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For office use (Policy number)

## Dependants' Protection Scheme

### Application for Top-up

**Statement under section 25(5) of Insurance Act, Cap. 142 (or any future amendments to it)**

You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

**Instruction for filling up this form**

1. If the top-up is done within the 60 days grace period from the renewal date, you need not complete the Questions on health in Section B of the form. Please complete the rest of the sections so that we can process the application.
2. If the top-up is done after the 60 days grace period, all sections are to be fully completed for underwriting purposes.

#### Section A: Your details

Name (as shown in NRIC)		NRIC number	Policy number
Contact number (Handphone)	(Office)	(Home)	Email
Occupation	Exact duties involved		Height (metres)
			Weight (kilograms)

The contact number and email in Section A are for us to use to contact you and check on any requests for changes (if needed). We will not add the details to our records. To change your home address, contact number and email, please fill in the 'Change of personal particulars form'.

#### Section B: Medical underwriting questions

It is necessary for you to declare the condition of your health for your Dependants' Protection Scheme (DPS) cover. If you are suffering from any undisclosed pre-existing serious illness, claims will not be admitted. Please refer to our website [www.income.com.sg/dps-list-of-serious-illness.pdf](http://www.income.com.sg/dps-list-of-serious-illness.pdf) for the list of serious illnesses.

<p>1. Have you ever had or been told to have or been treated for any of the following medical conditions:</p> <p>(a) ischaemic heart disease/coronary heart disease, heart valves disorders or arrhythmia (irregular heartbeats),</p> <p>(b) cancer,</p> <p>(c) stroke/cerebrovascular disorders, tumour of the brain or arteriovenous malformation,</p> <p>(d) renal failure or renal dialysis,</p> <p>(e) diabetes with complications,</p> <p>(f) chronic liver disorders, liver cirrhosis, hepatic encephalopathy or liver failure,</p> <p>(g) AIDS/HIV infection,</p> <p>(h) dementia/Alzheimer's disease,</p> <p>(i) severe psychiatric or mental illness,</p> <p>(j) motor neuron disease,</p> <p>(k) muscular dystrophy,</p> <p>(l) paralysis (hemiplegia/paraplegia/quadruplegia),</p> <p>(m) chronic lung disease,</p> <p>(n) rheumatoid arthritis with complications,</p> <p>(o) multiple sclerosis,</p> <p>(p) systemic lupus erythematosus with complications,</p> <p>(q) parkinson disease with complications,</p> <p>(r) pulmonary hypertension,</p> <p>(s) aplastic anaemia, thalassaemia major or severe blood disorders, or</p> <p>(t) any other illness, disorder, injury, physical disability or abnormality not listed above?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the answer to any of the above medical conditions is Yes, please provide details below.

Medical condition	Date/symptoms/signs	Date of investigation/type of tests done and results/name of clinic or hospital	Treatment (name of drug)/surgery (period of hospital admission)	Present condition (eg. still on follow up, receiving treatment, fully recovered & discharged)

2. Other than for the medical conditions or symptoms that you have already told us about, have you had or been advised by a doctor to have surgery or any medical tests/investigations (for example blood test, urine test, X-ray, ECG, Ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check) during the last 5 years? Or do you intend to have any surgery or tests or investigations in the coming year?  Yes  No

If yes, please provide details below.

Date	Type of test(s)/ surgery done	Reason for test(s)/ surgery done	Results	Name of clinic or hospital	Follow up/treatment required (Yes/No) If yes, please provide details including type of treatment and name of drug.

3. Have you ever used drugs or substances in an illegal way or drug addiction or had alcoholism?  Yes  No

If yes, please provide details below.

Type of substance/ alcohol used	Period of usage	Date of completion of treatment	Name of clinic or hospital	Date of complete abstinence	Fully discharged (Yes/No)

4. Have any of your applications or reinstatement of a life insurance or health insurance policy ever been declined, postponed or accepted with special conditions (for example loading or exclusions)?  Yes  No

If yes, please provide the details below.

