



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 union or ACC member who has signed up and paid for the AUPE Welfare Scheme for Hospitalisation (AWS-H) for at least 90 days at the time of hospitalization;
- (b) For the ACC benefit, ACC member is required to have at least 6 months' membership with up-to-date deductions for subscriptions and savings 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 68 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

	AWS-HBasic	AWS-HPlus	AWS-HFamily	ACC
Amount of payout	\$40/day	\$100/day	\$100/day	\$20/day
Claim Limit	\$10,000 lifetime limit	\$36,500 lifetime limit	\$36,500 lifetime limit	30 days per year and \$10,000 lifetime limit

3. DOCUMENTS TO BE SUBMITTED

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

Personal Details

Member's Name as per NRIC:		NRIC:
Email:	Mobile:	Date of Birth:
Bank Name:		Bank Account No:
Is this claim for yourself or your family members? <input type="checkbox"/> Myself <input type="checkbox"/> Family member (pls provide details below)		<i>Note: Please submit 1 claim form per pax. If you are submitting claim for yourself and your family member, please send in separate forms.</i>
Name of Family Member:		NRIC/Birth Cert of Family Member:

Hospitalisation Details

Hospital admitted to	Date admitted	Date discharged

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 have noted that AUPE, AUPE Credit Cooperative (ACC) and AUPE General Services Cooperative (GSC) reserves the right to recover any monies paid and cost incurred if information that I provided were inaccurate, false or if I had wilfully withheld any material fact.
4. COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA
 - a) I consent to the collection, use, disclosure and retention of my personal data by AUPE, ACC and AUPE GSC for the purposes of:
 - i. processing, administering and managing this hospitalisation claim; and
 - ii. carrying out verification of my membership status and/or information provided in this hospitalisation claim form.
 - b) 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.
 - c) I will inform AUPE, ACC and AUPE GSC immediately of any changes to my contact details and/or personal data in order to enable them to contact me for all matters relating to this hospitalisation claim.
 - d) I consent to the disclosure of my personal data by AUPE, ACC and AUPE GSC to NTUC and/or authorised third parties for the purposes of processing, administering and managing my hospitalisation claim and for audit purposes.
 - e) I consent to be contacted by AUPE, ACC and AUPE GSC 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.
 - f) For any enquiries on the personal data protection matters, please email to gsc@aupe.org.sg. For more information, please visit www.aupe.org.sg or enquiries, please email to gsc@aupe.org.sg.

Signature of member/claimant and date

<input type="checkbox"/> Yes, eligible to claim <input type="checkbox"/> No, not eligible. Reason: _____	
Late submission by: _____	
Late submission Approved / Rejected	
_____ Name/Signature	_____ Date
Benefit Tier	
<input type="checkbox"/> AWS-HBasic (\$40/day) <input type="checkbox"/> AWS-HPlus (\$100/day) <input type="checkbox"/> AWS-HFamily (\$100/day) <input type="checkbox"/> ACC (\$20/day)	
<p style="text-align: center;"><u>AUPE</u></p> <p>No. of days claimed: _____ Amount: _____</p> <p>Processing officer:</p> <p>_____ Date: _____</p> <p>Approving officer:</p> <p>_____ Date: _____</p>	<p style="text-align: center;"><u>ACC</u></p> <p>No. of days claimed: _____ Amount: _____</p> <p>Processing officer:</p> <p>_____ Date: _____</p> <p>Approving officer:</p> <p>_____ Date: _____</p>
Remarks:	

As at 1 April 2022