

Dear Claimant

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

- (a) Completed Retrenchment Benefit Claim Form
- (b) A copy of Retrenchment Letter from Employer on Company Letterhead
- (c) A copy of Policyowner's NRIC / Passport

Please submit the retrenchment claim to Manulife **30 days** after your last working day.

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.

RBC-1018-2

**Please remember to...**

- ✎ ensure all sections are completed
- 📄 submit a Retrenchment letter from your Employer
- 🕒 submit the retrenchment claim to Manulife **30 days** after your last working day

1 POLICY INFORMATION

Full Name of Insured Person NRIC/Passport No.
Policy Number Contact No.

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 personnel who handled your exit procedure
Name
Email
Contact Number

B. Employee

1. Occupation
2. Employment Start Date (DD/MM/YYYY) Employment Termination Date (DD/MM/YYYY)

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)

RBC-1018-2

4 DECLARATION AND AUTHORISATION

1. I declare that all answers given by me in this form are, to the best of my knowledge and belief, correct, true and complete.
2. I consent to Manulife (Singapore) Pte. Ltd. seeking / providing information about the below-named Life Insured from / to any medical source, insurance office, organization or person, governmental organization and / or regulatory body for purposes reasonably required by Manulife to process and administer my claims ("Purpose"). A photocopy of this authorization shall be as valid as the original.
3. I / We further 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"), and I / we hereby consent to the collection, use, disclosure and processing of my personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I / We have obtained a hard copy of the Manulife Statement from Manulife and / or downloaded a soft copy of the Manulife Statement from www.manulife.com.sg.
4. I / We further authorize any person, organization, company, corporation, body and partnership, including but not limited to, any medical practitioner, health care provider or institution, insurance company, investigative agencies in Singapore or any other country, to release or exchange any information (including personal data or personal health information) to or with Manulife for the Purpose set out in this form.

Signature of Insured Person

Name

NRIC/Passport

Date

(DD/MM/YYYY)

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)

Need Help?

Please contact your **Financial Representative** for further assistance.

Alternatively, you may call our **Client Services Officers** at **6833 8188**, contact us via our website at www.manulife.com.sg, or visit us at **8 Cross Street #01-01A, Manulife Tower, Singapore 048424** during service hours.

Completed?

You may submit the completed and signed form with all relevant documents to us through any of the following modes:

✉ **Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424**