

Alteration and Declaration of Continued Insurability Form (Affinity Schemes only)

Statement under section 25(5) of Insurance Act, Cap. 142 (or any future amendments to it)

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for.
 Otherwise, the insurance policy may not be valid.

Name of proposer (as shown in NRIC)		NRIC number/FIN	
Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN	
Relationship of insured with proposer	Policy name	Policy number	
Name of company			

Please complete one form per policy and fill in all fields for the change to take effect.

For change of address and contact number, please login to me@income or download the Change of Personal Particulars Form from www.income.com.sg and email the completed form to csquery@income.com.sg.

Type of request

Termination of policy
 Deletion of insured
 Reinstatement of policy
 Review of special terms

Note: For reinstatement of policy and review of special terms, please complete the declaration of continued insurability questionnaire.

Changes to policy

Co-Pay Assist Plan	From		To		Remarks
<input type="checkbox"/> Change of ward	<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C			—
Corporatised Entities Group Insurance Scheme (CEGIS)	Term life coverage		Critical illness rider		Remarks
	From	To	From	To	
<input type="checkbox"/> Increase in sum assured					For increase in sum assured or addition of critical illness rider, please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Addition of critical illness rider	Sum assured \$ _____				
<input type="checkbox"/> Decrease in sum assured					—
<input type="checkbox"/> Deletion of critical illness rider					—
HomeTeamNS Insurance	HomeTeamNS Insurance Scheme		HomeTeamNS Living Policy		Remarks
	From	To	From	To	
<input type="checkbox"/> Increase in sum assured					Please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Decrease in sum assured					—

Changes to policy

LUV	From	To	Remarks
<input type="checkbox"/> Change of cover type	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe	For upgrade of cover type or plan type, please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Change of plan type (sum assured)	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$100,000	
<input type="checkbox"/> Change of premium payment mode	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
Plus! Term Life Insurance			
	From	To	Remarks
<input type="checkbox"/> Decrease in sum assured			—
<input type="checkbox"/> Change of credit card details	New card number <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> New card expiry date (mm/yy) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>		—
SAFRA Insurance (Please select your plan type)	<input type="checkbox"/> SAFRA Essential Term <input type="checkbox"/> SAFRA Living Care	<input type="checkbox"/> SAFRA Insurance Scheme <input type="checkbox"/> SAFRA Living Policy	Remarks
	From	To	
<input type="checkbox"/> Increase in sum assured			Please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Decrease in sum assured			—
<input type="checkbox"/> Change of premium payment mode	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Change in premium payment mode can only be processed on your policy anniversary date.

Important notes for SAFRA Insurance:

- For increase in sum assured for SAFRA Insurance Scheme and SAFRA Living Policy, insured must be age 34 and below.
- With effect from 1 April 2011, we have ceased new application for SAFRA Insurance Scheme and SAFRA Living Policy.

Declaration of continued insurability questionnaire (Applicable only for increase in sum assured, upgrade of plan type or cover type and addition of rider)

1. Please state your occupation and nature of work.	
2. Please state your height and weight.	<div style="text-align: right;">_____ metres</div> <div style="text-align: right;">_____ kilograms</div>
3. Have you ever taken addictive drugs, narcotics or been treated for drug addiction in the past five years? If 'Yes', please state the name of the drugs, how much you took, how often you took them, for how long as well as the date of your last treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently undergoing or have been advised to have any form of medical treatment, medication or follow-up? If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>5. Have you ever had or have been advised by a doctor to have surgery or any tests such as X-rays, ultrasound, CT scan, MRI scan, electrocardiograms, blood and urine tests, biopsy, mammogram and pap smear? If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you ever had, or been told (by a doctor) to have treatment or been treated for, asthma, cancers, tumours, lumps, nodules, polyps, cysts, diseases or disorders of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, hepatitis, liver disease, raised cholesterol, kidney or urinary disorders (including protein or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (for example, lupus), diseases and disorders of the eye, ear, nose or throat, musculo-skeletal disorders, gastro-intestinal disorders, HIV infection, sexually transmitted diseases, any recurring symptoms or illnesses or physical deformities not listed above? If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have any of your natural parents or brothers or sisters ever been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which they were born with or passed down from parents? If 'Yes', please name the conditions, age it began and relationship of the person to you.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Did you have any of these symptoms in the last 3 months for more than one week continuously: - fatigue, or - unexplained weight loss, or - enlarged lymph nodes or - growth or patch of skin that does not resemble that area around it?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Do you take part in any form of flying other than as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft or any other dangerous work (for example, a commercial diver, military pilot) or sports or pursuits (for example, motor racing, rock climbing)? If 'Yes', please name the activity.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10a. Have you had any application for life, accident or health insurance policy rejected, postponed or accepted at other than normal terms by us or any other insurer? If 'Yes', please tell us the reason and the medical condition, if any.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10b. Have you made any claim under any life, health or accident policies, whether individual or group plans, with us or any other insurer within the last 12 months? If 'Yes', please provide the details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Do you smoke? How many cigarettes or cigars do you smoke each day?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. For female insured of the proposer: Are you currently pregnant? If 'Yes', please state the number of months and whether there is any complication (for example, raised blood pressure, sugar or protein in urine).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation

I declare that the answers given in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in my health or the Insured’s health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured’s health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured’s health. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.

I understand that I can ask for advice from an advisor before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance aims.

I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the “Personal Data Use Statement” (PDUS) and (b) on the representation and warranty made in the PDUS.

I authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income’s Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income’s Privacy Policy.

For the purpose of this application, I authorise, consent and agree to:

- the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the Insured whether Income accepts this application or not;
- Income and its relevant third parties stated in Income’s Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the Insured; and
- Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the Insured’s health status or condition in relation to this application.

I agree that a copy of this authorisation is valid and binding as an original copy.

I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Signature of proposer
(if different from insured)

Signature of insured
(if insured’s age next birthday is 17 years and above)

Date (dd/mm/yyyy)

Mandatory documents

MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism

You are required to provide the following documents for the insured person (or people) named in this application and who are covered under the plan:

a) Singaporean or Singapore Permanent Resident

- i. Proposer and spouse of proposer: a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
- ii. Child(ren) of proposer: a clear photocopy of the birth certificate and NRIC (front and back), if available

b) Others

- i. Proposer: a clear photocopy (front and back) of the work pass or permit and identity card
- ii. Spouse of proposer: a clear photocopy (front and back) of the work pass or permit or dependant's pass or identity card or long-term visit pass (whichever is applicable)
- iii. Child(ren) of proposer: a clear photocopy of the birth certificate and dependant's pass or long-term visit pass (front and back) (whichever is applicable)