## U CARE HARDSHIP GRANT Application Form for Members of NTUC Affiliated Unions/Association

- The U Care Hardship Grant is a one-off assistance for low-income union members in the event that the members suffer hardship arising from one of the following circumstances which is of a non-industrial nature:
  - a) Death
  - b) Total and permanent incapacity\*
  - c) Serious chronic medical condition \*
  - d) Registered fire or flood victim
  - \* Pre-existing serious chronic medical condition diagnosed before the applicant became a Union Member will not be considered.
- 2. Union member must meet the following criteria to be eligible to apply for the grant:
  - Total Monthly Gross Household Income of \$1,800 and below; OR
     Per Capita Income of \$500 and below if monthly gross household income exceeds \$1,800
  - b) Minimum of 6 months continuous membership at point of application, with no arrears.

## Please note:

- (a) Complete all relevant sections in this form. Please use block letters and write legibly. Indicate "N.A." if not applicable.
- (b) Submit the completed signed form and relevant supporting documents to:
- Union that member belongs to (for Ordinary Branch (OB) members)
- NTUC Members' Hub (for General Branch (GB) members), NTUC Centre, 1 Marina Boulevard, Level 10, Singapore 018989.

Required Supporting Documents - To avoid delay in processing, please ensure

all required documents are submitted together with the application form.

c) Please allow about 4-6 weeks of processing time.

**Reason For Hardship Grant Application** 

(Please tick ☑ only one)

(d) Your Union or NTUC Membership Services Division will inform you of the outcome of your application.

☐ Death of Union Member							Death Certificate     Marriage Certificate (If applicant is spouse)     Birth Certificate (If applicant is child/ parent)     Identification Card (To verify that the dependent stays in the same household as deceased member)     Bank Statement of Next-of-Kin (Showing the Bank logo, Bank Account Name and Bank Account Number) – Applicable for Deceased Member Only									Please note that applicant may be requested to submit other				
Serious Chronic Medical Condition of Union Member. Please specify							Medical Memo / Report from Doctor										supp	orting ents, if		
Total & Permanent Incapacity of Union Member							Medical Report from Doctor									for verification and audit purposes.				
Fire or Flood Victim * Note: That warrants emergency evacuation services.						ces.	Police Report										purpo	oses.		
						Income Documents (Latest Pay slip, Copy of CPF contribution) of member and dependents from the same household     Applicant's Bank Statement (Showing the Bank logo, Bank Account Name and Bank Account Number)														
(A) PARTICULARS OF AFFILIATED UNION / ASSOCIATION MEMBER																				
Name of Union Member: (as in NRIC / FIN)										Age: Gender: Female / N				∕lale *						
NRIC / FIN:	Marital Status: Single / Married / Divorced / Separated							ated	/ Widowed *											
Occupation:		Member working at the point of application: Yes						Yes /	No/	No / Deceased *										
Gross Monthly Income:						f No, state date member stopped working:						Last Drawn Income:			S\$					
Name of Employer:																				
Home Address:																_				
Florite Address.													Postal Code:							
Mobile No:											Email:									
(B) PARTICULARS OF	MEME	BER'S	SP	OUS	E IF	MAI	RRIED	)												
Name of Spouse: (as in NRIC / FIN)								NRIC / FIN:												
Gross Monthly Income: Attach latest payslip	S\$				attach late				unemployed tach latest PF stateme											
Mobile No:											Email									
* Delete accordingly												U	Care Hardship Gra	ant applica	ation fo	rm versi	on 202	22	Pg. 1 (	of 2

(C) PARTICULARS OF FAMILY MEN Note: Please attach latest payslips or C				R IN THE SAME HO	DUSEHOLD						
Full Name (As in NRIC / FIN / Birth Cert.)	NRIC / FIN / Birth Cert. No.	Date of Birth (dd / month/ year)	Relationship to Member	Gross Monthly Income S\$	Occupation (Indicate "student" if child is still schooling)						
		1 1									
		1 1									
		1 1									
		1 1									
Total Gross Household Income (A) applicant + (B) spouse + (C) family members:											
(D) PAYMENT DETAILS (APPLICABLE FOR DECEASED MEMBER ONLY) If application is approved the hardship grant is to be made:  Name of next of kin (as in NRIC): Relationship to Member:											
(E) DECLARATION BY APPLICANT (MEMBER / NEXT-OF-KIN *)											
<ol> <li>I, the undersigned, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application form are true and correct, and that I have not wilfully withheld any material fact.</li> <li>I have noted that I may be required to furnish other supporting documents for verification and audit purposes.</li> <li>Collection, Use and Disclosure of Personal Data</li> <li>I consent to my personal data being collected, used, and retained by NTUC/Union for the purposes of:</li> </ol>											
<ul> <li>(a) processing, administering, and managing my application for U Care Hardship Grant.</li> <li>(b) carrying out verification and updates of my membership status and/or information I have provided in this application form; and</li> <li>(c) collecting membership fees.</li> </ul>											
<ul> <li>I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to U Care Hardship Grant.</li> <li>I consent to my personal data being disclosed by:</li> </ul>											
<ul> <li>(a) NTUC to the Union or by the Union to NTUC for the purposes of processing, administering, and managing my application for U Care Hardship Grant; and</li> <li>(b) NTUC/Union to their authorised data intermediaries for the purposes of processing, administering, and managing my application for U</li> </ul>											
Care Hardship Grant.  6. I consent to be contacted by NTUC/Union via email, text messages, fax and/or post for matters relating to my application for U Care Hardship Grant and other membership matters, as well as to obtain my opinion/feedback on such matters.											
7. For the purposes of employment-related matters, I consent to NTUC/Union obtaining my personal data and relevant data relating to my employment from my company.											
Full Name of Applicant	NRIC / FIN N	o. Signa	ture	Dat	te						
(F) TO BE COMPLETED BY: UNION / ASSOCIATION / NTUC GENERAL BRANCH * VERIFICATION OF GROSS HOUSEHOLD INCOME & CONFIRMATION OF MEMBERSHIP											
The monthly gross household income	ome of the applicant has	been verified: S\$									
2. Date member joined Union:	Date member joined Union:  D D M M Y Y Membership Tenure as at point of application: Year/s Month/s										
The member mentioned in Section (A) is/was * in our membership roll with a minimum of 6 months continuous membership at the point of application. There is no membership arrears.											
I hereby confirm that the monthly gross household income and membership tenure of the applicant as stated above are correct.											
	Signature al Secretary / Executive Director * (NTUC GB)		Stamp	of Union / Associa	ation / NTUC GB *						
Union Association:											
Please state any additional information on the medical condition of the member. Where possible, please attach a cover letter to substantiate your support for the application:											
Please check that all supporting documunion/Association/GB. Please submit 1 Marina Boulevard, Level 10, Singapo	the completed endorsed										