



NTUC INCOME INSURANCE COOPERATIVE LIMITED

MAIN OFFICE: 75 BRAS BASAH, NTUC INCOME CENTRE, SINGAPORE 189557
TEL: 6336 3322 • FAX: 6338 1500 • EMAIL: email@income.com.sg • WEBSITE: www.income.coop

PRODUCT QUESTIONNAIRE FOR MEDICAL INSURANCE

IMPORTANT NOTICE TO CLIENT

Your adviser is a representative of NTUC Income and can advise you on the product.

Your adviser must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs will be the basis on which the advice will be given.

A policy purchased without the completion of "Know Your Client" form may not be appropriate to your needs.

In planning for a medical insurance cover,

- 1) Which ward do you or your family members prefer to be admitted to in the event of a hospitalisation? Ward A Ward B Ward C Others _____
- 2) Do you or your family members wish to have outpatient treatment (General Practitioner, Specialist) covered by a medical plan? Yes No
- 3) Are you aware that the medical plan has some form of co-payment to be borne by you? Yes No

APPROPRIATE PLAN

- Incomeshield
- Managed Healthcare System (MHS)
- Others _____

DECLARATION

I understand that a copy of the completed "Product Questionnaire" will be provided to me in the policy document.

I acknowledge that I have the option to complete the "Know Your Client" form but I wish to receive product advice only.

I agree that the contents of the Product Summary has been explained to me to my satisfaction.

I, the adviser, declare that the information provided to me is strictly confidential and is only to be used for the purpose of factfinding in the process of recommending suitable insurance products, and shall not be used for any other purpose.

Name of Client	Signature & Date
Name of Adviser	Signature & Date
Name of Adviser's Supervisor	Signature & Date



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PROPOSAL FORM FOR INFECTIOUS DISEASE INSURANCE PLAN

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

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.

APPLICANT'S PARTICULARS (As in NRIC/Passport)

Name		NRIC/PP/FIN No.	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address			Date of Birth	
Contact No. (Home)	(Office)	(Mobile/Pager)		
Email	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		No. of Children	

PARTICULARS OF ALL LIVES TO BE COVERED (Please use extra paper if required)

No.	Full Name (As in NRIC/Passport/BC)	NRIC/BC/FIN No.	Sex	Date of Birth	Occupation
1.	Applicant -				
2.	Spouse -				
3.	Child -				
4.	Child -				
5.	Child -				
6.	Father -				
7.	Mother -				

QUESTIONNAIRE (Please use extra paper if required)

	Yes/No	If "yes", please indicate and provide relevant details.
1. Have you or your family members ever been suspected of, quarantined for, tested positive for, diagnosed to have or treated for any infectious disease?		
2. Have you or your family members ever had close contact with any person quarantined for or diagnosed with any infectious disease?		
3. Have you or your family members ever had or been told to have or been treated for any serious or chronic health conditions (e.g. cancer, stroke, diabetes, conditions affecting the lungs, heart, kidneys or liver), disabilities or hospitalisation?		
4. Have you or your family members travelled to any infectious disease-affected areas as identified by World Health Organisation (WHO) within the past 30 days?		

DECLARATION BY APPLICANT

I hereby declare that the foregoing answers are true and correct and I have not withheld any material information. I agree that this proposal and declaration shall be the basis of the contract between me and NTUC INCOME and if anything contrary to the truth is stated therein the contract shall be absolutely void. I also agree that there shall be no liability upon NTUC INCOME until this proposal had been accepted by NTUC INCOME and the premium paid in full. I am aware that I can seek advice from a qualified advisor before I sign this application/proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Commencement Date	Representative	Rep Code
Remarks		



Cooperative: Your Partner For A Better Life

PRODUCT SUMMARY ON INFECTIOUS DISEASE INSURANCE PLAN

PRODUCT INFORMATION

Benefits

Home Quarantine	\$100 per policy year
Hospitalisation Cash Benefit	\$150 per day Hospital Confinement due to any of the Infectious Diseases. \$75 for each day of hospitalisation leave following discharge from hospital. (Max 60 days)
Death Benefit	\$30,000 (As a result of Infectious Disease)

Infectious Diseases* Covered

Severe Acute Respiratory Syndrome (SARS)	Melioidosis (Soil Disease)
Bird Flu	Dengue Fever
Japanese Viral Encephalitis	Nipah Viral Encephalitis
Legionnaires' Disease	Anthrax Infection
Malaria	Yellow Fever
Plague	Rabies
Variant Creutzfeldt-Jakob Disease [vCJD] (Mad Cow Disease)	

* Other infectious diseases are specifically excluded from the scope of coverage.

Premium Rates

Age Band <i>(age next birthday)</i>	Annual Premium <i>(per member)</i>
18 months to 55 years	\$100
56 to 75 years	\$150

KEY PRODUCT PROVISIONS

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the contract. Please consult your insurance adviser should you require further clarification.

Terms of Renewal

The policy is issued for a period of one (1) year and upon expiry, shall be renewed each year thereafter (or for a further term of one year) subject to the payment of the prevailing renewal premium and subject always to our reserving our right and discretion not to renew the policy.

Termination of Policy

The policy shall terminate and all benefit shall cease to be payable upon the happening of any of the following:

- Death of the policyholder, in which event cover shall continue for the remaining Insured Person(s) up to the expiry date of the policy.
- Non-payment of the renewal premium

Termination of Cover

Cover for an Insured Person shall cease upon the happening of any of the following:

- Death of the Insured Person
- An Insured Person attaining the age of 75 years in which event cover for that Insured Person shall continue up to the expiry date of the Policy
- The policyholder giving written notice to terminate cover for an Insured Person at least one month prior to the expiry date. We will advise you of the effective date of termination of cover for that Insured Person.

Change of Terms and Conditions

We may at our discretion modify the terms and conditions of the Policy at any time by giving you a 30 days written notice at your last known address.

Refund of Premium

Upon termination of the Policy or the termination of cover for any of the Insured Person(s), there shall be no refund of premium. The cover for the Insured Person(s) will continue until the end of the current policy year where premium had been paid and will cease thereafter.

Exclusions

These are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy document. The following is a list of the exclusions for this plan. The exclusions for this plan include, but are not limited to, the following 3 conditions. You are advised to read the policy document for the full list of exclusions.

- Home quarantine if the period of quarantine is before the entry date of the Policy.
- Hospitalisation if admission to a registered hospital is before the entry date of the Policy.
- Home quarantine, hospitalisation and death within 21 days from the entry date of the Policy.

Special Exclusion

We will not cover any infectious disease which is announced or notified as:

- An epidemic by the health authority in Singapore or the Government of the Republic of Singapore;
- A pandemic by the World Health Organisation.

The cover for the epidemic or pandemic infectious disease shall be excluded from the date of such announcement or notification. This cover shall be restored on the termination date of such epidemic or pandemic.

Non Guaranteed Premium

Premiums payable for this coverage are not guaranteed and they may be increased at policy renewal at the full discretion of NTUC Income.