

NTUC Care Fund (COVID-19)

for Ordinary Branch Members

Closing Date: 30 September 2020

Please send your completed form with your supporting documents to your respective union.

Criteria	<ul style="list-style-type: none"> Income drop of at least 30% reduction <u>OR</u> Retrenched* with retrenchment benefits of not more than \$6,500 Existing Member: Member as at 1 March 2020 New Member: Member as at 2 March 2020 onwards 		
	Members <u>WITH</u> dependents staying in the same household in Singapore <ul style="list-style-type: none"> Original (Pre-COVID-19) Gross Monthly Personal Income of not more than \$3,400 <i>*income does not apply to retrenched</i> 	Members <u>WITHOUT</u> dependents staying in the same household in Singapore <ul style="list-style-type: none"> Original (Pre-COVID-19) Gross Monthly Personal Income of not more than \$1,500 <i>*income does not apply to retrenched</i> 	
Supporting Documents Required			
Employed	<u>Proof of Original Income (any one of the below)</u> <ul style="list-style-type: none"> <input type="checkbox"/> Income document that show proof of original income e.g. any payslip between Oct and Dec 2019 <input type="checkbox"/> Proof of Recipient of ComCare Assistance <input type="checkbox"/> U Care Fund Beneficiary 		<u>Proof of Income Loss (any one of the below)</u> <ul style="list-style-type: none"> <input type="checkbox"/> Income document that illustrates loss of income due to COVID-19 e.g. payslip of any month in 2020 <input type="checkbox"/> Proof of Successful COVID Support Grant
	Self-employed / Freelancers	<u>Proof of Original Income (any one of the below)</u> <ul style="list-style-type: none"> <input type="checkbox"/> Income documents that show proof of original income e.g. IRAS NOA 2020 <input type="checkbox"/> Proof of Recipient of ComCare Assistance <input type="checkbox"/> U Care Fund Beneficiary 	
Retrenched		<input type="checkbox"/> Retrenchment letter stating retrenchment benefits of not more than \$6,500	
Particulars of Applicant			
Full Name (as in NRIC/Passport)			
NRIC/FIN		Mobile Number	
Income Declaration			
<i>I, the applicant, declare that the particulars and information provided in this application are true and correct, and that I have not wilfully withheld any material fact.</i>			
<u>Original</u> Gross Monthly Personal Income	\$	Total no. of dependents staying in the same household in Singapore	
<u>Current</u> Gross Monthly Personal Income	\$		
Bank Account Details (if applicable)			
Account Holder Name		Bank Name	
Branch Code		Bank Code	
		Account Number (Please omit dashes)	
Particulars of Family Members (please add more on another page if needed)			
S/N	Full Name (As in NRIC/Passport)		Relationship to Member

Declaration by Applicant

1. I, the applicant, declare that the particulars and information provided in this application are true and correct, and that I have not wilfully withheld any material fact.
2. I have noted that I will be required to submit the supporting documents for verification and audit purposes. Failure to do so, will result in incomplete and unsuccessful application.
3. I understand that in the event that I am found to declare false information, I would be required to refund the full value back to NTUC-U Care Fund.
4. I declare that the Bank Account Details provided above is correct, and that the quantum will be deposited in the Bank Account indicated on the form. I hereby authorise NTUC/Union to credit payment to the above bank account.

Collection, Use and Disclosure of Personal Data

5. I consent to my personal data being collected, used and retained by NTUC/Union for the purposes of:
 - (a) processing, administering and managing my application for NTUC Care Fund (COVID-19);
 - (b) carrying out verification and updates of my membership status and/or information I have provided in this application form; and
 - (c) collecting membership fees.
6. 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 my application for NTUC Care Fund (COVID-19).
7. I consent to my personal data being disclosed by:
 - (a) NTUC to the Union or by the Union to NTUC for the purposes of processing, administering and managing my application for NTUC Care Fund (COVID-19);
 - (b) NTUC/Union to their authorised data intermediaries for the purposes of processing, administering and managing my application for NTUC Care Fund (COVID-19); and
 - (c) NTUC to authorised third party for audit purposes.
8. I consent to be contacted by NTUC/Union via email, text messages, calls and/or post for matters relating to my application for NTUC Care Fund (COVID-19) and other membership matters, as well as to obtain my opinion/feedback on such matters.
9. I understand the decision made by NTUC on the outcome of this application shall be final.

Name of Applicant

X _____
Signature of Applicant

Date

For Official Use Only

- Check particulars of member to NRIC
- Verify that member's date joined union is before/on 2 Mar 2020. DJU: _____
- Verify one of the following supporting income documents (please check which document verified)
 - At least 30% reduction in income
 - Retrenchment benefits are not more than \$6,500
 - Job/Event cancellations (for Self-employed only)

Application

- Approved**
- Rejected**

Members WITH dependents staying in the same household in Singapore

- Verify that member's original gross monthly income was not more than \$3,400

Members WITHOUT dependents staying in the same household in Singapore

- Verify that member's original gross monthly income was not more than \$1,500

Remarks:

Processed by:

Name:

Designation:

Signature / Date:

Acknowledgement from Applicant (Tick accordingly)

I have received from my union/association:

Existing Member	New Member
With dependents in Singapore	
<input type="checkbox"/> \$300	<input type="checkbox"/> \$200
Without dependents in Singapore	
<input type="checkbox"/> \$100	<input type="checkbox"/> \$50

- Cash
- Vouchers (S/No.: _____)
- Others (Pls indicate: _____)

Name of Applicant

X _____
Signature of Applicant

Date