

## Managed Healthcare System (MHS) alteration form

### Statement under Section 25(5) of Insurance Act, Cap. 142 (or any future amendment 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.

#### Instructions on how to fill in this form.

1. Section A, B and C: Please fill in all the details.
2. Section B: Give details of the insured, including the policyholder that you want to apply the change(s) to.
3. Section C: You may ask for more than one change.

#### Important notes

1. The change(s) will only apply upon renewal of the policy and you must complete and send us this form, duly signed at least 30 days before expiry of the policy year. If we do not receive the form on time, the change(s) may not be reflected in the coming renewal.
2. If you wish to make the change(s) for more than one policy, please fill in a separate form for each insured.
3. All requests for change will be subjected to our approval.
4. For any request to change the policyholder, the existing policyholder must complete Section A and the new policyholder must complete Section C (part 1). Both the existing and new policyholder are required to sign this alteration form under Section E.
5. Once we approved the change of plan, we will issue a new policy document. For other changes, we will issue an endorsement letter.
6. For any request to terminate the policy, there will be no refund if you have made claims during the policy year.
7. The contact number and email in Section A is 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'.
8. Change mode of payment to:  
Cash : Please complete the "Cancellation/Termination of GIRO arrangement" form and submit to us for processing.  
GIRO : Please complete the new application for Interbank GIRO form and submit to us for processing.

### Section A: Policyholder's details (You must fill this in.)

Name (as shown in NRIC or FIN)	NRIC or FIN number	Date of birth (dd/mm/yyyy)
Contact number (Handphone)                                  (Office)                                  (Home)	Email	

### Section B: Insured's details (You must fill this in.)

Relationship to policyholder	<input type="checkbox"/> Self	<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Child	<input type="checkbox"/> Father	<input type="checkbox"/> Mother
Name (as shown in NRIC or FIN)	NRIC or FIN number	Policy number			

### Section C: Changes to be made to the policy (You may select more than one type.)

#### 1. Change of Policyholder

Name of new Policyholder (as shown in NRIC or FIN)	NRIC or FIN number
Contact number (Handphone)                                  (Office)                                  (Home)	Date of birth (dd/mm/yyyy)
Home address	Email

#### 2. Change of details (Please tick.):

Change or correction of       Name                                   Identification number                                   Date of birth  
(**Important:** We will need a photocopy of the birth certificate, citizenship certificate, NRIC, FIN or deed poll for the above changes.)

#### 3. Change of plan type (Please tick.):

- a) Downgrade plan to       MHB1                                   MHB2
- b) Upgrade plan to\*       MHA                                   MHB1
- c) Convert to Outpatient plan\*\*       MHSOA                                   MHSOB1                                   MHSOB2

#### Important:

- \* For upgrade of plan, the last entry age is 65, based on your age next birthday, when cover starts. Please complete the "MHS Health Declaration form" and submit together with this form.
- \*\* For outpatient plan conversion, please note that once you convert to the new MHS-Outpatient plan, you cannot convert back to your existing MHS plan. You are also not allowed to change the plan type under the new MHS-Outpatient plan, for example changing from MHS-Outpatient Plan A to MHS-Outpatient Plan B1 is not allowed. Please visit our website for more details on MHS-Outpatient plan, <http://www.income.com.sg/insurance/health-insurance/managed-healthcare-system-outpatient-plan>.

#### 4. Termination of policy (Please tick.):

## 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 an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities;
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

### 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) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations;
- (k) 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 will require you to surrender or terminate all your policies with us.

### 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. If we allow you access, we may charge you a reasonable fee. 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

### Agreement

I want to change the above policy according to the requests shown in this form. I have read and agreed to the important notes and declaration.

I declare that the information given in this form is true, correct and complete.

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

I understand and agree that:

- a. The above request has to be approved by you;
- b. If the above request is approved, you may add new terms, conditions and exclusions;
- c. If the above request is approved, you will tell me in writing when the change will take place. The change will take place only if I pay the premium in full and the endorsement letter or new policy document for the change is sent to me; and
- d. If a downgrade of plan request is approved, any special term that apply to my existing plan will also apply to my new plan.

I am aware that I can ask for advice from an adviser before I sign this alteration form. If I choose not to, I will make sure that this product is appropriate to my financial needs and insurance objectives.

I confirm that I am not an undischarged bankrupt, that no statutory demand has been served on me and no bankruptcy order has been made against me.

This application is governed by and interpreted according to the laws of the Republic of Singapore.

### WARNING:

**You must give all the facts truthfully when you make this alteration application. You must also tell us immediately if there is any change in the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the start date of this altered policy. If you fail to reveal any material information in this alteration application, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this alteration application. Please check to make sure you are fully satisfied with the information in this alteration form. You may not alter any of the wordings in this alteration form. Any attempt to do so will be of no effect.**

Signature of policyholder	Date (dd/mm/yyyy)
Signature of new policyholder (if applicable)	Date (dd/mm/yyyy)