



At Income, you can submit a request to downgrade your IncomeShield plans online via our digital forms!

The benefits of using our digital forms:

Simple.

Access the form easily, no login required.

Anytime, anywhere.

Access the form at your own convenience, on any device.

Fast.

Submit your request in 5 minutes, and your request will be assessed within 3 working days.

Access the form directly via www.income.com.sg/isdowngrade or Income's [Online Self-Services](#)

Guide to fill up the form:

Page 1



Enhanced IncomeShield/ IncomeShield Standard Plan Downgrade Form

Scan to update your
particulars online



Scan to update
particulars

Start here

Policy Number

8-digit policy number



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.

The Application Form Process



Personal Information

Details about the policyholder, the insured and other relevant individuals, if applicable.



Product Summary & Plan Information

Read and understand the product summary of the selected plan and its rider (if applicable).



Declarations

Everything to take note of before you sign.



Submit

Key in your email address and click to submit.



Important Notes:

1. We will start the cover after we have approved your application and full premium payment is received by Income.
2. There is a 40 days period from the start date of your new integrated plan or downgraded/upgraded plan where you are not allowed to perform any downgrade or upgrade of your policy.
3. You must pay the premium for the current plan in full before the downgraded plan or rider can start.
4. Anyone who pays for, or is insured under IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield is not eligible for Additional Premium Support (APS) from the Government.*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield, you will stop receiving APS. This applies even if you are not the person paying for this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield.

In addition, if you choose to be insured under this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield, the person paying for IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield will stop receiving APS, if he or she is currently receiving APS.

* APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

5. Existing payment method and policyholder (payer) for the main plan/rider(s) will not change. To change payment method and/or the policyholder (payer) for the main plan and rider(s), please fill in the 'IncomeShield payment alteration form'.
6. 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 SGD\$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.
7. **Electronic Documents:** All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

Notes:

- a. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.
- b. You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via www.income.com.sg/enquiry.

NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6332 1133 • Fax: 6338 1500 • Email: healthcare@income.com.sg

1 Policyholder Details

Important Notes:

1. Email address is mandatory for this application. Please ensure your email address is correct. If your email address is different from our records, we will use what you have provided in this form to update your record and process your application.
2. You may update your latest contact details and access your policy information via our online portal at www.income.com.sg.

Full name (as in NRIC/Long-Term Pass)

NRIC number/FIN

Email address

Fill in Policyholder and Insured particulars

Insured Details — ONLY REQUIRED IF insured is NOT policyholder.

Full name (as in NRIC/BC/Long-Term Pass)

NRIC/BC number/FIN

3 Downgrade Plan/Rider Details & Product Summary

Important Notes:

1. For existing Plus Rider or Assist Rider policyholders, if you have chosen to downgrade your rider, your existing Plus Rider or Assist rider will end immediately once the new rider has been approved and added to the main plan. You will not be allowed to add a new Plus Rider or Assist Rider to the main plan.
2. If you choose to downgrade your main plan, your existing Plus Rider or Assist Rider will end immediately once the new main plan has been approved and added to the main plan.
3. For existing Deluxe Rider policyholders, your Deluxe Rider will end immediately once the main plan has been downgraded to the new main plan. Your Deluxe Rider will not be allowed to be added to the new main plan.
4. We will inform you of the changes to your policy.

If you wish to downgrade your main plan, select Yes. Then select the New Main Plan that you wish to change to. If you only wish to downgrade your rider, select No.

3.1 Downgrade of main plan I WANT TO DOWNGRADE my main plan. Yes No

Existing Main Plan	New Main Plan		
	Enhanced IncomeShield Advantage	Enhanced IncomeShield Basic	IncomeShield Standard Plan
Enhanced IncomeShield Preferred	<input type="radio"/>		
IncomeShield Plan P		<input type="radio"/>	
Enhanced IncomeShield Advantage			<input type="radio"/>
IncomeShield Plan A			
Enhanced IncomeShield Basic			
IncomeShield Standard Plan	If you wish to make changes to these plan(s), please submit the following form based on your choice of plan: a. "Upgrading or adding rider to Enhanced IncomeShield", OR b. "Upgrading or adding rider to IncomeShield Standard Plan"		
IncomeShield Plan B			
Enhanced IncomeShield Enhanced C			
IncomeShield Plan C			
Product Summary Click to read Product Summary	View Enhanced IncomeShield Product Summary	View Standard IncomeShield Product Summary	

Click to read the product summary of the plan you wish to downgrade to.

