



**AMALGAMATED UNION OF PUBLIC EMPLOYEES (AUPE)**  
**Wisma AUPE 295 Upper Paya Lebar Road Singapore 534929**  
 Tel: 6280 8033 Fax: 6280 0854 Email: [membership@aupe.org.sg](mailto:membership@aupe.org.sg)  [www.aupe.org.sg](http://www.aupe.org.sg)

**MUTUAL AID WELFARE SCHEME I CLAIM FORM – DEATH OF PARENT/CHILD**

**ELIGIBILITY:**

- (a) Member below age of 65 and needs to have at least 12 months continuous membership with AUPE Union
- (b) Member should not be in arrears of subscriptions
- (c) Claim later than 90 days from date of death will not be eligible.

**BENEFITS:**

- (a) \$75 - Death of children of ordinary, general branch and associate member  
(claim up to a maximum of 2 legal children between the age of 1 to 17 years)
- (b) \$150 - Death of immediate parents of ordinary, general branch and associate members

**SUPPORTING DOCUMENTS:**

- (a) Death Certificate; and
- (b) Birth Certificate of Claimant or
- (c) Others: \_\_\_\_\_

**Member's Particular**

Name in NRIC:		
NRIC	Date of Birth:	Email:
Mobile No:	Home No:	Office No:
Bank Name:	Bank Account No:	

**Deceased's Particular**

Name in NRIC:		
NRIC:	Date of Birth:	Death Date:
Death Cert No:		
Relationship of Deceased to Member:	FATHER / MOTHER / SON / DAUGHTER*	

In accordance with Section 9, Schedule 1 in particular Rules 2.1, 4.1, 4.2 and 6.5 of the AUPE WELFARE SCHEME REGULATIONS, I hereby submit my claim and supporting documents to the Mutual Aid Scheme Committee for consideration. I agree to abide by the decision of the Mutual Aid Welfare Scheme Committee.  
 I declare that the particulars stated in this form are true and correct and that I have not wilfully withheld any material facts. I consent to my personal data being collected, used and retained by AUPE and 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 for purposes of processing, administering and managing my claim. I consent to be contacted by AUPE via email, text messages, phone, fax and or post for matters relating to membership and its privileges.

\_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_  
**Date**

For Official Use	
<p>Branch Code: _____</p> <p>The claim is in order and that the above member / claimant is eligible for the Scheme I Benefit.</p> <p>_____</p> <p><b>Processing Officer &amp; Date</b>                      <b>Approving Officer &amp; Date</b></p>	<p><b>Discrepancy / Late Submission / Others*</b></p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p> <p>Ratified/Approved By : _____</p> <p>Ratified Date : _____</p>
For Official Use - Finance	
<p>A sum of \$150 / \$75* has direct credited to claimant's bank account on _____ (date).</p> <p>Payment Voucher No.: _____</p>	<p>Verified by:</p> <p>_____</p> <p><b>General Treasurer/Assistant Treasurer &amp; Date</b></p>

\*Delete where not applicable

As of 1 August 2020