



**AMALGAMATED UNION OF PUBLIC EMPLOYEES
WISMA AUPE
AUPE UNION MEMBERSHIP SERVICES LEVEL 3
295 UPPER PAYA LEBAR ROAD SINGAPORE 534929
TEL : 6280 8033 FAX : 62800854**

**MUTUAL AID WELFARE SCHEME CLAIM FORM
DEATH OF MEMBER'S PARENT/CHILD
AUPE MUTUAL AID WELFARE SCHEME I**

Part I – Deceased's Particulars

Name in NRIC:	
Alias (If any)	
NRIC No:	Date of Birth:
Address: S'pore()	
Relationship of Deceased to Member: FATHER/ MOTHER/ DAUGHTER/ SON*	
Death Certificate No:	Date of Death:
Cause of Death:	

Supporting Documents Mark 'X' In Attached Appropriate Box

- | | |
|----------------------------------|--------------------------|
| 1) Death Certificate | <input type="checkbox"/> |
| 2) Birth Certificate of Claimant | <input type="checkbox"/> |
| 3) Marriage Certificate | <input type="checkbox"/> |
| 4) Birth Certificate | <input type="checkbox"/> |
| 5) Compassionate Leave | <input type="checkbox"/> |
| 5) Others | <input type="checkbox"/> |

Part II –Member's Particulars

Name in NRIC:		
NRIC No:	Date of Birth:	Email address:
Address: S()		
Tel(Mobile):	Tel(Home):	Tel(Office):
Relationship of Member to the Deceased: SON/ DAUGHTER/ MOTHER/ FATHER*		
AUPE Branch Code:		
<p>In accordance with Section 9, Schedule 1 in particular Rules 2.1, 3.1, 4.1 and 4.2 of the AUPE Constitution and Rules I hereby submit an application of my claim together with the relevant particulars and supporting documents to the Mutual Aid Welfare Scheme Committee for consideration. I agree to abide by the decision of the Mutual Aid Welfare Scheme Committee.</p> <p>I declare that the particulars stated in this form are true and correct and that I have not wilfully withheld any material fact.</p> <p>I consent to my personal data being collected, used and retained by AUPE for purposes of processing, administering and managing my claim.</p> <p>I consent to be contacted by AUPE via email, text messages, phone, fax and/or post for matters relating to membership and its privileges.</p>		
Signature of Claimant		Date
FOR OFFICE USE ONLY		
CERTIFICATION BY UNION		
We confirm that the claim is in order and that the above member/claimant is eligible for the benefit under Scheme I.		
Processing Officer		Approving Officer