If you wish to downgrade your rider, tick the checkbox. Then select the New Rider that you wish to change to. If you only wish to downgrade your main plan, do not tick.

3.2 Downgrade of rider I WANT TO DOWNGRADE my rider plan

Existing Rider	New Rider	
	Deluxe Care Rider	Classic Care Rider
Plus Rider		
Deluxe Care Rider		
Assist Rider		
Classic Care Rider		
Main Plan	Rider's Product Summary – Click here to read the product summary	
Enhanced IncomeShield	Deluxe Care Rider	Classic Care Rider
Standard IncomeShield	Deluxe Care Rider	Classic Care Rider
IncomeShield		

Click to read the product summary of the rider you wish to downgrade to.

Read the product summary and acknowledge

3.3 Acknowledgement of Review of Product Summary

I have viewed all pages of the Product Summary for the plan(s) selected in section 3.1: Downgrade of main plan and/or section 3.2: Downgrade of rider, and I have read and understood its contents.

Declaration To Central Provident Fund Board (CPF Board)

- 1. Authorisation by CPF account holder (applicant)**

I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my MediSave account (including any new MediSave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:

 - (i) payment and amount of premiums due, including the deduction of premiums from my MediSave account and my MediSave account balance;
 - (ii) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
 - (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.
- 2. Consent of the applicant and Life/Lives to be Insured**

I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF Board's possession, between the Insurer and the CPF Board for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.
- 3. Automatic termination of existing integrated medical insurance plan(s) for Life/Lives to be Insured under certain circumstances**

Subject to the relevant laws and terms and conditions, I understand that:

 - (i) Upon the commencement of this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
 - (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield cover of the Life/Lives to be Insured shall automatically terminate.

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.

I agree that your legal responsibility will only begin when you accept this application and you have received the first full premium of the plan. The start date of the plan will be shown in the Policy Certificate.

I agree that you can end any IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield policy that was previously issued to me when you have accepted this application.

I/We am/are aware that:

All Singapore Citizens and Permanent Residents will be covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage portion provided by Income. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our MediSave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

I have fully read through the contents of the product summary and I understand them.

I am aware that a copy of "Your Guide to Health Insurance" is available for download at www.income.com.sg or can be requested from Income.

I can ask for advice from an advisor before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance aims.

I confirm that I am not an undischarged bankrupt, that no statutory demand has been served on me and no bankruptcy order has been made against me.

This application is governed by and interpreted according to the laws of the Republic of Singapore.

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.

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.

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.

WARNING:

I agree that if I do not reveal any significant facts that have affected Income's decision to accept my application, any policy issued may be invalid. This includes any information that is significant, and any information I have given to you in the application.

Policyholder's signature

Signature of Policyholder
Signed in Singapore on (dd/mm/yyyy) Date of application

Note that the date is non-editable.



