ntuc income

APPLICATION TO ADD/DELETE EMPLOYEES (WORKMEDIC)

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.

Policy No.	Name of Company
Contact Person	Contact No. (O) (H) (Hp) (Fax)

Particulars of Insured(s)

For ADDITION of employees under existing policy

No.	Name (as shown in FIN/PP/WP)	FIN/Passport/WP No.	Gender	Date of Birth (dd/mm/yyyy)	Effective Date (dd/mm/yyyy)
1.			☐ Male ☐ Female		
2.			☐ Male ☐ Female		
3.			☐ Male ☐ Female		
4.			☐ Male ☐ Female		
5.			☐ Male ☐ Female		

Particulars of Insured(s)

For DELETION of employees under existing policy

No.	Name (as shown in FIN/PP/WP)	FIN/Passport/WP No.	Gender	Date of Birth (dd/mm/yyyy)	Effective Date (dd/mm/yyyy)
1.			☐ Male ☐ Female		
2.			☐ Male ☐ Female		
3.			☐ Male ☐ Female		
4.			☐ Male ☐ Female		
5.			☐ Male ☐ Female		

Declaration by Proposer

We declare that the foregoing answers are true, correct and complete, and, whether written by us or by anyone else on our behalf, we accept full responsibility for them. We have not withheld any material information. We agree that this proposal form together with the enclosed description and other particulars of each and every eligible employee and any other written statements, information or declaration made by us or on our behalf and any proposals submitted by the eligible employees for the purpose of the proposed insurances shall form the basis of the contract between us and NTUC Income.

We warrant that we have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s), if any, payable to us under the Policy.

We undertake that we will not submit the names of any employee to be insured if they are currently absent from active work, are suffering from any serious illness or disease which endangers his/her life or working part-time.

In the event of a claim, we will fully cooperate with NTUC Income to obtain the consent of the person to be insured to agree and authorise or we will agree and authorise any medical source, insurance office or organisation to release to NTUC Income, or for NTUC Income to release to any medical source or insurance office, any relevant information concerning the person to be insured at the time.

If a material fact is not disclosed in this proposal, 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 proposal. Please check to ensure you are satisfied with the information declared in this proposal.

Name & Signature of Proposer	Company Stamp	Date (dd/mm/yyyy)

GH/I050/Life/12/2009

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