

Income Insurance Limited | UEN: 202135698W Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6332 1133 · Fax: 6338 1500

 $Email: healthcare@income.com.sg \cdot Website: www.income.com.sg \\$

Declaration for Special Schemes grouping		
To: Income Insurance Limited		
Name of proposer:		
NRIC/FIN No:		
Special Scheme (Company*/Campaign/Others):		
* The company name provided should be the company that the proposer is currently being employed under.		
The following are dependants of the proposer (if applicable):		
Name of dependants	NRIC/FIN No.	Relationship to proposer
To be eligible for the special scheme, please provide a copy of the proposer's staff pass.		
I declare that the above information provided is correct.		
Signature:		
Name of proposer:		
Date (dd/mm/yyyy):		