

ALTERATION FORM (AFFINITY SCHEMES ONLY)

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.

Name of Policyholder (as shown in NRIC)	NRIC No.
Name of Insured (as shown in NRIC)	NRIC No.
Relationship of Insured with Policyholder	Policy No.
Name of Employer (Applicable to CEGIS, POGIS and Co-Pay Assist Schemes only)	

Affinity Schemes

<input type="checkbox"/> Corporatised Entities Group Insurance Scheme (CEGIS)	<input type="checkbox"/> Public Officers Group Insurance Scheme (POGIS)
<input type="checkbox"/> Home TeamNS Insurance	<input type="checkbox"/> Co-Pay Assist Plan
	<input type="checkbox"/> LUV

Change Of Personal Particulars

Change of Name or NRIC of Policyholder/Insured <small>(Note: Please attach documentary proof for change(s). For e.g. copy of deed poll)</small>	Change of E-mail
Change of Address <div style="text-align: right;">(Postal Code)</div>	Change of Contact Number (O) (H) (Hp)

Termination of Policy/Deletion of Insured/Reinstatement of Policy

Please tick on appropriate box	<input type="checkbox"/> Termination of Policy	<input type="checkbox"/> Deletion of Insured	<input type="checkbox"/> Reinstatement of Policy¹
Name of Insured	NRIC No.		

Changes to Co-Pay Assist Plan

Policy Changes (Please tick on appropriate box)	From	To
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

Changes to Corporatised Entities Group Insurance Scheme (CEGIS)

Please tick on appropriate box <input type="checkbox"/> Basic <input type="checkbox"/> Critical Illness Rider		
Policy Changes (Please tick on appropriate box)	From	To
<input type="checkbox"/> Increase in Sum Assured ¹		
<input type="checkbox"/> Decrease in Sum Assured		
<input type="checkbox"/> Addition of Critical Illness Rider ¹	Sum Assured _____	
<input type="checkbox"/> Deletion of Critical Illness Rider		

Changes to HomeTeamNS Insurance

Please tick on appropriate box <input type="checkbox"/> HomeTeamNS Insurance Scheme <input type="checkbox"/> HomeTeamNS Living Policy		
Policy Changes (Please tick on appropriate box)	From	To
<input type="checkbox"/> Increase in Sum Assured ¹		
<input type="checkbox"/> Decrease in Sum Assured		
Change of Payment Method	From	To
Payment Method (If changing to GIRO payment, please submit NTUC Income's GIRO form)	<input type="checkbox"/> Cheque <input type="checkbox"/> Interbank GIRO	<input type="checkbox"/> Cheque <input type="checkbox"/> Interbank GIRO

¹ Please complete and submit the Declaration of Continued Insurability Form.

Changes to LUV Plan

Policy Changes (Please tick on appropriate box)	From	To
<input type="checkbox"/> Change of Cover Type (Sum Assured) ¹	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000
<input type="checkbox"/> Change of Plan	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe
Change of Payment Method	From	To
<input type="checkbox"/> Payment Method (as at anniversary date)	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Changes to Public Officers Group Insurance Scheme (POGIS)

Please tick on appropriate box <input type="checkbox"/> Basic <input type="checkbox"/> Critical Illness Rider		
Policy Changes (Please tick on appropriate box)	From	To
<input type="checkbox"/> Increase in Sum Assured ¹		
<input type="checkbox"/> Decrease in Sum Assured		
<input type="checkbox"/> Addition of Critical Illness Rider ¹	Sum Assured _____	
<input type="checkbox"/> Deletion of Critical Illness Rider		

¹ Please complete and submit the Declaration of Continued Insurability Form.

Declaration by Proposer

I agree to inform NTUC Income as soon as possible if there is any change in the state of my and/or the life to be insured's health or if I and/or the life to be insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by NTUC Income. I understand that NTUC Income may impose terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information provided by me.

I declare and warrant that the answers given in this application are true, correct and complete and 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 made by me or on my behalf shall form the basis of the contract of insurance between me and NTUC Income and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid. I agree that NTUC Income's liability shall only commence when the proposal is accepted by them, the first premium is paid in full and written notification of the commencement of cover is made known to me.

I am aware that I can seek advice from an insurance adviser before I sign this application. Should I choose not to, I take sole responsibility to ensure that this product is appropriate for my financial needs and insurance objectives.

I also wish to apply for admission as a member of NTUC Income and if accepted, I agree to be bound by the By-Laws of NTUC Income (subject to NTUC Income's qualifications and terms of admission of members).

Signature of Policyholder

Date (dd/mm/yyyy)