

DECLARATION OF CONTINUED INSURABILITY 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.

Particulars of Proposer/Insured

Name of Life to be Assured (as shown in NRIC)	Proposal/Policy No.	NRIC/Passport No.
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For New Application/Changes to Policy (eg. upgrade/addition of Rider)

Has there been any change in your/Life to be Assured's health status, eg. admission to hospital, receiving or pending any medication/medical treatment/ investigation/ surgery, from the time the application forms in respect of the above proposal (including all questionnaires/additional declarations made in connection with the application) were completed?

No

Yes (Please give details below)

Please enclose copy of reports.

Enclosed

Not available

For Reinstatement

Has there been any change in your/Life to be Assured's health status, eg. admission to hospital, receiving or pending any medication/medical treatment/ investigation/ surgery, from the Expiry Date of your above policy?

No

Yes (Please give details below)

Please enclose copy of reports.

Enclosed

Not available

Please give details (eg. dates, diagnosis, current status, etc).

Declaration

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of my proposal/policy.

If NTUC Income consent to any reinstatement of my policy, I agree that NTUC Income can impose the following conditions :

- a. I am required to pay all outstanding premiums before this policy is reinstated;
- b. NTUC Income will not pay for any benefits which are incurred during the period between the date of termination and the date immediately before the date of reinstatement (both dates inclusive) of this Policy; and
- c. Additional exclusions or charge additional premium(s) from the date of reinstatement if there is a change in my medical or physical condition.

I agree that this form will constitute part of my proposal/policy for health insurance and that failure to disclose any material fact known to me may invalidate the contract of insurance.

If a material fact is not disclosed in this form, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the form. Please check to make sure you are fully satisfied with the information declared in this form.

Signed in Singapore on the _____ day of _____ 20____

Signature of Life to be Assured	Signature of Proposer/Policyholder (if different from Life to be Assured)
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GH/G6113/DCI/09/2009