income made different

NTUC Income Insurance Co-operative Limited
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Email: healthcare@income.com.sg · Website: www.income.com.sg
an NTUC Social Enterprise

Scan to update your particulars via me@income

Care Secure
Application for Reinstatement

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.

Note: 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.)

Name (as shown in NRIC)		NRIC number	Policy number
Address			
Contact number (Mobile) (Work) (Home)		Nationality ☐ Singaporean ☐ Singapore PR (please give details): _____ ☐ Others (please give details): _____	
Email address	Name of organisation	Occupation	Country of residence

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: 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.)	☐ Yes ☐ 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.)	☐ Yes ☐ 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.)	☐ Yes ☐ No

Section C: Payment method

Note: This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.

☐ Own CPF Medisave account

☐ Husband's or wife's, children's, grandchildren's, parent's, sibling's CPF Medisave account (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)

To pay the premium for Care Secure, the maximum Medisave deduction is $600 for each life to be insured in each calendar year only. You will have to pay any remaining amount by cash.

Authorisation by CPF account holder for payment using CPF

I authorise the Central Provident Fund Board (the 'CPFB') 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 (Chapter 36)(the 'CPF Act'), and the regulations made under it, as well as the terms and conditions the CPFB may make.

I authorise the CPFB, 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 note:
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 umber and contact number on the back of the cheque.)

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

Note: 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.

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, 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 E: Declaration

1. 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.
2. I agree to give you all 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. 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.
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 information. If it is discovered later that I 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.
4. 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.
5. 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.
6. 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.
7. I agree and authorise any doctor, insurer or organisation to release to you, and you to release to any doctor, insurer or organisation, any relevant information to do with me at any time, whether you accept or refuse this application. This will be for the purpose of this application or any other purpose relating to this policy. A photocopy of this authorisation will have the same effect as the original.
8. This application is governed by and interpreted according to the laws of the Republic of Singapore.
9. A photographic copy is valid as an original copy.

Signature of policyholder

Date (dd/mm/yyyy)