



ElderShield Supplement or Care Secure Application for Reinstatement

Warning: Under Section 23(5) of the Insurance Act 1966 (or any other 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.



Important Notes:

This form is strictly for policies with Income which have lapsed for not more than 180 days.

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



Important Notes:

You may update your contact details and access your policy information via our customer portal at www.income.com.sg/account. If your contact details are not updated prior to the submission of this application, any correspondences will be sent to your address, contact number and/or email address in our records.

Full Name (as in NRIC/Long-Term Pass)		NRIC number/FIN	Policy number
Country of residence		Nationality <input type="checkbox"/> Singaporean	
Occupation	Name of organisation	<input type="checkbox"/> Singapore PR (please give details): _____	
		<input type="checkbox"/> Others (please give details): _____	

Section B: Health questionnaire

Please answer all the questions and provide details where applicable. Please attach a copy of medical report(s), if available.

1. Please state your height and weight.		_____ metres (m) _____ kilograms (kg)
2. Have you ever had or been told that you have or been treated for: cancer, diabetes, stroke, heart disease, kidney disease, liver disease, lung disease, dementia, Parkinson's disease, multiple sclerosis, motor neurone disease, AIDS or HIV infection, arthritis or paralysis, or any other medical conditions not mentioned here? (If 'Yes', please provide details including exact diagnosis; date of onset; types of investigations done and the results; medications that you are taking; date of last consultation; name of attending doctor, clinic or hospital etc. Please furnish a copy of medical report(s), if available.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you need any help from another person or mechanical aids such as a cane, crutches, wheelchair or walker to carry out your daily activities such as washing (bathing), dressing, feeding (eating), walking, transferring from bed to chair, and using the toilet? (If 'Yes', please provide details including which activities of daily living is/are affected.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any day-to-day activities such as doing housework, preparing meals, shopping, using public transport, or any hobby which you have stopped doing in the last year due to your health conditions? (If 'Yes', please provide details.)		<input type="checkbox"/> Yes <input type="checkbox"/> No



Important Notes:

For Singapore Citizens and Permanent Residents of Singapore:

- You need to disclose the result of a diagnostic genetic test done (i.e. test to confirm or rule out a diagnosis when you have symptoms).
- You do not need to disclose the result of a:
 - ✓ predictive genetic test (test done when you have no symptoms of a genetic disorder) such as Huntington's disease (HTT), BRCA1 and BRCA2 unless your total coverage for a specific benefit exceeds the limits as set out in questions 5a.
 - ✓ genetic test obtained from Biomedical Research or Direct-to-Consumer (genetic test provided to consumer directly by manufacturer or supplier of the test).
- If a genetic test result is negative, we may take it into account to consider better underwriting terms.

5a. Is your total Long Term Care coverage with Income and other insurers more than S\$3,000 per month? If yes, please answer Question 5b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5b. Have you undergone a genetic test for Huntington's disease? If yes, please provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Reasons for test	
Date of test	
Test results	

If you answered "Yes" to any of the above medical questions, please provide the details in the space below:

- When was the condition diagnosed.
- Medication that you are taking, if any.
- Date of your last consultation.
- Name and address of the doctor, clinic or hospital treating you for each condition declared above.

Question number	Health details

Section C: Payment method



Important Notes:

1. This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.
2. Anyone who pays for, or is insured under PrimeShield or Care Secure is not eligible for Additional Premium Support (APS) from the Government. *

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under PrimeShield or Care Secure, you will stop receiving APS. This applies even if you are not the person paying for PrimeShield or Care Secure.

In addition, if you choose to be insured under PrimeShield or Care Secure, the person paying for PrimeShield or Care Secure will stop receiving APS, if he or she is currently receiving APS.

* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

- ☐ Own CPF Medisave account
- ☐ Husband's or wife's, children's, grandchildren's, parent's, CPF Medisave account (Please fill in the details below.)
- ☐ Grandparent's, sibling's, CPF Medisave account (Only allowed for policyholder who is a citizen of Singapore or permanent resident of Singapore. Please fill in the details below.)

Premium payment using family member's CPF Medisave account

Name of CPF account holder	Date of birth (dd/mm/yyyy)	CPF account number	Relationship to you	Percentage of premium	Signature of account holder and date (dd/mm/yyyy)

Authorisation by CPF account holder for payment using CPF

I authorise the Central Provident Fund Board (the 'CPF Board') to use the moneys in my MediSave account to pay the premiums due for the Life to be Insured named under this application, in line with the Central Provident Fund Act 1953 and the CareShield Life and Long-Term Care Act 2019 including their respective subsidiary legislations, as well as any terms and conditions that may be imposed from time to time.

I authorise the CPF Board to use the moneys in my new MediSave account to pay for the premiums due under this application if I am given a new MediSave account when I achieve Singapore Permanent Residence status. (This applies to the applicant who is currently not a citizen or permanent resident of Singapore.)

I authorise the CPF Board, if they reasonably consider it appropriate, and on a confidential basis, to reveal information to, or ask for information from, any insurers relating to:

- payment of premiums due under this application, including the use of moneys from my MediSave account or my new MediSave account; and
- making of refunds under this application.



Important Notes:

A temporary e-receipt must be issued by your advisor if you are paying using cash, cheque, cashier order or money order. Your advisor is not allowed to collect cash of more than S\$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.

- ☐ Cash or cheque
(Please write your name, NRIC number and contact number on the back of the cheque.)



