

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): _____