HOSPITALISATION CLAIM FORM

AMALGAMATED UNION OF PUBLIC EMPLOYEES
AUPE CREDIT COOPERATIVE LTD
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

COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA

1. I declare that the particulars stated in this hospitalisation claim form are true and correct, and that I have not wilfully withheld any material fact.
2. I have noted that I am required to furnish supporting documents related to this hospitalisation claim for verification and audit purposes.
3. I consent to the collection, use, disclosure and retention of my personal data by AUPE for the purposes of:
   (a) processing, administering and managing this hospitalisation claim; and
   (b) carrying out verification of my membership status and/or information that I have provided in this hospitalisation claim form.
4. I acknowledge that the collection, use, disclosure and retention of my NRIC/FIN number, as required in this hospitalisation claim form, is necessary to accurately establish my identity to a high degree of fidelity in relation to this hospitalisation claim.
5. I will inform AUPE immediately of any changes to my contact details and/or personal data in order to enable AUPE to contact me for all matters relating to this hospitalisation claim.
6. I consent to the disclosure of my personal data by AUPE to NTUC and/or authorised third parties for the purposes of processing, administering and managing my hospitalisation claim and for audit purposes.
7. I consent to be contacted by AUPE via email, text messages, calls and/or post for matters relating to this hospitalisation claim and other membership matters, as well as to obtain my opinion/feedback on such matters.

For any enquiries on the personal data protection matters, please email to dpo@ntu.org.sg. For more information, please visit www.aupe.org.sg or enquiries, please email to membership@aupe.org.sg or coop@aupe.org.sg

Signature of member/claimant and date

FOR OFFICIAL USE ONLY

AUPE	**ACC**
☐ Yes, eligible to claim. ☐ No. Reason: _____ **Late submission by:** _____ **GSC Authorised person** **Approved / Reject** _____ Date: _____	☐ Yes, eligible to claim ☐ No. Reason: _____ **Late submission by:** _____ **ACC Authorised person** **Approved / Reject** _____ Date: _____
No. of days claimed: _____ Amount $: _____ Payment Mode: FAST / CHEQUE **Processing Officer:** _____ Date: _____ **Approving Officer:** _____ Date: _____	No. of days claimed: _____ Amount $: _____ Payment Mode: FAST / CHEQUE **Processing Officer:** _____ Date: _____ **Approving Officer:** _____ Date: _____
Remarks:	

As at November 2020