



UNION OF TELECOMS EMPLOYEES OF SINGAPORE
 15 Hill Street Telephone House Complex II 3rd Storey Singapore 179352
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WELFARE BENEFITS SCHEME CLAIM FORM

Please (✓) box accordingly.

BENEVOLENT BENEFIT

- MB1 - DEATH OF PARENT
 MB2 - DEATH OF CHILD

HOSPITALISATION BENEFIT

- MB3 - MEMBER
 MB4 - DEPENDANTS (spouse and/or children below 18 years of age)

MEDICAL ASSISTANCE BENEFIT

- MB5 - MEMBER

I. PARTICULARS OF MEMBER

NAME _____ NRIC/FIN NO. _____

GRADE _____ BRANCH _____

NAME OF COMPANY	Tick ()	NAME OF COMPANY	Tick ()
SINGAPORE TELECOMMUNICATIONS LTD		TELECOM EQUIPMENT PTE LTD	
SINGAPORE POST PTE LTD		RADIANCE COMMUNICATIONS PTE LTD	
SINGTEL MOBILE PTE LTD		NATIONAL COMPUTER SYSTEMS PTE LTD	
SINGTEL PAGING PTE LTD		G3 WORLDWIDE DISTRIBUTION (S) P/L	
SINGTEL AERADIO PTE LTD		OTHERS (Please specify)	

HOME ADDRESS _____ S(_____)

TELEPHONE (O)/(H) _____ (HP)/(PGR) _____ (EMAIL) _____

II. PARTICULARS OF DEPENDANT (For MB4) / DECEASED (For MB1 & MB2)

NAME _____ NRIC/FIN NO./BC NO. _____

RELATIONSHIP TO MEMBER: *PARENT/SPOUSE/CHILD AGE _____ DEATH CERT NO. (For MB1 & MB2) _____

III. PARTICULARS OF HOSPITALISATION (For MB3, MB4 & MB5)

NAME OF HOSPITAL ADMITTED _____ DATE OF ADMISSION & DISCHARGE _____

NATURE OF HOSPITALISATION _____

#TYPE OF CHRONIC ILLNESS (For MB5) _____

IV. AUTHORIZATION OF PAYMENT THROUGH INTERBANK GIRO

I AUTHORIZE THE UNION OF TELECOMS EMPLOYEES OF SINGAPORE (UTES) TO PAY THE AMOUNT DUE TO FROM THIS CLAIM:

NAME OF BANK _____ BANK ACCOUNT NO _____

V. DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.

SIGNATURE OF MEMBER _____ DATE _____

FOR OFFICE USE ONLY

DATE RECEIVED/MEMBERSHIP STATUS _____ CHECKED & PROCESSED BY _____

DATE JOINED UNION/LENGTH OF UNION M'SHIP _____ TOTAL AMOUNT PAYABLE _____

APPROVED FOR PAYMENT BY _____ PAYMENT VOUCHER NO _____

REMARKS _____

(*) Delete where inapplicable.
 (#) Please see overleaf for more information.

WELFARE BENEFITS SCHEME REGULATIONS

1. ELIGIBILITY

- 1.1 All Ordinary and General Branch Members are eligible to claim for the benefits under the Welfare Benefits Scheme.
- 1.2 An Ordinary or General Branch Member, who or whose dependant, is claiming a benefit shall as at the date of the qualifying event has:
- (i) been a member for not less than one (1) continuous year except for claim(s) for death of legal parent(s) and hospitalisation. For claim(s) for death of legal parent(s) and hospitalisation, an Ordinary or General Member shall as at the date of the qualifying event has been a member for not less than six (6) months;
 - (ii) not ceased to be a member of the Union from whatever cause;
 - (iii) not ceased to be in the service of the Company from whatever cause;
 - (iv) not been in arrears of subscriptions.

2. PROCEDURES & SETTLEMENT OF CLAIMS

- 2.1 All claims shall be made in prescribed forms and submitted by the claimant to reach the Union not later than thirty (30) days from the qualifying event together with supporting documents or other evidence, if any.
- 2.2 All benefits payable shall be paid in one lump sum to the claimant. Payments shall be made through Inter-Bank GIRO.

3. SUPPORTING DOCUMENTS

S/N	TYPE OF BENEFIT	NATURE OF QUALIFYING EVENT	SUPPORTING DOCUMENTS REQUIRED
1.	Benevolent	MB1 – Death of Parent	Death Certificate of Parent(s) & Birth Certificate of Member
		MB2 – Death of Child	Death Certificate of Child & Birth Certificate of Child
2.	Hospitalisation	MB3 - Member	Final Hospital Bill
		MB4 - Dependants	Final Hospital Bill & Marriage Certificate (for spouse) Final Hospital Bill & Birth Certificate (for child)
3.	Medical Assistance (#)	MB5 - Member	Final Hospital Bill & Medical Doctor's Letter of Certification on Chronic Illnesses (#)

(#) Type of Chronic Illnesses Eligible for Claim under Medical Assistance

- | | |
|--------------------------|-------------------|
| 1. Degenerative Diseases | 5. Mental Illness |
| 2. Heart Diseases | 6. Renal Failure |
| 3. Leprosy | 7. Tuberculosis |
| 4. Liver Cirrhosis | 8. Cancer |

4. BENEFITS

S/N	TYPE OF BENEFIT	NATURE OF QUALIFYING EVENT	BENEFITS PAYABLE / REMARKS	
1.	Benevolent	MB1 – Death of Parent	S\$100.00 per claim (only 2 claims per member)	
		MB2 – Death of Child	S\$100.00 per claim (only 2 claims per member and only 1 claim in respect of each legal child)	
2.	Hospitalisation	MB3 – Member	S\$30.00 per hospitalization day (max 30 days per calendar)	
		MB4 - Dependants	S\$15.00 per hospitalization day (max 30 days per calendar)	
3.	Medical Assistance	MB5 – Member (only 1 claim yearly)	Length of Union Membership	Benefits Payable
			1 – 5 years	S\$200.00
			6 – 10 years	S\$300.00
			11 – 15 years	S\$400.00
			16 – 20 years	S\$500.00
			21 – 25 years	S\$600.00
26 years and above	S\$700.00			