

## Group Employee Data

**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.

### Company information

Name of company	Policy number
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### Details of insured(s)

Name (as shown in NRIC/work passes)		NRIC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Occupation/position
Effective date (dd/mm/yyyy)	Plan/sum assured	Type <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Changes
Name (as shown in NRIC/work passes)		NRIC number/FIN
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**Note:**

1. All additions must be reported within 30 days from the effective date of cover.
2. All deletions must be reported within 30 days from the effective date, otherwise no refund will be made for the period prior to the date such notice is received.
3. For making changes, please enter ONLY particulars to be altered, together with "Name" and "NRIC number or FIN". Fill "NA" for particulars which require no alteration.

### 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 authorization 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 by employer

We cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

We confirm (a) that we understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" (PDUS) above and (b) on the representation and warranty made in the PDUS.

We declare that the answers given in this form are true, correct and complete. We accept full responsibility for them, whether written by us or by anyone else on our behalf. We have not withheld any information.

We 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.

**We agree that this application form together with the enclosed description and other particulars of each and every eligible employee and any other written answers, statements, information or declaration made by us or on our behalf and any applications submitted by the eligible employees for the purpose of the proposed insurances shall form the basis of the contract between us and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.**

\_\_\_\_\_  
Name and signature of employer

\_\_\_\_\_  
Company stamp

\_\_\_\_\_  
Date (dd/mm/yyyy)