

## Request for Re-instatement of Basic ElderShield or ElderShield Supplement

**Statement under section 25(5) of Insurance Act, Cap. 142 (or any 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.  
If not, the insurance policy we issue may not be valid.

**Note: This form is strictly for policies with Income which have lapsed for not more than 180 days.**

### Section A: Personal particulars

Name (in block letters) (as shown in NRIC)		NRIC number	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (dd/mm/yyyy)	Height (metres)	Weight (kilograms)
Contact number (Handphone)                      (Office)                      (Home)		Email	

The contact number and email in Section A 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 home address, contact number and email, please fill in the 'Change of personal particulars form'.

### Section B: Details of lapsed policy

Policy number	Entry date	Lapsed date
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### Section C: Health questionnaire

Please answer all 3 questions and provide details where applicable. Please attach copy of medical report if available.

<p>1. Have you ever had or have been told you have or been treated for cancer, diabetes, stroke, heart disease, liver disease, kidney disease, lung disease, dementia, Parkinson's disease, multiple sclerosis, motor neurone disease, AIDS or HIV infection, arthritis, paralysis or any other medical conditions? If 'Yes', please provide details including diagnosis; date of onset; symptoms; types and results of investigations; treatment follow up etc. (Please furnish copies of medical reports, if available.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Do you need any assistance of another person or mechanical aids such as a cane, crutches, wheelchair or walker in the performance of the activities of daily living such as washing (bathing), dressing, feeding (eating), walking, transferring from bed to chair, and maintaining continence? (If 'Yes', please provide details.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Are there any day-to-day activities such as doing housework, preparing meals, shopping, using public transport, or any other hobby which you have stopped doing in the last year due to your health conditions? (If 'Yes', please provide details.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section D: 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 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 PrimeShield, 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 'CPF Board') 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 CPF Board may make.

I authorise the CPF Board, 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.

Cash or cheque (Please write your name, NRIC number and contact number on the back of the cheque.)

New or third-party GIRO application (Please fill in and attach a new application form for Interbank GIRO form.) See note 1.

Note 1: 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 E: Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

## 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) provide financial advice for product recommendation based on your financial needs analysis;
- (e) provide ongoing services and respond to your inquiries or instructions;
- (f) make or obtain payments;
- (g) investigate and settle claims;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) conduct research and statistical analysis;
- (k) coach employees and monitor for quality assurance;
- (l) reinsure risks and for reinsurance administration; and
- (m) comply with all applicable laws, including reporting to regulatory and industry entities.

## 2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations;
- (k) regulators, law enforcement and government agencies; and
- (l) the Government and participating statutory boards and organisations approved by the Government to determine your and your insured person's suitability and eligibility for social and public assistance schemes.

Neither Income nor any of its officers shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to Income and/or any of its officers disclosing.

## 3. Consent

By applying for and/or accepting the offer for coverage under ElderShield with Income, you consent to Income:

- (a) collecting, using, disclosing and/or processing the personal data mentioned above for the purposes described above; and
- (b) transferring the personal data mentioned above to Income, its third party service providers, suppliers, agents, reinsurers, fund managers or intermediaries, regardless of whether such third party service providers, suppliers, agents, reinsurers, fund managers or intermediaries are sited in Singapore or outside of Singapore, for the purposes described above.

## 4. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes. This withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters (matters relating to the servicing and administration of your insurance policy) this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent may result in the termination of all your policies with us. This may be disadvantageous to you, as you may lose valuable benefits from the policy and/or it may not be possible for you to obtain a similar level of protection on the same terms in the future.

## 5. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it has been used and disclosed for the last 1 year to the extent allowed by law. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557.

Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

**Section F: Declaration**

1. 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.
2. I confirm that I understand and agree to the 'Personal data collection statement'.
3. I agree and authorise any medical source, insurance office or organisation to release to Income, and Income to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether this proposal is accepted by Income.

**If a material fact is not disclosed in this form, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the form. Please check to ensure you are fully satisfied with the information declared in this form.**

\_\_\_\_\_  
Signature or thumbprint of policyholder

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

**For official use only**

Approval

Yes     No

Signature

Date (dd/mm/yyyy)