



MUTUAL AID WELFARE SCHEME III

HOSPITALISATION CLAIM FORM

Part I – ELIGIBILITY

- a) All members of the IRAS Staff Union who have fully paid up Subscription and Mutual Aid Scheme III payments at the time of hospitalisation.
- b) The members must be hospitalized in a Government or recognized private hospital.

Part II – MEMBER'S PARTICULARS

Full name : *Mr/Mrs/Miss/Mdm _____

Alias (if any) : _____

NRIC No. : _____ Sex: Male/Female* Date of Birth: _____

Address: _____

_____ Singapore ()

Tel No : (O) _____ (HP) _____ (Home) _____

Date Joined Union: _____ Division/Branch : _____

Period of Hospitalisation:

From _____ to _____ Ward Eligibility _____

Name of Hospital admitted to: _____

Nature of Injury or Illness for admission to hospital: _____

If accident, please give details: _____

Part III – SUPPORTING DOCUMENTS

The member filing the claim must attach to this Claim Form either a photo-copy of the hospital bill or the Hospital discharged certificate. The hospital bill should show the ward charges payable and the number of days warded in the hospital. The discharged certificate should show the date of admission and discharge. Please note the day of discharge is not payable, like day surgery or bed charge is not payable.

Part IV – COLLECTION, USE AND RETENTION OF PERSONAL DATA

1. I consent to the collection, use and retention of my personal data by IRASSU for the purposes of processing and managing my claims under IRASSU Mutual Aid Welfare Scheme.

2. I will inform IRASSU immediately of any changes to my contact details and/or personal data in order that IRASSU is able to contact me for all matters relating to this claim made by me.

Signature of Claimant: _____ Date: _____

FOR OFFICIAL USE

Checked by : _____ Claim Amount : _____ \$

Payment Approved & Date : _____

Cheque Number & Date : _____

Claimant's Acknowledgement

Cheque Received by : _____

NRIC No : _____

Date : _____