

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 or FIN	
Name of insured (as shown in NRIC or BC)		NRIC or BC number or 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	Change in premium payment mode can only be processed on your policy anniversary date.
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: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		—
	New card expiry date (mm/yy) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
SAFRA Insurance (Please select your plan type)	From	To	Remarks
<input type="checkbox"/> Increase in sum assured	<input type="checkbox"/> SAFRA Essential Term <input type="checkbox"/> SAFRA Living Care	<input type="checkbox"/> SAFRA Insurance Scheme <input type="checkbox"/> SAFRA Living Policy	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.	_____ metres _____ kilograms
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:</p> <ul style="list-style-type: none"> - fatigue, or - unexplained weight loss, or - enlarged lymph nodes or - growth or patch of skin that does not resemble that area around it? 	<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, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at <http://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

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

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

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b) Income to collect from 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
- c) 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 health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We 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.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

Where the declaration and authorisation below applies to me:

I agree to tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to have any medical consultation, investigation or treatment between the date of this application and before the date you issue the policy. I understand that you may add terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information I have given.

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. 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 me and you. If anything is untrue, incorrect or incomplete, the insurance policy you issue will not be valid. I agree that your legal responsibility will only begin when you accept this application and the first premium has been paid in full and cover will apply from the start date in the insurance policy issued to me.

I confirm that I understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" above.

For the purpose of processing and/or administrating this application and any claim in connection with my policy(ies) with Income, I authorise, consent to, and agree to any medical source, insurance office, reinsurance, or organisation to release to you and you to release to any medical source, insurance office, reinsurance, or organisation any relevant information to do with me or the insured whether you accept my application or not. A photocopy of this authorisation is valid as an original copy.

I am aware that I can ask for advice from an insurance adviser before I sign this application. If I choose not to, I will make sure that this product is appropriate for my financial needs and insurance objectives.

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 husband or wife 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. Husband or wife 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)