

HOSPITALISATION BENEFIT CLAIM FORM

1. ELIGIBILITY

- (a) A member needs to have at least 6 months' membership with the Co-operative;
- (b) He should not be in arrears of subscriptions or loan instalment repayments;
- (c) He is below age of 65 years of age;
- (d) He must be hospitalised in a Government or recognised private hospital in Singapore; and
- (e) Please submit your claim within 3 months after you are discharged from the hospital.

2. BENEFIT

A member may claim an allowance of \$20 for each day of hospitalisation, subject to a maximum of \$5000 per calendar year and a total limit of \$10000 for his entire period of membership.

3. SUPPORTING DOCUMENTS

For day surgery, hospital's bill must show a ward/bed charge. You may call us to verify before coming down to make a claim.

4. MEMBER'S PARTICULARS

Full name (Mr/Mrs/Miss/Mdm)*		
Alias (if any):		
Nric No:	Date of Birth:	Gender: Female/Male*
Home Address:		
Postal Code:	Date joined Co-operative:	Membership No:
Tel (Home):	Tel (Office):	Handphone:
Place of Employment:		
Name of Hospital admitted to:		No. of days hospitalised:
Period of Hospitalisation from: _____ to _____		Date of discharge from hospital: _____
Email address:		_____ Signature of Member and date

5. FOR OFFICIAL USE ONLY

Name and Signature of staff processing claim:		
Amount Claimed:	Result of Claim:	Date:
Name and Signature of staff approving or rejecting the claim:		
Remarks:		

Note: *Delete whichever is not applicable