

## Alteration and Declaration of Continued Insurability Form (Affinity Schemes only)

**Statement under section 23(5) of Insurance Act 1966 (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.  
 Otherwise, the insurance policy may not be valid.

Name of proposer (as shown in NRIC)		NRIC number/FIN	
Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN	
Relationship of insured with proposer	Policy name	Policy number	
Name of company			

Please complete one form per policy and fill in all fields for the change to take effect.

For change of address and contact number, please login to me@income or download the Change of Personal Particulars Form from [www.income.com.sg](http://www.income.com.sg) and email the completed form to [csquery@income.com.sg](mailto:csquery@income.com.sg).

### Type of request

Termination of policy     
  Deletion of insured     
  Reinstatement of policy     
  Review of special terms

Note: For reinstatement of policy and review of special terms, please complete the declaration of continued insurability questionnaire.

### Changes to policy

Co-Pay Assist Plan	From		To		Remarks
<input type="checkbox"/> Change of ward	<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C		<input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C		—
Corporatised Entities Group Insurance Scheme (CEGIS)	Term life coverage		Critical illness rider		Remarks
	From	To	From	To	
<input type="checkbox"/> Increase in sum assured					For increase in sum assured or addition of critical illness rider, please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Addition of critical illness rider	Sum assured \$ _____				
<input type="checkbox"/> Decrease in sum assured					—
<input type="checkbox"/> Deletion of critical illness rider					—
HomeTeamNS Insurance	HomeTeamNS Insurance Scheme		HomeTeamNS Living Policy		Remarks
	From	To	From	To	
<input type="checkbox"/> Increase in sum assured					Please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Decrease in sum assured					—

### Changes to policy

LUV	From	To	Remarks
<input type="checkbox"/> Change of cover type	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe	<input type="checkbox"/> Basic <input type="checkbox"/> Deluxe	For upgrade of cover type or plan type, please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Change of plan type (sum assured)	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$100,000	
<input type="checkbox"/> Change of premium payment mode	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Change in premium payment mode can only be processed on your policy anniversary date.
OCBC Term Life Insurance			
<input type="checkbox"/> Decrease in sum assured			—
<input type="checkbox"/> Change of credit card details	New card number <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> New card expiry date (mm/yy) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		—
SAFRA Insurance (Please select your plan type)	From	To	Remarks
<input type="checkbox"/> Increase in sum assured	<input type="checkbox"/> SAFRA Essential Term <input type="checkbox"/> SAFRA Living Care	<input type="checkbox"/> SAFRA Insurance Scheme <input type="checkbox"/> SAFRA Living Policy	Please complete the declaration of continued insurability questionnaire.
<input type="checkbox"/> Decrease in sum assured			—
<input type="checkbox"/> Change of premium payment mode	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Change in premium payment mode can only be processed on your policy anniversary date.

**Important notes for SAFRA Insurance:**

- For increase in sum assured for SAFRA Insurance Scheme and SAFRA Living Policy, insured must be age 34 and below.
- With effect from 1 April 2011, we have ceased new application for SAFRA Insurance Scheme and SAFRA Living Policy.

### Declaration of continued insurability questionnaire (Applicable only for increase in sum assured, upgrade of plan type or cover type and addition of rider)

1. Please state your occupation and nature of work.	
2. Please state your height and weight.	_____ metres _____ kilograms
3. In the last 5 years, have you ever consulted or been advised by any specialist/doctor to receive any medical treatment, medication, surgery or undergo any tests such as X-rays, ultrasound, CT scan, MRI scan, electrocardiograms, blood and urine tests, biopsy, mammogram or pap smear?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had, or been told (by a doctor) to have treatment or been treated for, asthma, cancers, tumours, lumps, nodules, polyps, cysts, diseases or disorders of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, hepatitis, liver disease, raised cholesterol, kidney or urinary disorders (including protein o blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (for example, lupus), diseases and disorders of the eye, ear, nose or throat, musculo-skeletal disorders, gastro-intestinal disorders, HIV infection, sexually transmitted diseases, drug addiction, any recurring symptoms or illnesses or physical deformities not listed above.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>3. Have any of your natural parents or siblings been diagnosed with cancer, heart disease, stroke, high blood pressure, diabetes, polycystic kidney disease, mental disorder or any hereditary disease before the age of 60? If 'Yes', please name the conditions, age it began and relationship of the person to you.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Do you take part or plan to take part in the following hazardous</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you ever been rejected, postponed or accepted at special terms for any insurance policies? If 'Yes', please provide details on the name of insurance company, type of policy, decision imposed, reason and the medical condition.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you smoked in the last 12 months? If 'Yes', please state the number of cigarettes or cigars you smoke each day and the number of years you have been smoking.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. For female insured: Are you pregnant currently? If Yes , please state the number of months and whether there is any complication (for example, raised blood pressure, sugar or protein in the urine)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/ or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/ or customise their products/ services and/or to provide me/us with their respective products / services, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/We consent to the use and disclosure of my/our name and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

### Marketing Consent

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services ("Marketing and Promotional messages") offered by Income, our business partners and NTUC Enterprise group of social enterprises ("NE Group") that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, business partners, insurance intermediaries and NE Group (collectively "Income Partners"):

Postal mail     Email     Phone call     Phone messages\*

\* Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

- (a) includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
- (b) is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
- (c) is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at <https://www.income.com.sg/enquiry>. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.

You may refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

