



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  www.aupe.org.sg

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

ELIGIBILITY:

- (a) Member must be below age of 68 (applicable to member born after 1st Jan 1957)
- (b) Member must have at least 12 months' continuous membership with AUPE.
- (c) Member should not be in arrears of subscriptions.

This claim form **must** be completed and submitted to AUPE within 90 days from the death date, failing which AUPE is under no obligation to make payment under this Mutual Aid Welfare Scheme I.

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 Particulars

Name as in NRIC:			
NRIC	Date of Birth:	Email:	
Address:			Postal Code:
Mobile No:	Home No:	Office No:	
Bank Name:		Bank Account No:	

Deceased's Particulars

Name as in NRIC:		
NRIC:	Date of Birth:	Death Date:
Death Cert No:	Cause of Death:	
Relationship of Deceased to Member:		

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 this claim form together with the relevant particulars 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.

Collection, Use, Disclosure and Retention of Personal Data

- I consent to the collection, use, disclosure and retention of my personal data by AUPE for the purposes of:
 - (a) processing, administering and managing my claim under the AUPE Mutual Aid Welfare Scheme 1; and
 - (b) carrying out verification of my membership status and/or information that I have provided in this claim form.
- I acknowledge that the collection, use, disclosure and retention of my NRIC/FIN number, as required in this claim form, is necessary to accurately establish my identity to a high degree of fidelity in relation to my claim under the AUPE Mutual Aid Welfare Scheme 1.
- 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 the AUPE Mutual Aid Welfare Scheme 1.
- I consent to the disclosure of my personal data by AUPE to authorised third parties for the latter to collect, use and retain my personal data for the purposes of processing, administering and managing my claim under the AUPE Mutual Aid Welfare Scheme 1 and for audit purposes.
- I consent to be contacted by AUPE via email, text messages, calls and/or post for matters relating to my claim under the AUPE Mutual Aid Welfare Scheme 1 and other membership matters, as well as to obtain my opinion/feedback on such matters.

For enquiries on personal data protection matters, please email to dpo@ntuc.org.sg. For all other enquiries, please go to www.aupe.org.sg

Signature of Claimant

Date

For Official Use	
<p>Branch Code: _____</p> <p>We confirmed that the claim is in order and that the above member / claimant is eligible for the Scheme I Benefit.</p> <p>_____</p> <p>Processing Officer & Date Approving Officer & Date</p>	<p>Discrepancy / Late Submission / Others*</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>General Treasurer/Assistant Treasurer & Date</p>

*Delete where not applicable

As at January'22