

**CLAIMS FORM FOR  
SENIOR WORKER EARLY ADOPTER GRANT AND/OR PART-TIME RE-EMPLOYMENT GRANT**

The Claim Form consists of 2 sections: Claims Summary, and Profile of Senior Workers.

Companies are reminded to submit your claims for SWEAG and/or PTRG through the same Programme Partner (PP) which they submitted Application Employer Kit. Please ensure accurate declaration and furnish all the information and supporting documents needed. Incomplete submission will be voided.

Companies are required to submit claims within <3 months> after LOO end date.

**SECTION 1 OF 2: Claim Summary**

COMPANY INFORMATION	
Unique Entity Number (UEN):	LOO Reference Number:
LOO Funding Period End Date:	
Supporting documents for submission at point of claim	<input type="checkbox"/> Addendums to employment contracts citing the specific clauses from MOM for all employees <ul style="list-style-type: none"> <li>• For SWs, they have to be individually addressed</li> </ul> <input type="checkbox"/> Documentary proof on issuance of the standardised addendums to all employees (e.g email with attachment) <input type="checkbox"/> Documentary proof that updated HR policy has been communicated to all employees (e.g. company's staff website, circular/ memo, employee handbook)) <input type="checkbox"/> Any additional documents requested by PP, where necessary
	<input type="checkbox"/> Documentary proof on adoption of Tripartite Standard on Age-friendly Workplace Practices (TS-AWP) (e.g. screenshot of company's name on TAFEP website, email confirmation from TAFEP on successful adoption) <u>If there is a replacement of Senior Workers at claims stage (i.e. change to workers previously submitted during applications stage),</u> <input type="checkbox"/> CPF Form 90 for all senior workers being replaced <input type="checkbox"/> Allow PPs to sight NRICs for all senior workers being replaced

APPLICANT'S PARTICULARS	
Name of Contact Person:	Designation:
Contact Number:	Email Address:
Date of Claim:	

**SECTION 2 OF 2: Profile of Senior Workers Aged 60 and above**

S/N	Name (As in NRIC)	NRIC No	Date of Birth (DD/MM/YY)	SC/ SPR	Highest Qualification Attained a) Below PSLE b) PSLE c) "O" Level d) "A" Level e) Diploma f) Degree g) Post Grad h) Doctorate	Gross monthly salary – please choose one of the following: a) \$0 - \$1500 b) \$1501 - \$1900 c) \$1901 - \$3000 d) \$3001 - \$4500 e) \$4500 and above	Designation /Job role	To benefit from RA/REA by	To benefit from Part-time re-employment	Please indicate which are the replaced and new employee(s), if the employee claimed is different from previously submitted
								4 yrs		
1								<input type="checkbox"/>	<input type="checkbox"/>	
2								<input type="checkbox"/>	<input type="checkbox"/>	
3								<input type="checkbox"/>	<input type="checkbox"/>	
4								<input type="checkbox"/>	<input type="checkbox"/>	
5								<input type="checkbox"/>	<input type="checkbox"/>	
6								<input type="checkbox"/>	<input type="checkbox"/>	
7								<input type="checkbox"/>	<input type="checkbox"/>	
8								<input type="checkbox"/>	<input type="checkbox"/>	
9								<input type="checkbox"/>	<input type="checkbox"/>	
10								<input type="checkbox"/>	<input type="checkbox"/>	
11								<input type="checkbox"/>	<input type="checkbox"/>	
12								<input type="checkbox"/>	<input type="checkbox"/>	
13								<input type="checkbox"/>	<input type="checkbox"/>	
14								<input type="checkbox"/>	<input type="checkbox"/>	
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19								<input type="checkbox"/>	<input type="checkbox"/>	
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24								<input type="checkbox"/>	<input type="checkbox"/>	
25								<input type="checkbox"/>	<input type="checkbox"/>	
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27								<input type="checkbox"/>	<input type="checkbox"/>	
28								<input type="checkbox"/>	<input type="checkbox"/>	
29								<input type="checkbox"/>	<input type="checkbox"/>	
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31								<input type="checkbox"/>	<input type="checkbox"/>	
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37								<input type="checkbox"/>	<input type="checkbox"/>	
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45								<input type="checkbox"/>	<input type="checkbox"/>	

46								<input type="checkbox"/>	<input type="checkbox"/>	
47								<input type="checkbox"/>	<input type="checkbox"/>	
48								<input type="checkbox"/>	<input type="checkbox"/>	
49								<input type="checkbox"/>	<input type="checkbox"/>	
50								<input type="checkbox"/>	<input type="checkbox"/>	

*\* Based on birth year at the point of application*

<b>SIGNATURE BY ACRA- LISTED PERSONNEL</b>	Salutation & Name:
	Designation:
	Company Name:
	Date: