



## ElderShield Supplement or Care Secure Termination Form

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

Name (as shown in NRIC)	NRIC number
Address	
Contact number (Mobile)                              (Work)                              (Home)	Email address

The contact number and email address 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 address, contact number and email address, please fill in the 'Change of Personal Particulars Form' or update your particulars via me@income.

### Section B: Termination to the policies mentioned (you must fill in)

**Important notes:**

1. Please complete the respective section and fill in the Policy No. if you wish to terminate your ElderShield Supplement or Care Secure.
2. Please note that the policy will only be terminated on the next renewal date. The form has to reach us within 30 days before the next renewal date.
3. You may also use this form to exercise your FREELook privilege under this policy.

I do not wish to be insured under this Policy. Please terminate the below Policy:

ElderShield Supplement - Policy No. 1: \_\_\_\_\_ Policy No. 2: \_\_\_\_\_

Care Secure - Policy No.: \_\_\_\_\_

### Section C: 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, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> and /or appointed distribution partners to collect, use, and disclose my/our personal data and information (including any updates and existing personal data that I have/had given to Income) (collectively "personal data") for the purposes of processing and administering the insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including sending me corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example personal data of my spouse, child, ward, parent or employee) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide Income with their personal data for this application or transaction.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a. The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b. Income to collect from 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 health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, the personal data will also include any subsequent information Income collects on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical practitioners.

I/we authorise, consent and agree to NTUC Income Insurance Co-operative Limited disclosing my/our 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.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

### Section D: Declaration

- (a) I hereby declare that the foregoing information entered is true and correct and I have not withheld any material information, whether entered by me or on my behalf.
- (b) 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.

\_\_\_\_\_  
Signature of policyholder

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