Policyholder's Signature

Policyholder's Full Name

Policyholder's full name

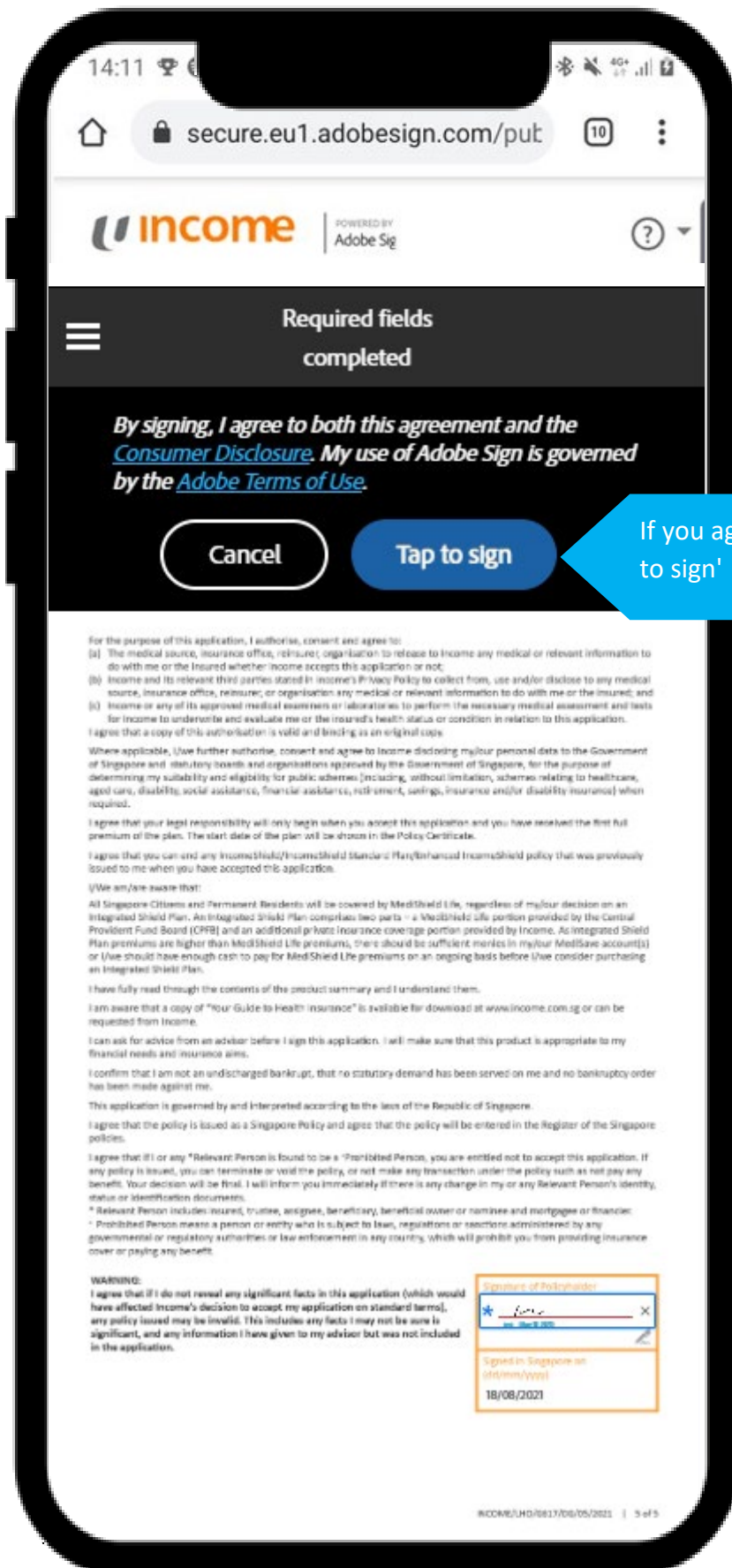
