

## Enhanced IncomeShield/IncomeShield Standard Plan

### Application form for downgrade and/or switch nationality (for existing policies only)

**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.

#### Instructions and important notes

##### Instructions

- Section A: Please fill in all the details. If there is a change of payer or policyholder (who is not the existing policyholder), the payer or policyholder can only pay for themselves, their children, husband, wife, father, mother and siblings. If no new mailing address is provided, we will use the existing policy's mailing address even if there is a change of payer or policyholder in this application.
- Section B - H: Please fill in all the details of the life to be insured, including the payer or policyholder who wants to downgrade the type of plan or rider. The policyholder must fill in the 'Declarations' section.



##### Important notes

- We will start the cover after we have approved your application and full premium payment is received by Income.
- 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.
- You must pay the premium for the current plan in full before the downgraded plan or rider can start.
- 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.
- Existing payment method for the plan/rider(s) will not change. To change the payment method, please fill in the 'IncomeShield payment alteration form'.
- 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.

#### Advisor's details

Change to a new advisor (Please provide details below.)

Stay with existing advisor

Advisor's name \_\_\_\_\_ Advisor's code \_\_\_\_\_

#### Section A: Details of policyholder (payer)



##### Important notes

- The change of policyholder or payer will apply on the start date of the downgraded plan or the renewal date, if we accept your application. If we do not accept this application, the policyholder or payer will not change under the existing plan. You will then have to send us the 'IncomeShield payment alteration form' to change the policyholder or payer.
- Once we approve any request to change the policyholder (payer), existing arrangement (if any) to deduct premium from the child's MediSave account will stop. To continue with the arrangement, please fill in and send us the 'Authorisation form for deduction of IncomeShield premiums from child's CPF MediSave account form'.
- If more than one policy number is provided, only changes indicated in Section A will be applied. Change requests of other sections will not be applied to these policies. Please complete separate forms for each individual insured.
- Mobile number and email address are mandatory for this application. If your mobile number or email address is different from our records, we will use what you have provided in this form to process your application.
- 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:

- If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.
- You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via [einco.me/enquiry](http://einco.me/enquiry).

New policyholder (if taking over as payer)  
 Existing policyholder

NRIC number/FIN

CPF account number

Date of birth (dd/mm/yyyy)

Name (as in Identity Card)	Contact number (Handphone)                      (Office)                      (Home)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Email (Please give only one email address)	

Mailing address


For existing Income policyholders, if your contact information on this form is different from those in our records, we will automatically update all your existing policies with the new information. If you **DO NOT** want us to update the mailing address for specific policies, please state the policy number(s) here:

**Section B: Details of life to be insured**

Life to be insured     You     Husband or wife     Child     Father     Mother     Sibling

Name (as in BC/Identity Card)	BC/NRIC number/FIN	Policy number
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Please complete below only if there is a change in your nationality. Please tick only **one** box.

 **Important notes**

1. If you are changing nationality to Singapore Citizen or Singapore Permanent Resident, please send us a copy of your NRIC, Citizenship certificate and MediShield Life issuance letter with this form. If you are currently covered under a non-integrated plan, we will automatically integrate your plan with MediShield Life from your MediShield Life cover start date. Upon the start of this Integrated Shield Plan, any existing Integrated Shield Plan will be automatically terminated.
2. For existing insured covered under Preferred, Advantage, Plan P, Plan A or Standard Plan and wish to maintain your plan, you need not complete Section C.
3. For existing insured covered under Basic, Enhanced C, Plan B or Plan C, we will automatically switch your existing main plan to a plan corresponding to your new nationality type.
4. To change your identification number, you must submit a valid foreign identification Number (FIN) or Singapore identification number (BC or NRIC) issued by Immigration & Checkpoint Authority (ICA).

