

TRANSFER/NO-PAY LEAVE/RETIREMENT FORM

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

For Public Officers Group Insurance Scheme (POGIS)

Note: This form is to be completed by the employee and submitted to NTUC INCOME through the HR/Personnel Department.

Name (as shown in NRIC/FIN/Passport)	Policy No.
Contact No. (O) _____ (H) _____ (Hp) _____	NRIC/FIN/Passport No.

Please complete only the relevant section and indicate "N.A." for the other sections which are not applicable.

Transfer

Transfer from Existing company _____ to new company _____	
Date of Transfer (dd/mm/yyyy)	Final premium deduction date from existing company (dd/mm/yyyy)

No-Pay Leave

Period of No-Pay Leave from Start Date (dd/mm/yyyy) _____ End Date (dd/mm/yyyy) _____	
Total premium payable during period of no-pay leave	Premium deduction from salary will resume from (dd/mm/yyyy)

Retirement* **Special Resignation Scheme*** **Special Gratuity Scheme***

Effective Retirement Date / Last Day of Service (dd/mm/yyyy)
Final Premium deduction date (dd/mm/yyyy) _____ being premium payment for _____ (mm/yyyy)

*For Retirement, Special Resignation Scheme and Special Gratuity Scheme, please submit the form together with an Interbank GIRO Application Form.

Signed by _____
Signature of Employee _____ Date (dd/mm/yyyy) _____

Endorsed by _____
Name of HR administrator _____ Date (dd/mm/yyyy) _____

Name of Company & Stamp _____

GH/POGIS/TNR/12/2010