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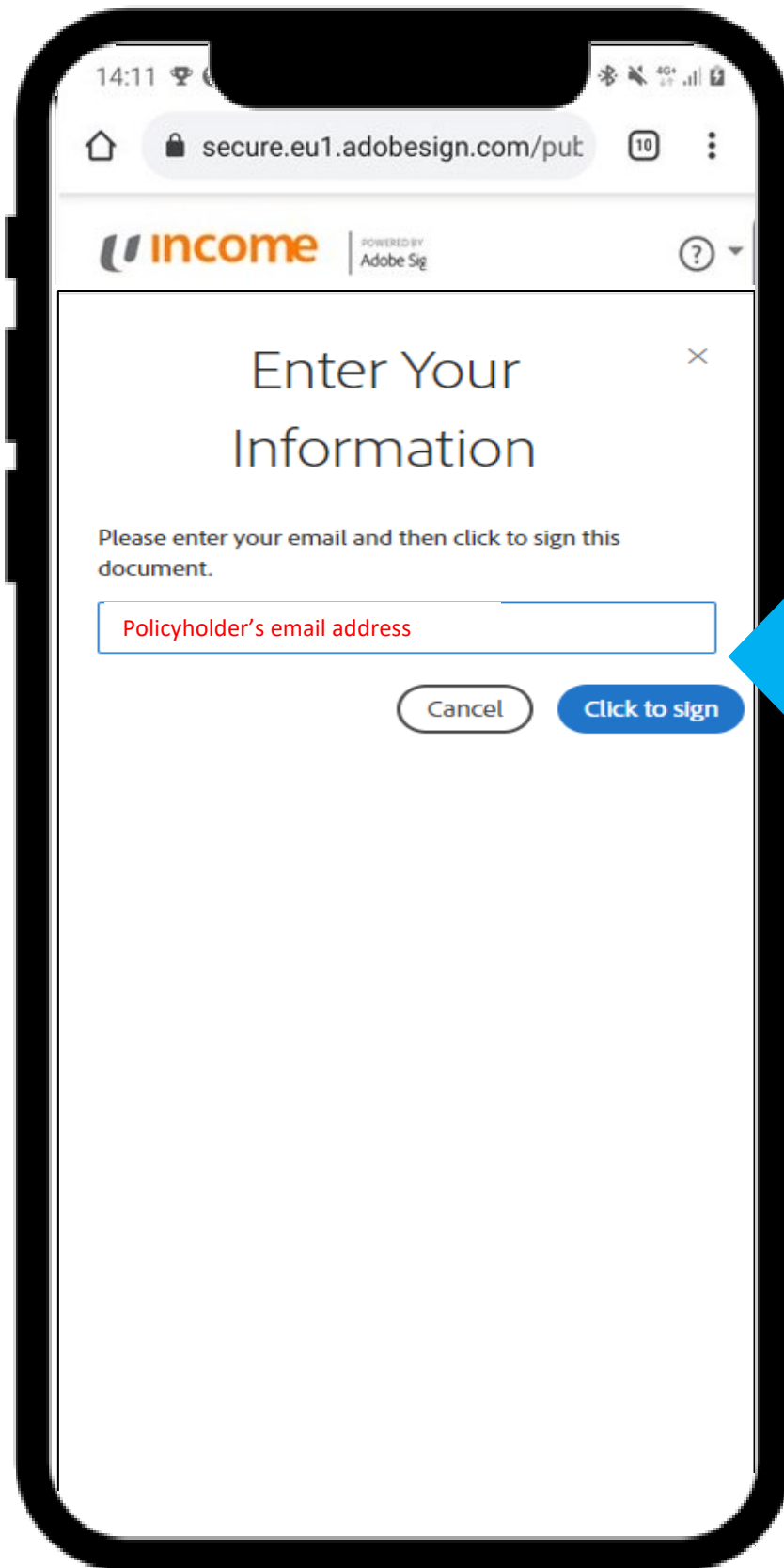
Apply

