



## Education Services Union – Hardship Grant Application Form

The ESU Hardship Grant is a one-off assistance initiative 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, or terminal illness of the union member\*
- (2) Illness requiring long-term hospitalization
- (3) Permanent disability or terminal illness of an immediate family member (spouse or children) \*
- (4) Retrenchment (provided retrenchment benefit according to Tripartite Guidelines is not given by company)
- (5) Reduction of salary due to company's cost-cutting measures (e.g., shorter work week, delayed salaries)
- (6) Other extenuating circumstances deemed appropriate by ESU

*\*Pre-existing permanent disabilities or terminal illnesses diagnosed before union membership commenced 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 \$4,000 and below; OR  
Per Capita Income of \$1,000 and below if monthly gross household income exceeds \$4,000
  - 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. The union member must submit the completed and signed application form and relevant supporting documents to:  
Education Services Union  
150 Changi Road #04-01  
Guthrie Building Singapore  
419973
4. 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
- Illness requiring long-term hospitalization
- Permanent Disability / Terminal Illness of Immediate Family Member
- Retrenchment
- Reduction of salary due to company's cost cutting measures
- Other extenuating circumstances

*\* Please refer to the appendix for the list of supporting documents required for each type of application.*



## Education Services Union – 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 where applicable)**

Required for all categories:

- Latest pay slips (member/spouse)
- NRIC (front and back)

<b>Category of Hardship (tick where applicable)</b>	<b>Supporting Documents (tick where applicable)</b>
<input type="checkbox"/> Death / Permanent Disability / Terminal Illness of Member	<input type="checkbox"/> Death certificate / medical reports <input type="checkbox"/> Proof of relationship (if next-of-kin applying)
<input type="checkbox"/> Long-term Hospitalization	<input type="checkbox"/> Medical memo / hospital bill <input type="checkbox"/> Proof of hospitalization ≥1 month
<input type="checkbox"/> Permanent Disability / Terminal Illness of Immediate Family	<input type="checkbox"/> Medical report of family member <input type="checkbox"/> Proof of applicant's relationship with deceased <ul style="list-style-type: none"> <li><input type="checkbox"/> Spouse – marriage certificate</li> <li><input type="checkbox"/> Parent – birth certificate of deceased</li> <li><input type="checkbox"/> Child – birth certificate of applicant</li> <li><input type="checkbox"/> Sibling – birth certificate of deceased and applicant</li> </ul>
<input type="checkbox"/> Retrenchment	<input type="checkbox"/> Letter from employer showing retrenchment / redundancy
<input type="checkbox"/> Salary Reduction / Cost-cutting Measures	<input type="checkbox"/> Company letter showing cost-cutting measure <input type="checkbox"/> Latest pay slips before and after reduction
<input type="checkbox"/> Other Extenuating Circumstances	<input type="checkbox"/> Relevant proof of hardship (to be assessed case-by-case)



**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 willfully 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 dependent(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 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