

# UWPI MEMBERSHIP WELFARE BENEFIT SCHEME

NAME (As in NRIC) : \_\_\_\_\_ BRANCH : \_\_\_\_\_

TEL (O/HP) : \_\_\_\_\_ DATE SUBMITTED TO UNION : \_\_\_\_\_

**PLEASE TICK ONE OF THE BOXES AND ATTACH SUPPORTING DOCUMENT FOR CLAIM**

**CATEGORIES :-**

- |                                      |           |                          |  |                                     |
|--------------------------------------|-----------|--------------------------|--|-------------------------------------|
| <b>(A)</b> MARRIAGE BENEFIT          | - \$50.00 | <input type="checkbox"/> | <b>(E)</b> EDUCATION GRANT BENEFIT :               |                                     |
| <b>(B)</b> CHILD BIRTH BENEFIT       | - \$50.00 | <input type="checkbox"/> | PSLE (220 PTS)                                     | - \$60.00 <input type="checkbox"/>  |
| <b>(C)</b> DEPENDANT'S DEATH BENEFIT | - \$50.00 | <input type="checkbox"/> | 'O' LEVEL<br>(5 SUB = 18 PTS)-<br>(INCL,ENG/MATHS) | - \$120.00 <input type="checkbox"/> |
| <b>(D)</b> HOSPITALISATION BENEFIT   | - \$50.00 | <input type="checkbox"/> | 'A' LEVEL<br>(Minimum 2 H2 & 2 H1 incl GP)         | - \$180.00 <input type="checkbox"/> |

**PREPARED BY :** BRANCH SECRETARY : \_\_\_\_\_  
SIGNATURE

NAME

**APPROVED BY :** PRESIDENT : \_\_\_\_\_  
Ben Chan

GENERAL SECRETARY : \_\_\_\_\_  
K. Karthikeyan

GENERAL TREASURER : \_\_\_\_\_  
Paul Anpalagan

I consent to my personal data being collected, used and retained by the Union for the purposes of processing, administrating and managing my union membership / Welfare Benefit claim

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date