



United Workers of Electronics & Electrical Industries  
252 Tembeling Road, #03-07 Tembeling Centre, Singapore 423731  
Tel: 64402338  
Email: uweei@ntuc.org.sg

## UWEEI HARDSHIP GRANT

UWEEI Hardship Grant provides a one-time grant to members in financial hardship to help defray their financial burden. Approval is subject to meeting the eligibility criteria. All applications will be reviewed on a case-by-case basis.

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

- Membership is paid-up and not in arrears
- Membership with UWEEI for at least 6 months
- Maximum 1 application per member per calendar year
- Submit application and all relevant documents within 3 months of the occurrence of the event
- Satisfy one of the following conditions and income criteria listed below:

Situation	Criteria
a. Serious Long-Term Illness b. Hospitalization	<ul style="list-style-type: none"><li>▪ Exhausted all hospitalization leaves and</li><li>▪ Suffering from financial hardship due to medical condition</li></ul>
c. Death of Member d. Death of Member's Spouse	Fall in both household and per capita income due to spouse's passing
e. Accidents (Includes Natural Calamity)	Member suffers financial consequences from serious accidents, or natural calamities such as fire, flood
f. Involuntary Loss of Job	Member suffers an involuntary loss of job, not due to misconduct or resignation

- ✓ Application forms that are incomplete, lacking in supporting documents, or submitted with untruthful information will not be processed. To avoid delay in processing, please ensure that all relevant supporting documents are submitted together with the application form.
- ✓ Write legibly and complete sections (A) to (G) in this form. Indicate "N.A" if not applicable.
- ✓ Submit completed signed form and relevant supporting documents to your branch official or UWEEI office.



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## UWEEI HARDSHIP GRANT 补助金 (Application Form 申请表格)

(A) REASON FOR HARDSHIP GRANT APPLICATION 申请理由		
Please tick <input checked="" type="checkbox"/> one below 请选择一个	<b>Required Supporting Documents</b> 为了避免耽误, 请确保提交的表格已附上以下相关文件。	
<input type="checkbox"/> Hospitalization <input type="checkbox"/> Long-Term Illness 住院/长期病症	<input type="checkbox"/> Medical Report 医药报告 <input type="checkbox"/> Medical Bills 医药费 <input type="checkbox"/> Proof of exhaustion of sick leave 证明病假已用尽	<b>Required for <u>all</u> applications:</b> 所有申请表格必须附上以下文件: <input type="checkbox"/> Applicant's most recent pay slip or most recent 3 months of CPF contributions 申请人过去至少 1 个月的薪金单或过去至少 3 个月的公积金缴交纪录 <input type="checkbox"/> Most recent pay slips of all employed family members staying in the same household 若家庭成员目前有工作, 请附上他们过去至少 1 个月的薪金单 <input type="checkbox"/> Most recent 3 months CPF statements of all unemployed family members staying in the same household 若家庭成员目前是兼职工, 散工或无业者, 请附上他们过去至少 3 个月的公积金缴交纪录 <input type="checkbox"/> NRIC/ FIN/ Birth Certificate of all family members staying in the same household 同住一家庭的所有家庭成员的身份证 / 出生证明 <input type="checkbox"/> Any other relevant documents to substantiate claims 相关文件以证实申请
<input type="checkbox"/> Death of member 会员死亡 <input type="checkbox"/> Death of member's spouse 会员配偶死亡	<input type="checkbox"/> Death Certificate 死亡证书 <input type="checkbox"/> Marriage Certificate 结婚证件 - 若申请人是会员丈夫/妻子 <input type="checkbox"/> Birth Certificate - if applicant is child / parent 出生证明 - 若申请人是会员孩子/父母	
<input type="checkbox"/> Natural Calamity 灾难 (please specify 请注明) _____	<input type="checkbox"/> Police Report 警察报告	
<input type="checkbox"/> Accident (please specify 请注明) _____	<input type="checkbox"/> Medical Report 医疗报告	
<input type="checkbox"/> Involuntary Loss of Job (please specify 请注明) _____ _____ _____	<input type="checkbox"/> Letter from employer demonstrating either: - Non-renewal of long-term contract Or - Retrenchment Or - Termination Or - Doctor's memo stating member is unfit for work <input type="checkbox"/> Proof that case has been lodged with union/ TADM (for unfair dismissal)	

