

Financial Assistance Application Form
For Children with Congenital Heart Illness



APPLICANT'S (CHILD) PERSONAL INFORMATION

Name		Name in Chinese (if applicable)	
Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Birth Certificate No.
School's Name & Address			

PARENTS/GUARDIAN'S PERSONAL INFORMATION

Father's Name		Name in Chinese (if applicable)	
Age	NRIC No.	Occupation	Office Tel
			Mobile No.
Monthly income: RM		Other side income: RM	
Monthly commission: RM		Please indicate source:	
Name & Address of Company		Name & Position of immediate supervisor	
Does your company's health insurance cover your family? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount covered: RM	

Mother's Name		Name in Chinese (if applicable)	
Age	NRIC No.	Occupation	Office Tel
			Mobile No.
Monthly income: RM		Other side income: RM	
Monthly commission: RM		Please indicate source:	
Name & Address of Company		Name & Position of immediate supervisor	
Does your company's health insurance cover your family? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount covered: RM	

PARTICULARS OF FAMILY

Family's permanent address

Family's correspondence address

Telephone

Telephone

Number of children

Name of children

Age

Name of children

Age

1.

4.

2.

5.

3.

6.

Does your family own a car/motorcycle?

Yes No Amount of installment paid per month: **RM****Car Model****Year**

Does your family own its own house?

Yes No Amount of installment paid per month: **RM****Type of house****Year**If house is rented, amount of rental paid per month: **RM**

Have you approached any other charitable organisations/made a newspaper appeal for financial assistance?

Yes No

If yes, how much have you collected so far?

 Waiting for response RM _____

Name of organisation/newspaper

Contact person

Telephone

1.

2.

3.

Amount applied for AIA Touching Lives/ AIA Have-A-Heart sponsorship: **RM**

PARTICULARS OF HEART CONDITION NEEDING CORRECTIVE SURGERY

(To be completed by attending Physician)

Name of attending Doctor	Name & Address of Hospital/Clinic
How long have you been the attending Doctor of this child?	What is the diagnosis of the heart condition suffered by this child?
Does this child require any surgical intervention?	If yes, what kind of surgical intervention is required?
What is the prognosis after surgery has been carried out?	Please provide a rough estimate of the cost of such surgical intervention in your hospital. RM
Average of duration of hospitalization required after surgery	When and where has surgery been scheduled for this child?
Signature	Date

AIA TOUCHING LIVES/AIA HAVE-A-HEART FUND ELIGIBILITY CRITERIA

- 1) To include most heart procedures for those aged 10 years and below.
- 2) Sponsored patients must be Malaysian citizens or permanent residents.
- 3) Surgery must be carried out in Malaysia.
- 4) Financial assistance is restricted to those in the low income group.
- 5) Final sponsorship decision rests with the AIA Have-A-Heart Fund Sponsorship Committee.

DOCUMENTS REQUIRED (CERTIFIED TRUE COPIES)

- 1) Applicant's (child) birth certificate.
- 2) Parents'/Guardians' identity card.
- 3) Parents' latest salary statement (for the past 3 months).
- 4) Parents' latest Income Tax Form 'J', or latest EA Form or EPF statement, or original letter from employer confirming their salary.

TERMS AND CONDITIONS

- 1) The AIA Touching Lives Fund/AIA Have-A-Heart Fund reserves the right to use the names, addresses, photographs, information and/or documents of all AIA Touching Lives Fund recipients and their families in advertisements, brochures and other forms of publicity from time to time.
- 2) AIA Touching Lives/ AIA Have-A-Heart Fund recipients and their families may also be required to participate in publicity programmes.
- 3) The AIA Touching Lives/ AIA Have-A-Heart Fund reserves the right to amend the amount, terms & conditions of the sponsorship herein at any time at its absolute discretion without prior notice.

DECLARATION

(To be completed & signed by parent/guardian)

- 1) I hereby declare that all the information given in this application and all the documents submitted are complete, true and correct. I understand that the Sponsorship Committee reserves the right to revoke any financial assistance granted to my child if any of the information or document is found to have been falsified or withheld.
- 2) I hereby consent to provide AIA Bhd. with the right to access and obtain any information or medical report of my child, from any hospitals which might have this information.

Signature _____

Date _____

Name _____

Application forms are to be completed and returned to the following for review:

AIA Touching Lives/ AIA Have-A-Heart Fund

c/o Corporate Communications Department

Level 12, Menara AIA

99 Jalan Ampang

50450 Kuala Lumpur

Tel: 03- 2056 1213 Karen Yoong / 03-2056 1214 Lee Khang Chern

Email: my.corpcomms@aia.com

Website: www.aia.com.my

INVESTIGATION REPORTS ON FINANCIAL STATUS OF APPLICANT'S FAMILY

REMARKS/RECOMMENDATION FROM BRANCH OFFICE/AGENCY FORCE

Name of Life Planner/staff on the visit team

Investigated by (Name)

Branch/Agency
