



AMALGAMATED UNION OF PUBLIC EMPLOYEES
WISMA AUPE
AUPE UNION MEMBERSHIP SERVICES LEVEL 3
295 UPPER PAYA LEBAR ROAD SINGAPORE 534929
TEL: 62808033 FAX: 62800854 WEBSITE: www.aupe.org.sg

HOSPITALISATION BENEFIT CLAIM FORM
(No liability is admitted by the issue of this form)
AUPE MUTUAL AID WELFARE SCHEME III

ELIGIBILITY

All members of the Amalgamated Union of the Public Employees who have fully paid up subscription and Mutual Aid Scheme III payments at the time of hospitalisation. Member must be hospitalised in a Government or recognised private hospital in Singapore.

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

To be completed and forwarded to the Union together with a certified copy of the hospital bill or discharge summary.

Proof of relationship (certified copy of birth certificate or marriage certificate) is also required if the claim is in respect of a member.

1. Particulars of Member		
Name in NRIC: _____		
NRIC No: _____	Date of Birth: _____	Email address: _____
Address: _____ S()		
Tel(Mobile): _____	Tel(Home): _____	Tel(Office): _____
2. Hospital Admitted to: _____		
3a. Date Admitted: _____	b. Date Discharged: _____	c. No of Days Hospitalised: _____
4. Nature of Illness/ Injury: _____		

DECLARATION AND AUTHORISATION

I declare that the particulars stated in this form are true and correct and that I have not wilfully withheld any material fact.
 I consent to my personal data being collected, used and retained by AUPE for purposes of processing, administering and managing my claim.
 I consent to be contacted by AUPE via email, text messages, phone, fax and/or post for matters relating to membership and its privileges.

Date: _____

Signature of member/claimant _____

ACKNOWLEDGEMENT OF PAYMENT

Number of days claimed: _____

I acknowledge payment of \$ _____

Date: _____

Signature of member/claimant _____

FOR OFFICIAL USE ONLY

CERTIFICATION BY UNION

We confirm that the claim is in order and that the above member/claimant is eligible for the hospitalisation benefit under Scheme III.

 AUPE Claims Executive Processing Officer

 AUPE Claims Approving Officer

HB Rates: \$ 30 / 40 per day

Remarks:

No. of Days: _____

Amount Paid: _____

 Authorised Officer (GSC)

 Date