

## U CARE HARDSHIP GRANT

### Application Form for Members of NTUC Affiliated Unions/Association

The U Care Hardship Grant is a once-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 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 paid-up union membership at the point of application

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), 1 Marina Boulevard, B1-01, NTUC Centre, Singapore 018989
- (c) Please allow about 4-6 weeks of processing time. Your Union or NTUC Membership Department 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"> <li>• Death Certificate</li> <li>• Marriage Certificate (if applicant is spouse) or Birth Certificate (if applicant is child / parent)</li> </ul>	Please note that Applicant may be requested to submit other supporting documents if necessary, for verification and audit purposes.	
<input type="checkbox"/> Chronic Medical Condition of Union Member Please specify: _____			<ul style="list-style-type: none"> <li>• Medical Memo / Report from doctor</li> </ul>
<input type="checkbox"/> Total & Permanent Incapacity of Union Member			<ul style="list-style-type: none"> <li>• Medical Report from doctor</li> </ul>
<input type="checkbox"/> Fire or Flood Victim			<ul style="list-style-type: none"> <li>• Police Report</li> </ul>

#### (A) PARTICULARS OF AFFILIATED UNION / ASSOCIATION MEMBER

Name of Union Member: <small>(as in NRIC / FIN)</small>		Gender:	Female / Male *
NRIC / FIN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status:	Single / Married / Divorced / Separated / Widowed *
Occupation:		Member working at the point of application?	Yes / No / Deceased *
Gross Monthly Income / Last Drawn Income * :	S\$	If No, state date member has stopped working (dd/mm/yyyy):	
Name of Employer:			
Home Address:			Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Tel:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

#### (B) PARTICULARS OF MEMBER'S SPOUSE IF MARRIED

Name of Spouse: <small>(as in NRIC / FIN)</small>		NRIC / FIN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gross Monthly Income:	S\$	Occupation:	
Name of Employer:			
Mobile No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home Tel:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\*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 <i>(as in NRIC / FIN / Birth Cert.)</i>	NRIC / FIN / Birth Cert. No.	Date of Birth (dd / mth / year)	Relationship to Member	Gross Monthly Income S\$	Occupation <i>Indicate "student" if child is still schooling</i>
		/ /			
		/ /			
		/ /			
		/ /			

**(D) PAYMENT DETAILS (APPLICABLE FOR DECEASED MEMBER ONLY)**

If application is approved, the cheque for hardship grant is to be made to :

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 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.X\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**TO BE COMPLETED BY : UNION / ASSOCIATION / MEMBERSHIP DEPARTMENT \*****(F) CONFIRMATION OF MEMBERSHIP**

Date member joined Union :

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

Year/s

Month/s

I hereby confirm that the member mentioned in Section (A) is/was in our membership roll with a minimum of 6 months continuous paid-up union membership at the point of application.

\_\_\_\_\_  
Name of Authorised Person\_\_\_\_\_  
Signature / Date\_\_\_\_\_  
Stamp of Union / Association / MED \*

Designation of            President / General Secretary / Executive Secretary \* [for Ordinary Branch member]

Authorised Person :    Director / Deputy Director / Assistant Director,\* NTUC Membership Dept (MED) [for General Branch member]

Union / Association : \_\_\_\_\_

Please state any additional information on the chronic medical condition of the member, if applicable: \_\_\_\_\_

Where possible, please attach a covering 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 and signed; and endorsed by Union/Association.

Please submit application form and supporting documents to NTUC Care and Share Dept, NTUC Centre, 1 Marina Boulevard, Level 10, Singapore 018989.

\* delete accordingly