SLF HARDSHIP GRANT

Application Form for Members of SLF Affiliated Unions/Association

The SLF Hardship Grant aims to provide assistance to low-income union members in the event that the member suffers hardship arising from one of the following circumstances which is of a non-industrial nature:

- (i) Death
- (ii) Total and permanent incapacity
- (iii) Chronic medical condition
- (iv) Registered fire or flood victim

Reason For Hardship Grant Application

(Please tick

only one)

Union member must meet the following income criteria in order to be eligible 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

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 completed signed form and relevant supporting documents to:
 - Union that member belongs to (for Ordinary Branch members)
 - NTUC Members' Hub (for General Branch members), 1 Marina Boulevard, B1-01, NTUC Centre, Singapore 018989
- (c) Please allow about 4-6 weeks of processing time. Your Union or NTUC Membership Department will inform you of the outcome of your application.

Required Supporting Documents - To avoid delay in processing, please ensure all required documents are submitted together with the application form.

Approval of hardship grant is subject to meeting the eligibility criteria and reviewed on a case by case basis.

Death of Union Member						Death Certificate Marriage Certificate (if applicant is spouse) or Birth Certificate (if applicant is child / parent)								A _l	Please note that Applicant may be requested to submit other supporting documents if				
Chronic Medical Condition of Union Member						Medical Memo / Report from doctor													
Total & Permanent Incapacity of Union Member						Medical Report from doctor							VE	necessary, for verification and audit					
Fire or Flood Victim						Police Report							рі	purposes.					
(A) PARTICULARS OF AFF	ILIATE	ED UN	ION /	ASS	OCIA	ATIO	N M	EMB	ER										
Full Name of Union Member: (as in NRIC / FIN)													Gender Female / Male *						
NRIC / FIN No:									Marital Stat	tatus: Single / Married / Divorced / Separated / Widowed *									
Home Address:											Postal	Code:				$\overline{}$			
Mobile No:								Occ	cupation:				J						l
Home Tel:								Gro	ss Monthly I	Income: S\$									
Name of Employer:																			
				member is not working currently, please ate member has stopped working:					se state tl	he	M	M	Υ		Y	Υ	Υ		
(B) PARTICULARS OF MEI	IBER'	S SPC	USE	IF M	ARR	IED				_									
Full Name of Spouse: (as in NRIC/ FIN)				1					NRIC / FIN No:										
Mobile No:								Occ	cupation:		_								
Home Tel:								Gro	ss Monthly I	Monthly Income: S\$									
Name of Employer:																			

^{*} delete accordingly

	PARTICULARS OF FAMILY MEMB (if space provided is insufficient, pleas		O/OR PARENTS) <u>S</u>	TAYING TOGETI	HER IN THE SAM	IE HOUSEHOLD						
	Full Name (as in NRIC / FIN / Birth Cert.)	NRIC No / FIN / Birth Cert. No.	Date of Birth (dd/mm/yyyy)	Relationship to Member	Gross Monthly Income S\$	Occupation Indicate "student" if child is still schooling						
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			1 1									
(D)	PAYMENT DETAILS	L										
If a	pplication is approved, the cheque for	hardship grant is to be	e made to (please t	ick ☑ one):								
	Union/Association Member											
	Next-of-Kin – Full Name of Payee: Relationship to Member:											
(E)	(E) DECLARATION BY APPLICANT (MEMBER / NEXT-OF-KIN *)											
1.	I, the undersigned, declare that I ha particulars stated in this application											
2.	2. I have noted that I may be required to furnish other supporting documents for verification and audit purposes.											
 Collection, Use and Disclosure of Personal Data I consent to my personal data being collected, used and retained by NTUC/Union for the purposes of: (a) processing, administering and managing my application for SLF Hardship Grant. (b) carrying out verification and updates of my membership status and/or information I have provided in this application form; and (c) collecting membership fees. 												
4.	 I consent to my personal data being disclosed by: (a) NTUC to the Union or by the Union to NTUC for the purposes of processing, administering and managing my application for SLF Hardship Grant; and (b) NTUC/Union to their authorised data intermediaries for the purposes of processing, administering and managing my application for SLF Hardship Grant. 											
5.	 I consent to be contacted by NTUC/Union via email, text messages, fax and/or post for matters relating to my application for SLF Hardship Grant and other membership matters, as well as to obtain my opinion/feedback on such matters. 											
6.	For the purposes of employment-relemployment from my company.	ated matters, I consen	nt to NTUC/Union o	btaining my perso	onal data and rele	vant data relating to my						
For	any enquiries on personal data prote	ction matters, please e	email to dpo@ntuc.	org.sg.								
			Х									
	Full Name of Applicant	NRIC / FIN N	 lo.	Signatur	e	Date						
FO	R UNION / ASSOCIATION / MEMBE	RSHIP DEPT'S USE										
(F)	CONFIRMATION OF *UNION / ASS	OCIATION MEMBERS	SHIP									
l he	ereby confirm that the member mentio	ned in Section (A) is/w	as in our members	hip roll. Date me	mber joined Unio	n: M M Y Y Y						
_	Name of Authorised Person		Signature/Date		·	Association / MED						
		eral Secretary / Execu ty Director / Assistant [l Branch member]						
Rei	marks:											
	te to Union/Association/MED: ase check that all supporting documents a	re in order and provided;	the application form	is duly completed a	nd signed; and end	orsed by Union/Association.						

Please check that all supporting documents are in order and provided; the application form is duly completed and signed; and endorsed by Union/Association. Please submit application form and supporting documents to NTUC Care and Share, NTUC Centre, 1 Marina Boulevard, Level 10, Singapore 018989. <a href="https://documents.org/linearin