director * (NTUC GB)

Union Association: _____

Please state any additional information on the medical condition of the member. Where possible, please attach a cover letter to substantiate your support for the application: _____

Please check that all supporting documents are in order and complete; the application form is duly completed, signed, and endorsed by Union / Association / GB. Please submit the endorsed application form and supporting documents to NTUC Care and Share, NTUC Centre, 1 Marina Boulevard, Level 10, Singapore 018989.