Manulife

RETRENCHMENT BENEFIT CLAIM

Dear Claimant

In order for us to process your claim, we require the following:

1. Completed Retrenchment Benefit Claim Form.
2. Copy of retrenchment letter from employer on company letterhead (stating the reason for termination of employment and last date of service).
3. Copy of Policy owner's NRIC/Passport.
4. Copy of Insured's NRIC/Passport/Work Pass/Identification Document.
5. Copy of Central Provident Fund contribution statement confirming that the CPF contribution has ceased and that you remained unemployed for 30 days from the retrenchment date. The statement should cover the 12 months prior to retrenchment and include at least 2 months after the last day of service.
6. Authorization letter (Required, if a third party is assisting with the claim or require to reach out to employer for clarification).
7. If your claim is due to your spouse's retrenchment, please provide a copy of your marriage certificate and your spouse's NRIC/Passport/Work Pass/Identification Document. Kindly note that coverage for spouse's retrenchment applies only where specified under the terms of the contract.

To consider your claim, the life insured must be unemployed for a minimum period of 30 consecutive days from the date of the retrenchment.

Upon receipt of all the above required documents, we will process your claim and inform you of the outcome as soon as possible. However, in certain circumstances, we may require further information after the above documents are received.

Need Help? Please contact your **Financial Representative** if you require assistance. Alternatively, you may reach out to us through our Manulife Singapore website under Self Services and Claims > Contact Us.

Completed? You may submit the completed and signed form with all relevant documents to us through any of the following modes:
Email – SGLife_Claims@manulife.com
Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424

INTERNAL USE - FOR STAFF

Claim No. .....

Doc ID .....

RBC-0624-1

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RETRENCHMENT BENEFIT CLAIM

Please remember to:

1. Ensure all sections are completed
2. Submit a Retrenchment letter from your Employer
3. Submit the retrenchment claim to Manulife 30 days after your last working day

Part 1
POLICY INFORMATION

A. About the Policy Owner

Policy number(s)	
Full name	
NRIC/Passport number	
Mobile	
Email	
Postal code	
Mailing address	

Notes:

- If your mailing address provided here is different from our records, we will only update it to your Manulife policies that are being considered for this claim. However, if you wish to apply this mailing address to **all** your Manulife policies, please tick the box below:

  ☐ I wish to apply this mailing address to all my Manulife policies.

- Your mobile and email provided here will be updated as the latest (superseding any existing records) and will apply to **all** your Manulife policies.

B. Life Insured's Details

Full name (if different from Policy Owner)	
NRIC/Passport no. (if different from Policy Owner)	
Policy Owner's relationship with the Life Insured	☐ Self ☐ Spouse ☐ Parent

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Part 2
EMPLOYMENT DETAILS

A. Employer

1. Name of Employer .....
2. Address of Employer .....
   .....
3. Please provide us with the contact details of your ex-employer HR personel who handled your exit procedure
   Name .....
   Email ..... Contact Number .....
4. Was the Employer a Relative* of yours or your spouse? If Yes, please provide the relationship: .....
   *Relative means parent, sibling, uncle, aunt, nephew, niece, grandparent, child and grandchild.
5. At or around the time of retrenchment, do you or your spouse, relative of yours or your spouse (whether singly, jointly or in the aggregate) hold a substantial interest in OR was/were in a position to exercise control or influence over the appointment and/or termination of employees in the company, corporation, limited liability partnership, society, association or partnership (or such other similar body whether incorporated or unincorporated)? ☐ Yes ☐ No

B. Employee

1. Occupation .....
2. Employment Start Date ..... (DD/MM/YYYY) Employment Termination Date ..... (DD/MM/YYYY)
3. Reason for the termination of your employment: .....
4. Date you were informed by your ex-employer that your position has been made redundant: ..... (DD/MM/YYYY)
5. Are you self-employed, or was an independent contractor or sole proprietor at the date of retrenchment? ☐ Yes ☐ No
   If yes, please provide details: .....

