income
made different

NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6332 1133 · Fax: 6338 1500
Email: groupbiz@income.com.sg · Website: www.income.com.sg
an NTUC Social Enterprise

Group Health Declaration

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.
Otherwise, the insurance policy may not be valid.

Name of company	Group policy number	Plan or sum assured
Occupation or position of main insured		Effective date (dd/mm/yyyy)

Details of insured(s)

Name (as shown in NRIC or work pass)	NRIC or BC number or FIN	Sex	Date of birth (dd/mm/yyyy)	Height (metres)	Weight (kilograms)
Main insured		☐ Male ☐ Female			
Spouse		☐ Male ☐ Female			
Child 1		☐ Male ☐ Female			
Child 2		☐ Male ☐ Female			
Child 3		☐ Male ☐ Female			

Questions on health

Question	Main insured	Spouse	Child 1	Child 2	Child 3
1. Has any application for life, medical or accident insurance been declined, postponed or accepted on special terms?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. In the past five years, any medical leave of more than seven days continuously or any hospitalisation (except normal pregnancy) or surgery?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. In the past five years, have you been examined, received medical advice or treatment, or have been in hospital or clinic?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you been told (by a doctor) or treated for any health condition relating to:					
a) Heart, lungs or any respiratory disorder, kidney, liver	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b) Thyroid, nervous system, breasts, reproductive system	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c) Hereditary or congenital condition	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d) Cancer or tumour	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e) Hypertension, stroke, chest pain	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
f) Diabetes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g) Disorder of the blood, SLE (Systemic Lupus Erythematous), Hepatitis B or C, HIV (Human Immunodeficiency Virus) infection, AIDS or STD (Sexually Transmitted Diseases)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h) Any other illness, injury or disability not mentioned above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Have you been advised to have any surgical operation?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Do you have any physical impairment, defect or deformity or mental condition or disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Have you visited any General Practitioner(s) or Specialist(s) in the last six months.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Do you or are you likely to engage in an occupation or any activities which could be considered dangerous? If "Yes", please state the activity.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you have answered "Yes" to any of the above questions, please give full details including dates, name of hospital or insurer, reasons, descriptions, diagnoses, treatment, still on follow-up or fully recovered or cured and attach medical reports, if available. Please include the respective question number(s) for your answer.

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at http://www.income.com.sg/privacy-policy) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

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

- I/We have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/We are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data,

for the purposes as set out in this Personal Data Use Statement.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
b) Income to collect from and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
c) Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration by main insured

I confirm that I understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" above.

For the purpose of processing and/or administrating this application and any claim in connection with my/our policy(ies) with Income, I authorise, consent to, and agree to any medical source, insurance office, reinsurance, or organisation to release to you and you to release to any medical source, insurance office, reinsurance, or organisation any relevant information to do with me or the insured whether you accept my application or not. A photocopy of this authorisation is valid as an original copy.

I hereby declare that the foregoing statements and answers are true and correct and I have not withheld any material information. I agree that this declaration shall form part of the basis of the contract between my employer and Income and if anything contrary to the truth is stated therein my insurance shall be absolutely void. I consent to Income seeking medical information from any doctor who at any time has attended to me or the life to be insured concerning anything which affects my/our physical or mental health and I authorise the giving of such information.

I agree to inform Income as soon as possible if there is any change in the state of my and/or the life to be insured's health or if I and/or the life to be insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by Income. I understand that Income may impose terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information provided by me.

If a material fact is not disclosed in this proposal, 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 proposal. Please check to ensure you are satisfied with the information declared in this proposal.

Signature of main insured	Name of main insured	Date (dd/mm/yyyy)