



SINGAPORE AIRLINES STAFF UNION

Airline House, SIN ALH 05-A, 25 Airline Road, Singapore 819829. Tel: 6541-6090/97 Fax: 6545 9221

CLAIM FOR BENEFIT UNDER THE WELFARE BENEFITS SCHEME

Staff No :

Name in Full I/C No.
(In Block Letters)

Home Address (S)

Date of Birth Age Marital Status

Present Employer Date of Joining Employer

Department Contact No :

DETAILS OF CLAIM

A. State Benefit : (Medical /Death /Retirement /M.B.O)

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B. Amount Claimed :

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C. Documents Attached In Support of Claim :

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FOR OFFICE USE ONLY

Subscription paid up to : Date Join Union

No. of Months in Arrears : No. of Yrs in Union.....

Remarks :

Claim Certified By : Entry Posted By :

Payment Approved by General Secretary :

1. FOR MEDICAL BENEFIT STATE :

Name of Hospital

Number of Days: From : To :

Amount Claimed : \$ Para No.

2. FOR NATURAL CALAMITY BENEFIT STATE :

Nature of Natural CalamityDate

Details of loss of Property :

Address :

Amount Claimed : \$ Para No.

3. FOR DEATH BENEFIT STATE :

Name of Deceased :

Relationship of Deceased to Claimant :

Amount Claimed : \$ Para No.

4. FOR RETIREMENT / M.B.O BENEFIT STATE :

Date of Retirement : Date Joined Union.....

Amount Claimed : \$ Para No.

I, the undersigned, hereby state that the particulars furnished by me herein are true and correct to the best of my knowledge.

Date :

Signature :

Amount: \$.....

Received by :
(Signature)

Date :

Name :
(In Block letters)