



WELFARE BENEFITS SCHEME CLAIM FORM

Please (/) box accordingly

BENEVOLENT GRANT

- MB1 –DEATH OF MOTHER / STEP-MOTHER AND / OR DEATH OF FATHER / STEP-FATHER
- MB2 – DEATH OF SPOUSE
- MB3 - DEATH OF CHILD / STEP-CHILD

HOSPITALISATION/ DAY SURGERY SCHEME

- MB4 - MEMBER
- MB5 – DEPENDANTS (only applicable for members working under UTES represented companies and dependents herein refers to Children below the age of 18 or Spouse)

MEDICAL ASSISTANCE SCHEME

- MB6 – MEMBER (refer to our website for list of Chronic Illness covered under this scheme)

Please see overleaf for the necessary supporting documents to be submitted with the claim form.
 For more information on our Welfare Benefits, kindly refer to our website, www.utes.org.sg.

For Official Use Only	
Date Received:	
Branch Code / Membership Status:	
Date of Joining UTES:	
Membership Tenure: (NTUC / UTES)	
Amount Payable:	
Approved By:	
Payment Voucher No:	
Previous Balance B/F:	
New Balance:	
Remarks:	

PLEASE FILL UP ACCORDINGLY:

I. PARTICULARS OF MEMBER

NAME _____ NRIC/FIN NO. _____

COMPANY _____

HOME ADDRESS _____ S (_____)

TELEPHONE (O)/(H) _____ (HP) _____ (EMAIL) _____

II. PARTICULARS OF DEPENDANT (if claiming for MB1/ MB2 / MB3 / MB4 / MB5)

NAME _____ NRIC/FIN NO./BC NO. _____

RELATIONSHIP TO MEMBER: _____ AGE _____ DEATH CERT NO. (For MB1 / MB2 / MB3) _____

III. ADMISSION DETAILS (MB4, MB5 & MB6)

NAME OF HOSPITAL ADMITTED _____ DATE OF ADMISSION & DISCHARGE _____

NATURE OF HOSPITALISATION: ADMISSION DAY SURGERY

FOR MB6 CLAIM, PLEASE INDICATE PRINCIPAL DIAGNOSIS AS PER DISCHARGE SUMMARY:

IV. AUTHORISATION OF PAYMENT VIA INTERBANK GIRO

I AUTHORISE THE UNION OF TELECOMS EMPLOYEES OF SINGAPORE (UTES) TO CREDIT THE CLAIM PAYMENT AMOUNT DUE TO MY BANK ACCOUNT AS FOLLOWS:

BANK NAME: _____ BANK ACCOUNT NO: _____

V. DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM AND THE SUPPORTING DOCUMENTS SUBMITTED ARE TRUE AND CORRECT AND I UNDERTAKE TO HAVE READ ALL THE TERMS AND CONDITIONS GOVERNING THE BENEFITS HEREIN.

SIGNATURE OF MEMBER _____ DATE _____

WELFARE BENEFITS SCHEME CLAIM FORM

TERMS AND CONDITIONS

1. COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA

1.1 I consent to my personal data being collected, used and retained by the Union for the purposes of processing, administrating and managing my application for Welfare Benefits Scheme with NTUC, UTES and its represented companies.

2. ELIGIBILITY

2.1 All Ordinary and Ordinary (General) Members can claim for the benefits under the Union Benefits Scheme, subject to eligibility.

2.2 An Ordinary and Ordinary (General) Member who or whose dependant is claiming a benefit shall as at the date of the qualifying event has:

- (i) Not ceased to be a member of the Union from whatever cause, or
- (ii) Not ceased to be in the service of the Company from whatever cause, or
- (iii) Not in arrears of membership subscriptions.

3. PROCEDURES & SETTLEMENT OF CLAIMS

3.1 All claims shall be made through UTES Welfare Benefits Scheme Claim Form.

3.2 For Hospitalisation, Day Surgery and Medical Assistance Claims, the claimant should ensure submission of the form together with all the necessary supporting documents, to reach the Union **not later than ninety (90) days from the date of discharge.**

3.3 For Benevolent Grant, the claimant should ensure submission of the form together with all the necessary supporting documents, to reach the Union **not later than one (1) year from the date of demise for whom the claim is made for.**

3.4 Claim Forms submitted without the necessary supporting documents will strictly not be processed till full receipt of all documents. Claimants are to take note of timeline in paragraph 3.2 and 3.3 respectively. An acknowledgement email will be sent or a call will be made by the Union upon receipt of the claim form.

3.5 All benefits payable shall be paid in one lump sum to the claimant.

4. SUPPORTING DOCUMENTS TO BE SUBMITTED WITH CLAIM FORM RESPECTIVELY:

S/N	TYPE OF BENEFIT	NATURE OF QUALIFYING EVENT	SUPPORTING DOCUMENTS REQUIRED	CLAIM AMOUNT DETAILS
1.	Benevolent	MB1 (Death of Parent)	Death Certificate of Parent(s) & Birth Certificate of Member	S\$100.00 per claim 1 claim for mother/step-mother; and 1 claim for father/step-father
		MB1 (Death of Step-Parent)	Death Certificate of Step-Parent(s), Marriage Certificate of Parent with Step-Parent and Birth Certificate of Member	
		MB 2	Death Certificate of Spouse, Marriage Certificate of Member	
		MB3 (Death of Child)	Death Certificate & Birth Certificate of Child	S\$100.00 per child
		MB3 (Death of Step-Children)	Death Certificate & Birth Certificate of Child & Marriage Certificate of Member with child's parent	
2.	Hospitalisation / Day Surgery *Ward Charges Must be Applicable. For hospitalization out of Singapore, documents must be endorsed by a local medical practitioner.	MB4 (Member)	Final Hospital Bill	S\$30.00 per hospitalization day, max at 30 days per calendar year.
		MB5 (Dependants) Only applicable if member is working in UTES represented companies	Final Hospital Bill & Marriage Certificate (for spouse) Final Hospital Bill & Birth Certificate (for child)	S\$15.00 per hospitalization day, max at 30 days per calendar year.
3.	Medical Assistance *Must have been hospitalized for the chronic illness listed under our UTES List of Chronic Illness. For hospitalization out of Singapore, documents must be endorsed by a local medical practitioner. Only 1 claim per calendar year is allowed.	MB6 (Member)	Final Hospital Bill and Discharge Summary and / or Medical Doctor's Letter of Certification on Chronic Illnesses	Payment is tagged to length of Union Membership with UTES, which will be as follows: 6 months - < 6 years: S\$200.00 6 years - < 11 years: S\$300.00 11 years - < 16 years: S\$400.00 16 years - < 21 years: S\$500.00 21 yeas - < 26 years: S\$600.00 26 years and above: S\$700.00