

SMEEU HARDSHIP GRANT APPLICATION FORM

SMEEU Hardship Grant provides a one-time grant to provide assistance to union members in the event that the member or member as a caregiver suffers hardship arising from one of the following circumstances which is of non-industrial nature:

- a) Severe long-term illness/chronic medical condition
- b) Death of member or members' spouse
- c) Accidents including natural calamities (such as fire or flood)
- d) Involuntary loss of job, not due to misconduct or resignation

Eligibility Criteria for SMEEU Hardship Grant

Union members who fulfill the following criteria can apply for the grant:

1. Applicant must be paid-up SMEEU member for at least 6 months
2. Maximum 1 application per member per calendar year
3. Must not be in receipt of benefits from U CARE Hardship Grant for the same justification as per this application
4. Total monthly **Gross Household Income (GHI) of \$3,800 and below**; OR **Per Capita Income (PCI) of \$950 and below**.
5. Submit application and all relevant documents within 3 months of the occurrence of the event

Applications that do not meet the above criteria may be reviewed on a case-by-case basis

Required Documents

- ☐ Applicant's most recent pay slip or most recent 3 months of CPF contributions
- ☐ Most recent pay slips of all employed family members staying in the same household
- ☐ Most recent 3 months CPF statements of all unemployed family members staying in the same household
- ☐ NRIC/ FIN/ Birth Certificate of all family members staying in the same household
- ☐ Any other relevant documents to support your documents (see below)

Supporting Documents

a) Severe long-term illness or chronic medical condition	<input type="checkbox"/> Medical report / Doctor's memo <input type="checkbox"/> Medical bills <input type="checkbox"/> Proof of exhaustion of sick leave
b) Death of member or members' spouse	<input type="checkbox"/> Death certificate <input type="checkbox"/> Marriage certificate
c) Accidents including natural calamities	<input type="checkbox"/> Police report <input type="checkbox"/> Medical report
d) Involuntary loss of job	<input type="checkbox"/> Letter from employer proving involuntary loss of job (termination, retrenchment, non-renewal of contract etc)

SECTION A: PARTICULARS OF UNION MEMBER			
FULL NAME (CLAIMANT):		NRIC/FIN:	
COMPANY:		OCCUPATION:	
CONTACT NUMBER:		DATE OF BIRTH:	
HOME ADDRESS:		POSTAL CODE:	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
GROSS MONTHLY SALARY (Includes allowances & overtime): S\$	CURRENT EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed since _____ <input type="checkbox"/> Retired		MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/ Separated <input type="checkbox"/> Widowed
DATE JOINED UNION:	EMAIL ADDRESS:		
SECTION B: SUPPORTING DETAILS FOR APPLICATION			
<p>Select one hardship situation:</p> <p> <input type="checkbox"/> Severe long-term illness/chronic medical condition <input type="checkbox"/> Death of member or members' spouse <input type="checkbox"/> Accidents including natural calamities (such as fire or flood) <input type="checkbox"/> Involuntary loss of job, not due to misconduct or resignation </p> <p>Please state where applicable, the condition of illness, cause of death, type of natural calamity and financial situation of the family. Please also state any potential implications that you are expected to face as a result of this unfortunate event.</p>			

SECTION C: PARTICULARS OF FAMILY MEMBERS STAYING TOGETHER IN THE SAME HOUSEHOLD

Full Name	NRIC/FIN	Date of Birth	Relationship to Member	Gross Monthly Income (if any)	Occupation

SECTION D: OTHER FINANCIAL ASSISTANCE

Please state any other financial assistance(s) that you have received from other organizations.

Name of Organisation	Period	Type of Assistance and Amount (\$)

SECTION E: DECLARATION

- 1) I, the undersigned, declare that the information stated in this application form is true and correct, and that I have not willfully withheld any material fact.
- 2) I acknowledge that I may be required to furnish other supporting documents for verification and audit purposes.
- 3) I declare that I am the only applicant submitting for my family and that we have not made any similar application for the U CARE Hardship Grant.
- 4) I understand that the decision made by SMEEU on the outcome of this application shall be final.

Collection, Use and Disclosure of Personal Data

- 1) I consent to the collection, use and retention of my personal data by the Shipbuilding and Marine Engineering Employees' Union ("SMEEU") for the purposes of verifying and updating my membership status and/or information which I have provided in this application form; and processing, administering and managing my SMEEU Hardship Grant Application.
I further declare that I have obtained the consent of my family members for the collection, use, disclosure and retention of their personal data for the purposes of processing my application for the SMEEU Hardship Grant.

- 2) I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number and that of my family members' NRIC/FIN/BC numbers, as required in this application form, is necessary to accurately establish our identities to a high degree of fidelity in relation to my application for the SMEEU Hardship Grant.
- 3) I will inform SMEEU immediately of any changes to my contact details and/or personal data in order for SMEEU to contact me for all matters relating to the application form.
- 4) I consent to be contacted by SMEEU via email, text messages, telephone calls and/or post for matters related to my application for the SMEEU Hardship Grant and other membership matters, as well as to obtain my opinion/feedback on such matters.
- 5) I consent to the disclosure of my personal data and/or that of my family members, by SMEEU to its authorised third parties, for the latter to collect, use and retain my and/or my family members' personal data for the purposes of processing, administering and managing my application for the SMEEU Hardship Grant and for audit purposes.

For enquiries on personal data protection matters, please email to dpo@ntuc.org.sg.

For submission and all other enquiries, please email to smeeu@ntuc.org.sg

Full Name of Applicant

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

Application received on:

*Branch Committee / IRO has verified the application.

**Please delete accordingly.*

Full Name

Signature

Date

Application is * approved / not approved

Quantum Awarded: \$

**Please delete accordingly.*

Designation of authorised person: * President / Executive Secretary / General Secretary

Full Name

Signature

Date