



WELFARE BENEFITS SCHEME CLAIM FORM

Please (/) box accordingly

BENEVOLENT BENEFIT

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

HOSPITALISATION/ DAY SURGERY BENEFIT

- MB3 - MEMBER
 MB4 – DEPENDANTS *

* only applicable for members working under UTES represented companies and dependents herein refers to Spouse or Children below the age of 18.

MEDICAL ASSISTANCE BENEFIT

- # MB5 – MEMBER

For Official Use Only	
Date Received:	
Branch Code / Membership Status:	
Date of Joining UTES:	
Membership Tenure: (Based on membership with UTES)	
Amount Payable:	
Approved By:	
Payment Voucher No:	
Remarks:	

Please submit a copy of the hospital discharge summary for review of eligibility to claim under *illnesses approved under this scheme. Only Applicable for **Hospitalisation of Member.**

* Please refer to our Welfare Benefits on our website www.utes.org.sg for more details on approved illnesses under this scheme.

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 (MB4) / DECEASED (MB1 & MB2)

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

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

III. PARTICULARS OF HOSPITALISATION / DAY SURGERY / MEDICAL ASSISTANCE (MB3, MB4 & MB5)

NAME OF HOSPITAL ADMITTED _____ DATE OF ADMISSION & DISCHARGE _____

NATURE OF HOSPITALISATION _____

(FOR MB5, PLS SPECIFY DETAILS OF ILLNESS) _____

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 General Branch Members are eligible to claim for the benefits under the Welfare Benefits Scheme. An Ordinary or General Branch Member, who or whose dependent, is claiming a benefit shall as at the date of the qualifying event has:

- (i) been a member for not less than one (1) continuous year to be qualified for Medical Assistance Claim;
- (ii) been a member for not less than six (6) months at the date of the qualifying event for claim(s) of Benevolent, Hospitalization or Day Surgery. Member must be working under the represented companies to be eligible to claim for hospitalization for Spouse or Children below 18 years old;
- (iii) not ceased to be a member of the Union from whatever cause and 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.
- 3.5 An acknowledgement email will be sent or a call will be made by the Union upon receipt of the claim form.
- 3.6 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	
		MB2 (Death of Child)	Death Certificate & Birth Certificate of Child	S\$100.00 per child
		MB2 (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.	MB3 (Member)	Final Hospital Bill	S\$30.00 per hospitalization day, max at 30 days per calendar year.
		MB4 (Dependants)	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. For hospitalization out of Singapore, documents must be endorsed by a local medical practitioner. Only 1 claim per year is allowed.	MB5 (Member)	Final Hospital Bill, Discharge Summary & Medical Doctor's Letter of Certification on Chronic Illnesses	Payment is tagged to length of Union Membership which will be as follows: 1-5 years: S\$200.00 6-10 years: S\$300.00 11-15 years: S\$400.00 16-20 years: S\$500.00 21-25 years: S\$600.00 26 years and above: S\$700.00