



ESU Hardship Grant Application Form

The ESU Hardship Grant is a one-off assistance for low-income union members in the event that the members suffer hardship arising from one of the following circumstances which is of a non-industrial nature:

- (1) Death / Permanent Disability / Terminal Illness of Union Member*
- (2) Permanent disability / Terminal Illness of Immediate Family Member*
- (3) Members affected by Retrenchment (applicable to ESU unionized branches, with no Retrenchment Benefits)
- (4) Members affected by company's cost cutting measures
- (5) Other extenuating circumstances

**Pre-existing Permanent Disability and Terminal Illness diagnosed before the applicant became a Union Member will not be considered.*

ELIGIBILITY CRITERIA

1. The ESU Hardship Grant is open to ESU Ordinary Branch (OB) members only.
2. Union member must meet the following criteria in order to be eligible to apply for the grant :
 - Total Monthly Gross Household Income of \$3,400 and below; OR Per Capita Income of \$850 and below if monthly gross household income exceeds \$3,400
 - Member must be a paid-up member with at least 6 months continuous membership at the point of application and with no outstanding membership fees due.
3. Submit completed signed form and relevant supporting documents to :

Education Services Union
150 Changi Road #04-01
Guthrie Building
Singapore 419973

ESU reserves the right to:

- request for additional supporting documents, for verification and audit purposes;
- reject incomplete submission

Reason for Hardship Grant Application (Please tick one only)

- Death / Permanent Disability / Terminal Illness of Union Member
- Permanent Disability / Terminal Illness of Immediate Family Member
- Members affected by Retrenchment
- Members affected by company's cost cutting measurers
- Other extenuating circumstances



ESU Hardship Grant Application Form

1) Particulars of Member

Name of Member : _____
(as shown in NRIC / FIN)

NRIC / FIN :		Gender :	Male / Female
Marital Status :		Date of Birth :	
Mobile No :		Email :	
Home Address : _____ _____ Postal Code : _____			
Name of Employer : _____			
Occupation :		Gross Monthly Income	\$

2) Particulars of Member's Spouse

Name : _____
(as shown in NRIC / FIN)

NRIC / FIN :		Gender :	Male / Female
Marital Status :		Date of Birth :	
Mobile No :		Email :	
Home Address : _____ _____ Postal Code : _____			
Name of Employer : _____			
Occupation :		Gross Monthly Income	\$



3) Particulars Of Family Members (Children and/or Parents) Staying Together In The Same Household

Full Name (as in NRIC/FIN/Birth Cert.)	NRIC / FIN / Birth Cert. No.	Date of Birth (dd/mth/year)	Relationship to Member	Gross Monthly Income S\$	Occupation (indicate "student" if child is schooling)

4) Payment Details (applicable for deceased member only)

Name of Next-of-Kin : _____
(as shown in NRIC / FIN)

NRIC / FIN No : _____ Relationship to Member : _____

5) The following documents are attached to this application : (please tick if applicable)

- Payslip of member, spouse/applicant
- Certified true copy of Death Certificate
- Medical Memo / Report from Doctor
- Copy of NRIC, Birth Certificate of member/applicant
- Proof of applicant's relationship with deceased :
 - Spouse – Marriage Certificate
 - Parent – Birth Certificate of deceased
 - Child – Birth Certificate of applicant
 - Sibling – Birth Certificate of deceased and applicant
- Company Letter of Retrenchment
- Other Documents



6) Declaration by Applicant (Member / Next-of-Kin)

1. I hereby declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application form are true and correct, and that I have not wilfully withheld any material fact.
2. I have noted that I may be required to furnish other supporting documents for verification and audit purpose.

Collection, Use and Disclosure of Personal Data

1. I consent to my personal data being collected, used and retained by ESU for the purposes of :
 - a) processing, administering and managing my application for the Hardship Grant; and
 - b) carrying out verification and updates of my membership status and/or information I have provided in this form.
2. I consent to be contacted by ESU via voice call, text messages, email, fax and/or post for matters relating to my application for Hardship Grant and other membership matters.
3. For the purposes of employment-related matters, I consent to ESU obtaining my personal data and relevant data relating to my employment from my company.
4. I further declare that the personal data pertaining to my spouse and dependant(s) are true and correct and that these persons are aware of and consent to ESU managing their information for authorized purposes.

Name of Applicant

Signature & NRIC of Applicant

Date



For Official Use Only

Name of Applicant : _____

NRIC : _____

Date Joined Union : _____

Length of Union Membership : _____ years _____ months

From Branch :

Name of Branch Leader: _____

Designation : _____

Application is recommended / not recommended :

Remarks :

Signature

Date

From Industrial Relations Officer :

Name of IRO : _____

Designation : _____

Application is recommended / not recommended :

Remarks :

Signature

Date



From Welfare Committee :

Application is supported / not supported and the proposed quantum to be paid out is S\$ _____

Remarks :

Signature of Welfare Committee Chairman

Date

From Executive Council :

Application is approved / not approved and the proposed quantum to be paid out is S\$ _____

Remarks :

Signature of President / General Secretary / Executive Secretary

Date