Part 3
CURRENT EMPLOYMENT STATUS

Please select from the choices below:

☐ I am still unemployed and have not accepted any job offers with any organisation.

☐ I have started working for a new employer. Employment commencement date ..... (DD/MM/YYYY)

☐ I am still unemployed but have accepted a job offer. Employment commencement date ..... (DD/MM/YYYY)

Part 4
PAYOUT OPTION

Paynow is the default settlement option.

- PayNow account registered with mobile numbers will not be eligible.
  (note: You may register or add your Singapore NRIC/FIN to the PayNow account via the "Manage PayNow" in your internet banking account or mobile banking application.)
- Please ensure that you have registered for PayNow using your NRIC/FIN.
- If you do not have a Paynow account, please select one of the following:

☐ **Electronic Fund Transfer (EFT)**

- If you do not have an existing EFT set up for this policy, or if you wish to update to a new bank account, please fill in the table below, and submit a copy of bank statement OR bank passbook showing account holder's name & account number.

Bank account number	
Bank name	

- It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner.

☐ **Telegraphic Fund Transfer**

Please refer to **https://www.manulife.com.sg/** under Self-Services and Claims > Manage policy payouts or withdrawals > Direct crediting to foreign bank account.

Part 5
DECLARATION AND AUTHORISATION

1. I/We declare, represent and warrant that all answers, information and supporting documents given by me/us in/with this form are, to the best of my/our knowledge and belief, correct, true and complete; and no material information has been withheld nor omitted.
2. I/We consent to Manulife (Singapore) Pte. Ltd. ("Manulife") seeking/providing information about the life insured and this claim form from/to any medical practitioners, health care providers, insurers, organisations, investigation agencies, governmental organisations, regulators and any other parties in Singapore or any other country for purposes reasonably required by Manulife to process and administer my/our claims ("Purposes"). A photocopy or electronic copy of this authorisation shall be as valid as the original.
3. I/We confirm that I/we have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"). I/We consent to the collection, use, disclosure and processing of my/our, and life insured's personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of Manulife Statement from Manulife and/or downloaded a soft copy of it from www.manulife.com.sg.
4. I/We agree that the personal data collected in this form and supporting documents will be used by Manulife for the purpose of complying with my request and other purposes reasonably required by Manulife to process and administer my/our claims.
5. I/We authorise any person, party, organisation, company, corporation, body and partnership, including but not limited to, any medical practitioners, health care providers, insurers, and investigative agencies in Singapore or any other country, to release, disclose or exchange any information (including personal data or personal health information) to or with Manulife for the Purposes.
6. I/We confirm that I/we am/are not an undischarged bankrupt, in winding up, receivership or judicial management and there is currently no pending or threatened bankruptcy or winding up proceeding, receivership or judicial management proceeding against me/us.
7. I/We authorise Manulife to assess the completed claim form and supporting documents received via electronic mail or online portal provided by Manulife ("Electronic Services"). I/We agree that Manulife is not responsible for verifying the authenticity of the instructions given or purported to be given by me/us. Manulife reserves the right (but not obliged) to suspend or disallow the claims processing for verification or other purposes as Manulife deems fit and shall not be liable for any losses incurred in consequence. I/We agree that Manulife shall not be liable for any losses arising from any submissions or instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife retains full authority and discretion to amend the terms and manner of use of the Electronic Services at all times. I/We understand that transmission of submissions or instructions via Electronic Services shall be evidenced by the receipt of a successful message.
8. I/We agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, damages, suits proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Manulife accepting and acting on these submissions or instructions (including where relevant, the use of the Electronic Services).
9. I/We am/are aware that this form will not be effective until it is formally accepted and approved by Manulife.

Signature of Owner

Signature of Life Insured's spouse
(if applicable)

Name .....

NRIC/Passport No. .....

Date .....
(DD/MM/YYYY)

Name .....

NRIC/Passport No. .....

Relationship to Owner .....

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (**www.manulife.com.sg**)