Tip: Rotate your device to landscape for a larger signing area. X

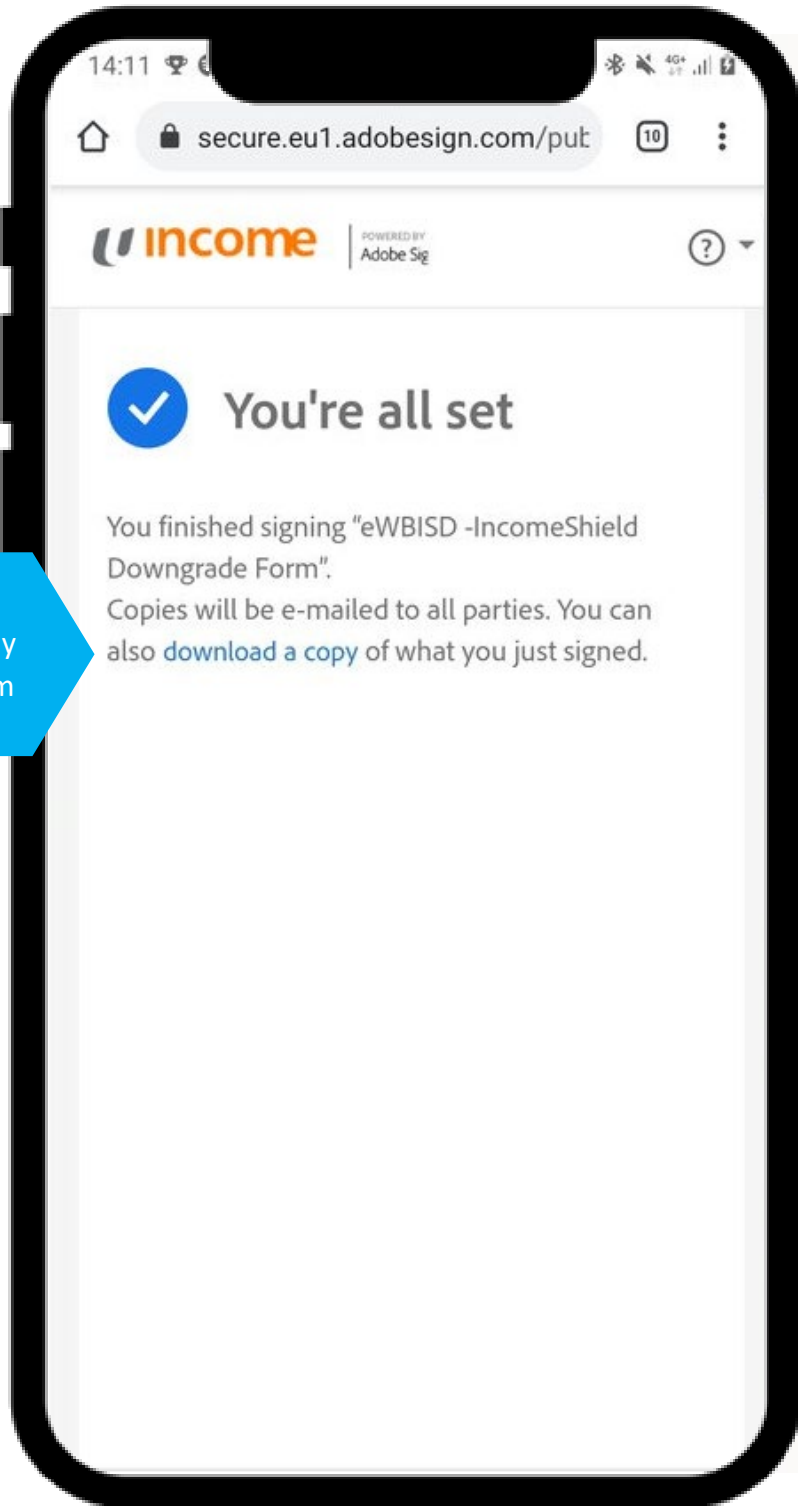


Click here when form is completed and Signed





Once you select 'Click to sign', the form is submitted



You can download a copy of the filled form

FAQs:

How do I fill up the form?



You may refer to the sample form attached in this document.

The details you will need prior to filling up the form are:

- policy number,
- policyholder's full name and NRIC number/FIN,
- dependant's full name and BC/NRIC number/FIN (if policyholder and insured are not the same person),
- and policyholder's email address*

I wish to downgrade my main plan only, do I need to select a rider under section 3.2?



If you only wish to downgrade only the main plan, you are only required to **select only ONE plan** under section 3.1. You are not required to choose any rider under section 3.2. Your existing rider premium may be adjusted following the downgraded main plan.

Likewise if you wish to downgrade the rider only, you are required to select only ONE rider plan under section 3.2. You are not required to choose any main plan under section 3.1.

If you wish to downgrade both the main plan and the rider, **please select one plan under each section.**



Where can I find more information about the plan?

You can read the product summary of the selected plan. The product summary is available via the link embedded in the form.



What happens after I submit the form?

You will receive an SMS acknowledging the application. If your mobile number is not in our records, an acknowledgement email will be sent instead.

Once processed, you will receive a premium payment notice letter (if applicable), followed by your policy document.

Note: *If your current email address is different from our records, we will update our records with the email address stated in the form.