<b>(B) PARTICULARS OF MEMBER 会员个人资料</b>									
Full Name of Member 会员英文姓名:									
Gender 性别:	<input type="checkbox"/> Female 女	Date of Birth 出生日期:							
	<input type="checkbox"/> Male 男								
Marital Status 婚姻状况:	<input type="checkbox"/> Single 未婚	<input type="checkbox"/> Married 已婚		<input type="checkbox"/> Divorced / Separated 离婚		<input type="checkbox"/> Widowed 寡居			
NRIC / FIN No 身份证号码:									
Address 住家地址:							Postal Code 邮区:		
Telephone Number 电话号码:					(Home 住家)		(Mobile 手机)		
Email Address 电邮:									
Current employment status 会员目前就业状况:	<input type="checkbox"/> Employed 就业 <input type="checkbox"/> Unemployed since 无业, 从 _____ (Month 月) _____ (Year 年)								
Name of Employer 公司名称:				Occupation 职业:					
Current Gross Monthly Income 目前总收入:	S\$			Date Joined Union 加入工会日期:					
<b>(C) PARTICULARS OF MEMBER'S NEXT-OF-KIN 会员至亲资料</b>									
Full Name 英文姓名:									
Gender 性别:	<input type="checkbox"/> Female 女	Date of Birth 出生日期:							
	<input type="checkbox"/> Male 男								
NRIC / FIN No 身份证号码:									
Address 住家地址:							Postal Code 邮区:		
Telephone Number 电话号码:					(Home 住家)		(Mobile 手机)		
Email Address 电邮:									
Current employment status 会员目前就业状况:	<input type="checkbox"/> Employed 就业 <input type="checkbox"/> Unemployed since 无业, 从 _____ (Month 月) _____ (Year 年)								
Name of Employer 公司名称:				Occupation 职业:					
Current Gross Monthly Income 目前总收入:	S\$			Relationship to Member 与会员的关系:					

**(D) PARTICULARS OF FAMILY MEMBERS STAYING TOGETHER IN THE SAME HOUSEHOLD**

同住家庭成员的资料

Full Name 英文姓名	NRIC No. / FIN / Birth Cert No. 身份证号码	Date of Birth 出生日期	Relationship to Member 与会员的关系	Gross Monthly Income 目前总收入 (S\$)	Occupation 职业

**(E) OTHER FINANCIAL ASSISTANCE(S)**

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

若您有接受其它机构的经济援助，请提供以下资料。

Name of Organization 机构名称	Period 期限	Type of Assistance and Amount 经济援助种类及数额

**(F) DETAILS 状况**

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 the unfortunate event. 请提供更多资料以协助我们了解您目前或长期面对的经济处境。

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**(G) DECLARATION BY APPLICANT 申请者声明书**

1. I, the undersigned, declare that the particulars stated in this application form are true and correct, and that I have not willfully withheld any material fact. 我声明本申请表所载详情是真实和正确的, 我没有故意隐瞒任何事实。
2. I note that I may be required to furnish other supporting documents for verification and audit purposes. 我意识可能会被要求提供进行核查和审计等配套文件。
3. I consent to my personal data being collected, used and retained by UWEEI for the purposes of:  
(a) processing, administering and managing my application for the Hardship Grant; and  
(b) carrying out verification and updates of my membership status and/or information I have provided in this application form. 我同意我的个人资料被收集, 使用和 UWEEI 为目的保留:  
(一) 处理, 管理和我的申请; 和  
(二) 开展核查和我的会员身份和/或我的信息更新在此应用程序的形式提供。
4. I consent to be contacted by UWEEI via email, text messages, fax and/or post for matters relating to my application for Hardship Grant and other membership matters. 我同意接受 UWEEI 通过电子邮件, 短信, 传真和/或后联络了与我的补助金和其他成员事项申请事项。
5. For the purposes of employment-related matters, I consent to UWEEI obtaining my personal data and relevant data relating to my employment from my company. 对于与就业相关事宜的目的, 我同意 UWEEI 获得我的个人资料及由我公司与我的就业相关数据。
6. I further declare that the personal data pertaining to my spouse and dependent(s) are true and correct and that these persons are aware of and consent to UWEEI managing their information for authorised purposes. 我进一步声明, 关于我的家人的个人资料是真实和正确的, 这些人人都知道并同意 UWEEI 管理他们的信息, 授权的目的。
7. I am the only applicant submitting for my family and we have not made any similar application to the Community Development Councils or Community Centres/Clubs 我是唯一申请人提交我的家人, 我们还没有做出任何类似的应用到社区发展理事会或社区中心/俱乐部。

\_\_\_\_\_  
Full Name of Applicant  
申请者英文姓名

\_\_\_\_\_  
Signature  
申请者签名

\_\_\_\_\_  
Date  
申请日期

**(H) BRANCH RECOMMENDATION**

Please state where applicable, the Branch's recommendation of the member's application.

**(I) VERIFICATION OF BRANCH RECOMMENDATION**

I hereby support the member's application of grant.

\_\_\_\_\_

Name of Authorised Person

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Designation of Authorised Person: Branch Chairman / Branch Secretary / Branch Treasurer \*

*\*Please delete accordingly*

**(J) IRO RECOMMENDATION**

Please state where applicable, the IRO's recommendation of the member's application.

**(K) VERIFICATION OF UNION / ASSOCIATION MEMBERSHIP**

I hereby verify that the above member mentioned in the application is/was in UWEEI's membership roll.

\_\_\_\_\_  
Name of Authorised Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Designation of Authorised Person: President / General Secretary / Executive Secretary \*

*\*Please delete accordingly*

**(L) APPLICATION STATUS**

Date Received:

Reference No:

Application is \*approved / not approved.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp of Union

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please delete accordingly*