Name of insurer	Type of policy/loading/exclusion	Reasons

5. Have you ever made any claims or are you intending to make any claims under any life, health or accident policies, whether individual or group plans, with us or any other insurer?  Yes  No

If yes, please provide details below.

Type of claim(s) (eg. critical illness, hospitalisation, disability, accident)	Details of claim(s)	Date of claim(s)	Name of insurer

**Section C: Preferred payment method**

Please choose a preferred premium payment method by ticking on one of the boxes below.

- Cash/Cheque made payable to "NTUC Income".
- Deduction from CPF Ordinary Account and/or Special Account. I have ensured there is sufficient fund in my CPF OA/SA (Note: If this attempt is unsuccessful, the top-up after 60 days grace will be subject to underwriting).

## Section D: Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

### 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to your application or policy under the Dependants' Protection Insurance Scheme (DPS);
- (c) decide whether to insure or continue to insure you under DPS;
- (d) provide ongoing services and respond to your inquiries or instructions pertaining to your application or policy under DPS;
- (e) make or obtain payments pertaining to your application or policy under DPS;
- (f) investigate and settle claims pertaining to your policy under DPS;
- (g) recover any debt owed to us pertaining to your application or policy under DPS;
- (h) detect and prevent fraud, unlawful or improper activities;
- (i) coach employees and monitor for quality assurance;
- (j) reinsure risks and for reinsurance administration pertaining to your application or policy under DPS; and
- (k) comply with all applicable laws, including reporting to regulatory and industry entities.

### 2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) medical professionals and institutions;
- (b) insurers and reinsurers;
- (c) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, disaster recovery or emergency assistance services;
- (d) debt collection agencies;
- (e) dispute resolution parties;
- (f) parties that assist us to investigate, administer and adjudicate claims;
- (g) financial institutions;
- (h) credit reference agencies;
- (i) industry associations; and
- (j) regulators, law enforcement and government agencies.

### 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent may result in the termination of your DPS policy.

### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

**Section E: Declaration and authorisation**

I authorise the Central Provident Fund Board to deduct premium(s) from my Ordinary/Special account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the Central Provident Fund Board from time to time.

I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from my insurer(s) such information relating to:

- i) payment of premiums due under this proposal, including the deduction of premiums from my Ordinary/Special Account; and
- ii) the making of refunds under this proposal, as Central Provident Fund Board shall reasonably consider appropriate.

I declare that the information provided by me in this form is true, correct and complete and I have not withheld any material information, whether entered in by me or on my behalf.

I confirm that I understand and agree to the 'Personal data collection statement'.

I agree and authorise any medical source, insurance office and/or organisation to release to Income, and Income to release to any medical source and/or insurance office, any relevant information concerning me at any time, irrespective of whether the proposal is accepted by Income.

Without prejudice to the generality of the above statement, I consent to the transfer and disclosure, at any time and without notice or liability to me of any medical information on me in the insurer's possession to the Central Provident Fund Board for:

- (a) the purpose of making of a claim under the DPS or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) which I may be insured under; or
- (b) any purpose connected with the administration or operation of the accounts maintained by the Board for me under the Central Provident Fund Act (Chapter 36). I agree that this consent shall not be affected by any subsequent physical or mental disorder, disability or incapacitation which I may suffer from. In addition,

I agree that this consent shall remain valid notwithstanding my death.

\_\_\_\_\_  
Signature or thumb print of policyholder

\_\_\_\_\_  
Date (dd/mm/yyyy)

Application received after the 60-day grace is subject to underwriting by Income and exclusions or capping of the basic sum assured may be imposed.

**For official use**

Age		Status		
		<input type="checkbox"/> Standard-accept	<input type="checkbox"/> Manual-accept	<input type="checkbox"/> Reject
Standard-underwritten by	Manual-underwritten by	Date underwritten		