

## Managed Healthcare System (MHS) Alteration Form

**Warning:** Under Section 25(5) of the Insurance Act, Cap. 142 (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.

**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.)

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Date of birth (dd/mm/yyyy)
Contact number (Mobile)                      (Work)                      (Home)	Nationality <input type="checkbox"/> Singaporean	
Email	<input type="checkbox"/> Singapore PR (please give details): _____	
	<input type="checkbox"/> Others (please give details): _____	

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

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Policy number
--	--------------------------	---------------

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

**1. Change of Policyholder**

Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Husband or wife <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother		
Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	Date of birth (dd/mm/yyyy)
Contact number (Mobile)                      (Work)                      (Home)	Email	
Home address	Nationality <input type="checkbox"/> Singaporean	
Country of residence	<input type="checkbox"/> Singapore PR (please give details): _____	
	<input type="checkbox"/> Others (please give details): _____	

**2. 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>.

**3. Termination of policy (Please tick.):**

## Section D: Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative 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/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, 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/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

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

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

## 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 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.
  4. 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 information. If it is discovered later that I or the Insured suffer from a medical condition that 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 you. 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.
  5. 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.
  6. 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.
  7. I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in "Personal Data Use Statement" above.
  8. 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.
  9. 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.
  10. This application is governed by and interpreted according to the laws of the Republic of Singapore.
  11. A photographic copy is valid as an original copy.
  12. 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's 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.

13. 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.

I understand that I can ask for advice from an advisor before I sign this alteration form. In any event, I will make sure that this product and any alteration are appropriate to my financial needs and insurance objectives.

**Warning:**

**I agree that if I do not reveal any significant fact (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in this form.**

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