

NICA Hardship Grant provides a one-time \$100 to members to help defray their financial burden under hardship circumstances. The Executive Committee may grant a higher amount depending on the hardship in which the member is in. Applicants will be informed of the outcome of his/her application through email in about 3-4 weeks upon submission of all required supporting documents. The decision made by NICA on the outcome of the application shall be final.

NICA members can apply for the assistance if they fulfill the following criteria:-

- They must be **Ordinary Branch members of NICA**
- **Have at least 3 months of continuous union membership**
- **Must be an active coach and/or instructor**
- **An orange or blue CHAS holder or a successful Covid-19 Recovery Grant (CRG) applicant**

They must also satisfy the conditions (listed below) to which they apply for the grant.

Coverage	Criteria
a. Total and sudden (unexpected) loss of income	<ul style="list-style-type: none"> • Member is suffering from financial hardship due to postponement or cancellation of jobs (with support documents). Experienced a loss of at least 30% income at the point of application, compared to their average monthly income in previous year (e.g. May 2021 vs average monthly income in year 2020)
b. Hospitalization / Long Term Illness	<ul style="list-style-type: none"> • Member is suffering from financial hardship (with supporting documents)
c. Death of member	<ul style="list-style-type: none"> • Spouse is not working <u>or</u> • Spouse earns a low income
d. Others	<ul style="list-style-type: none"> • Members who suffer from other forms of financial hardship are also eligible to apply for the grant but is subject to approval of the Executive Committee

All completed forms are to be returned to NICA together with the following applicable documents:-

	Documents Required
Active coach and/or instructor	<ul style="list-style-type: none"> • NROC membership • Latest contract between member and service buyers • Latest invoice issued from member to service buyers
Orange or Blue CHAS holder or a successful CRG applicant	<ul style="list-style-type: none"> • Orange/Blue CHAS card • Approval letter and/or SMS of the successful application of CRG
Total and sudden (unexpected) loss of income	<ul style="list-style-type: none"> • Emails, SMS, letter as proof of postpone or cancellation of jobs (if member suffers from total or sudden unexpected loss of income) • Notice of Assessment or Form 144 to establish average month income in previous year.
Hospitalization / Long Term Illness	<ul style="list-style-type: none"> • Medical report, medical certificates or doctor's letter (if member suffers from long term illness)
Death of member	<ul style="list-style-type: none"> • Death certification of member or spouse (if applicable) • Member and his/her spouse's latest income documents (Notice of Assessment or CPF statement)
Others	<ul style="list-style-type: none"> • Divorce certificate or divorce petition (if applicant is a divorcee) • Other relevant documents to substantiate claims or financial hardship



NICA HARDSHIP GRANT APPLICATION FORM

I. REASON FOR APPLICATION

- Total and sudden (unexpected) loss of income
- Hospitalization/Long Term Illness
- Death of member
- Others (please specify): _____

II. DETAILS OF APPLICATION AS INDICATED IN PART I

(Please state where applicable, the condition of illness, reason for death and financial situation of the family. Supporting documents such as hospitalization bills, proof on jobs postponement or cancellation will need to be furnished for the claim to be reviewed)

III. PARTICULARS OF MEMBER

- a) Name: _____ b) Date Joined Union: _____
- c) Residential Address: _____

- d) Contact Number: _____ (Home) / _____ (Mobile)
- e) NRIC Number: _____ f) Nationality: _____
- g) Date of Birth (dd/mm/yy): _____ h) Gender: _____ i) Marital Status: _____
- j) Occupation: _____ k) Main Service Buyers: _____
- l) Number of Family Members under Same Household: _____

m) Average Monthly Income: _____

n) Total Monthly Gross Household Income: _____

IV. PARTICULARS OF SPOUSE/NEXT OF KIN

Name: _____

Residential Address (if different from applicant): _____

c) Contact Number: _____ (Home) / _____ (Mobile)

d) NRIC Number: _____ e) Nationality: _____

f) Date of Birth (dd/mm/yy): _____ g) Gender: _____

i) Name of Employer / Main Service Buyers: _____

k) Occupation: _____

m) Basic Monthly Salary (if you are an employee): _____

n) Average Monthly Income (if you are a self-employed person): _____

V. DECLARATION BY APPLICANT (MEMBER / NEXT-OF-KIN **delete accordingly*)

- I, the undersigned, declare that I have understood and complied with the eligible criteria stated in this application form, that the particulars stated in this application form are true and correct, and that I have not willfully withheld any material fact.
- I acknowledge 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 NICA for the purposes of:
 - Processing, administering and managing my application for the NICA Hardship Grant; and
 - Carrying out verification and updates of my membership status and/or information I have provided in this application form.
- 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 NICA collecting, using, disclosing and retaining their personal data for the purpose of processing my application for the NICA Hardship Grant.



NATIONAL INSTRUCTORS AND COACHES ASSOCIATION

全国导师与教练协会

- I acknowledge that the collection, use, disclosure and retention of my NRIC/FIN number and that of my spouse and dependent(s), 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 NICA Hardship Grant.
- I consent to my personal data and that of my spouse and dependent(s) being disclosed by NICA to authorized third parties for the latter to collect, use and retain our personal data for the purposes of processing, administering and managing my application and for audit purposes.
- I will inform NICA immediately of any changes to my contact details and/or personal data in order that NICA is able to contact me for all matters relating to the NICA Hardship Grant.
- I consent to be contacted by NICA via email, text messages, calls and/or post for matters relating to my application for the NICA Hardship Grant and other membership matters, as well as to obtain my opinion/feedback on such matters.
- I understand that the decision made by NICA on the outcome of this application shall be final.

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

For other enquiries, please email to nica@ntuc.org.sg

Signature of Applicant

Date

For official use

Date of Submission: _____

Application is: APPROVED / NOT APPROVED

Amount Approved: _____

Date of Approval : _____

IRO in Charge : _____