

HOUSING & DEVELOPMENT BOARD STAFF UNION
530 LORONG 6 TOA PAYOH # 04-01 SINGAPORE (310530)
TEL: 63365544 FAX NO. 63566798

HDBSU HOSPITALISATION BENEFIT SCHEME (3)
CLAIM FORM

MEMBER'S PARTICULARS

Full Name in Block Letter : _____

NRIC No : _____

Address : _____

Telephone : _____ (O) _____ (H) _____ (PG) _____ (HP)

Name of Spouse (if applicable) : _____

Name of Hospital where
MEMBER / SPOUSE * was hospitalised : _____

Period of Hospitalisation from _____ to _____ No.of days : _____

NOTE:

PLEASE READ AND COMPLY WITH ALL INSTRUCTIONS WHEN COMPLETING THE FORM

- (1) Members who are admitted to Union on or after January 2002 are not eligible;
- (2) Members who are in arrears of Union's subscriptions are not eligible;
- (3) The applicant must attach to his/her Claim Form a copy of the HOSPITAL BILL indicating the NUMBER OF DAYS he/she was hospitalised.
- (4) If applicant is making the Claim on behalf of his/her spouse, a copy of MARRIAGE CERTIFICATE must be attached.
- (5) MEDICAL CERTIFICATE issued by the hospital will NOT BE ACCEPTABLE for the purpose of this CLAIM.
- (6) Notice of the claim must be duly completed and submitted to HDBSU within **sixty (60) days** from the day of the hospitalisation failing which the HDBSU is under no obligation to make payment under the above Scheme.

Signature

Date

For Official Use:

Date Joined Union : _____ M/Ship No : _____

Name of Branch : _____