



HOSPITALISATION CLAIM

**AMALGAMATED UNION OF PUBLIC EMPLOYEES (AUPE)
AUPE CREDIT COOPERATIVE LTD (ACC)**

Wisma AUPE 295 Upper Paya Lebar Road Singapore 534929

Tel: 6280 8033 Fax: 6280 0854 www.aupe.org.sg

Claim reference no: _____

APPLICATION FOR HOSPITALIZATION BENEFITS (Please tick whichever is applicable)

AUPE

ACC

1. ELIGIBILITY

- (a) AUPE member who has fully paid both union membership and Mutual Aid Scheme III payments at the time of hospitalization;
- (b) ACC member is required to have at least 6 months' membership and not in arrears of loan repayments;
- (c) All claims must be submitted within 90 days from date of discharge from hospital;
- (d) Member must be below the age of 65 years at the time of hospitalization; and
- (e) Member must be warded in a registered hospital in Singapore. Payment will be calculated according to the number of days hospitalized based on hospital's invoice.

2. BENEFITS

- (a) An AUPE member who is hospitalized will be paid hospitalization benefits at the rate of
 - (i) \$30 per day from the 1st to the 10th day and
 - (ii) \$40 per day from the 11th day onwards (up to a maximum of 52 weeks per disability)
- (b) An ACC member may claim an amount of \$20 for each day of hospitalization, subject to a maximum of \$5,000 per calendar year and a total limit of \$10,000 for his entire period of membership.

3. DOCUMENTS TO BE SUBMITTED

Email completed Hospitalisation Claim Form with a copy of final hospital bill to membership@aupe.org.sg or coop@aupe.org.sg

Name as in NRIC:		Date of Birth:
NRIC No:	Mobile:	Email address:
Bank Name:	Bank Account No:	
Hospital Admitted to:		
Date Admitted:	Date Discharged:	

DECLARATION AND AUTHORISATION

I declare that the particulars stated in this form are true and correct and that I have not willfully withheld any material fact.
I consent to my personal data being collected, used and retained by AUPE/ACC 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, administrating and managing my claim. I consent to be contacted by AUPE/ ACC via email, text messages, phone, fax and/ or post for matters relating to membership and its privileges.

Signature of member/claimant and date

FOR OFFICIAL USE ONLY

AUPE	ACC
<input type="checkbox"/> Yes, eligible to claim. <input type="checkbox"/> No. Reason: _____ <hr/> <p style="text-align: center;">GSC Authorised person Approved / Reject</p> <p style="text-align: right;">Date: _____</p>	<input type="checkbox"/> Yes, eligible to claim <input type="checkbox"/> No. Reason: _____ <hr/> <p style="text-align: center;">ACC Authorised person Approved / Reject</p> <p style="text-align: right;">Date: _____</p>
<p>No. of days claimed: _____ Amount \$: _____</p> <p>Payment Mode: FAST / CHEQUE</p> <p>Processing Officer:</p> <p>_____ Date: _____</p> <p>Approving Officer:</p> <p>_____ Date: _____</p>	<p>No. of days claimed: _____ Amount \$: _____</p> <p>Payment Mode: FAST / CHEQUE</p> <p>Processing Officer:</p> <p>_____ Date: _____</p> <p>Approving Officer:</p> <p>_____ Date: _____</p>
<p>Remarks:</p> 	

As of 1 August 2020