Important Notes:

We will send you a premium notice if we cannot collect the premium from your or any other authorised account through Interbank GIRO, in which case, you must pay us the first year premium by cash or cheque.

- ☐ New GIRO application
(Please fill in and attach a new application for Interbank GIRO form.)

Section D: Personal Data Use Statement

By providing the information and submitting this application or transaction, I consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my health or financial situation (collectively "personal data") for the purposes of processing and administering my insurance application or transaction, managing my relationship and policies with Income including providing me with financial advice/financial planning services, sending me corporate communication and information on products and/or services related to my ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me with their respective products/services, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payor or beneficiary) is provided by me (whether in this or subsequent submissions) or from other sources to Income Parties, I represent and warrant that:

- I have obtained their consent for the collection, use and disclosure of their personal data; and
- I am authorised to give any authorisation and approval on their behalf

for the purposes as set out in this Personal Data Use Statement.

I agree that if my policy(ies) premiums are paid by third-party payor(s), I consent to the use and disclosure of my name and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my policy(ies).

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Section E: Declaration

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. I wish to change the above policy according to the above request(s). I understand and agree that the changes:
 - a. are subject to Income's underwriting and acceptance;
 - b. If accepted, may be subject to terms, conditions and exclusions imposed by Income;
 - c. will take effect only when Income accepts and approves my request(s) and notifies me in writing of the effective date of the change(s); and if applicable to my request(s), provided that I have paid the premium in full.
3. I declare that the answers given in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any material information. If it is discovered later that material information is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.
4. I confirm that there has been no change in the information provided about me since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the information provided about me such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in my information.
5. I am aware that a copy of this completed application will be provided upon my request to Income.
6. I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan to be issued at www.income.com.sg.
7. I agree that Income's legal responsibility will only begin when Income accepts this application and I have paid the first premium. The start date of the plan will be shown in the Policy Schedule.
8. If I am reinstating my policy, I agree that notwithstanding the terms and conditions under the policy;
 - a. I must give Income all material information about the life to be insured from the expiry date of my policy, up till the reinstatement date that may influence your decision whether to reinstate or to impose any further terms under the policy;
 - b. if I fail to give Income this material information or misrepresent any such information, Income may:
 - i. declare the policy as void from the start date of the reinstated policy;
 - ii. end the cover for the life to be insured and not pay any benefits; or
 - iii. add extra terms and conditions to the policy;
 - c. the terms and conditions of my reinstated policy may be different from the terms and conditions of my policy prior to the reinstatement.
9. I agree to give you all significant and material information about my state of health from the date I signed this Alteration Form, up till the start of my altered policy that may influence your decision whether to accept or impose any further terms under the policy. This includes any facts I may not be sure is significant or material, and any information I have given to my advisor but was not included in this application. If I fail to give you the material information or misrepresent any such information, you may:
 - a. declare the policy as void from the start date of the altered policy;
 - b. end the policy and not pay any benefits; or
 - c. add extra terms and conditions to the policy.
10. For the purpose of this application, I authorise, consent and agree to:
 - a. the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the Insured whether Income accepts this application or not;
 - b. Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the Insured; and
 - c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the Insured's health status or condition in relation to this application.

I agree that a copy of this authorisation is valid and binding as an original copy.
11. I understand and agree that the changes requested in this application:
 - a. may require medical evidence and I will pay any costs involved in providing the medical evidence you need;
 - b. are subject to Income's underwriting and acceptance;
 - c. if accepted, may be subject to terms, conditions and exclusions imposed by Income; and
 - d. will take effect only when Income accept and approves my application and notifies me in writing of the cover start date and provided that I have paid the required premiums (and interest, if applicable) in full.
12. Where applicable, I further authorise, consent and agree to Income disclosing my personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.
13. I have fully read through the contents of the product summary and I understand them.
14. I understand that the policy does not cover any pre-existing illness, disease or condition which the Life to be Insured may have suffered from before the start date of the policy to be issued.
15. I am aware that I can ask for a copy of Your Guide to Health Insurance from my advisor. Or, I can download one at www.income.com.sg.
16. I understand that I may receive correspondences for this application and my policy documents electronically (collectively "policy e-document"). I agree that Income can notify me by email or SMS to retrieve and read my policy e-documents via secure online access.
17. I understand that the policy e-documents are considered delivered and received, upon my receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.
18. I confirm:
 - a. that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS);
 - b. on the representation and warranty made in the PDUS;
 - c. on the preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.
19. I agree that Income will not be responsible to me (or any other person) if I fail to:
 - a. provide Income my correct email address or mobile number;
 - b. inform Income of any update or change to my email address or mobile number; or
 - c. keep the password to access the policy e-documents confidential.
20. I have confirmed that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me. If I am an undischarged bankrupt or a bankruptcy application has been made against me, I understand that this may also be taken into consideration by Income whether to accept this application.
21. I agree that the policy is issued as a Singapore Policy and agree that the policy will be entered in the Register of the Singapore policies.
22. I agree that if I or any #Relevant Person is found to be a +Prohibited Person:
 - a. Income is entitled not to accept this application; and
 - b. if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.

Income decision in every respect of the above will be final. I will inform Income immediately if there is any change in my or any Relevant Person's identity, status or identity documents.

Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

+ **Prohibited Person** means a person or entity who is, or who is ^Related to a person or entity:

 - i. subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or
 - ii. who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

^ Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.
23. This application is governed by and interpreted according to the laws of the Republic of Singapore.
24. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.



Signature of policyholder

Date (dd/mm/yyyy)