<input type="checkbox"/> <b>Singapore Citizen (SG)</b>  NRIC number: _____ MediShield Life cover start date (dd/mm/yyyy): _____  _____	<input type="checkbox"/> <b>Singapore Permanent Resident (PR)</b>  NRIC number: _____ Please give details of nationality: _____  MediShield Life cover start date (dd/mm/yyyy): _____  _____	<input type="checkbox"/> <b>Foreigner (FR)</b>  FIN number: _____ Please give details of nationality: _____  _____
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**Section C: Details of plan and rider**

 **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 change back to the Plus Rider or Assist Rider.
2. If you choose to only downgrade your plan and you have an existing Plus Rider or Assist Rider, you will keep your existing Plus Rider or Assist Rider.
3. Refer below for what is a plan upgrade and downgrade.
4. For existing Deluxe Care Rider policyholders, if you have chosen the Classic Care Rider, your Deluxe Care Rider will end immediately once the Classic Care Rider has been approved and added to the main plan. Once you have downgraded to the Classic Care Rider, any request for an upgrade back to the Deluxe Care Rider is subject to our underwriting and acceptance.

		New main plan				
		Enhanced IncomeShield			IncomeShield Standard Plan	
		Preferred	Advantage	Basic		
Existing main plan	Enhanced IncomeShield Preferred	Upgrade	Downgrade	Downgrade	Downgrade	
	IncomeShield Plan P					
	Enhanced IncomeShield Advantage		Upgrade			Upgrade
	IncomeShield Plan A					
	Enhanced IncomeShield Basic		Upgrade	Upgrade		
	IncomeShield Standard Plan					
	IncomeShield Plan B					
	Enhanced IncomeShield Enhanced C					
IncomeShield Plan C						

		New rider		
		Assist Rider	Deluxe Care Rider	Classic Care Rider
Existing rider	Plus Rider	Downgrade	Downgrade	Downgrade
	Deluxe Care Rider			
	Assist Rider		Upgrade	
	Classic Care Rider			

**Type of plan:** The life to be insured can only downgrade to a plan based on their nationality.

**Enhanced IncomeShield/IncomeShield Standard Plan**

Advantage (SG, PR or FR)       Basic (SG, PR or FR)       Standard Plan

**Downgrade rider**

Deluxe Care Rider (This applies for Plus Rider policyholders only.)       Classic Care Rider

Assist Rider (This applies for Plus Rider policyholders only.)

We will inform you the date that the Downgrade will take effect. However, if you wish to effect the downgrade upon your existing plan's renewal date, please tick the below box.

Downgrade to the selected plan/rider upon policy renewal. This request must reach us within 60 days from renewal date.

Note: The new plan/rider's benefits/premiums may be subject to changes upon your renewal. If you are only downgrading your existing rider during 2 months period before your main plan is due for renewal, the start date for the new rider(s) will be the same as the renewal date for the main plan. The start date of the main plan and rider(s) will be shown in the Policy Certificate.

**Termination of existing rider:**

Plus/Assist/Deluxe Care/Classic Care Rider       Daily Cash Rider       Child Illness Rider

The selected rider(s) above will end on the date before the new plan starts. If no new plan is selected, please submit the 'IncomeShield policy alteration form' for termination.

SG: Singapore Citizen    PR: Singapore Permanent Resident    FR: Foreigner

**Section D: Client Acknowledgement (upgrading/downgrading your Integrated Shield plan)**

Your advisor is required to explain the following to you if you are upgrading/downgrading your Integrated Shield plan. (This does not apply for direct marketing.)

I confirm that my advisor has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each life to be insured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the life to be insured will be automatically terminated.

My advisor has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit such as:

- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
- If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions
- If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

## Section E: Declaration to Central Provident Fund Board (CPF)

### 1. Authorisation by CPF account holder (applicant)

I authorise the Central Provident Fund Board (the "CPF") 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 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 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 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's possession, between the Insurer and the CPF 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.

## Section F: 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 NTUC Income Insurance Co-operative Limited disclosing my/our 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.

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

## Section G: Declarations

Where the declaration and authorisation below applies to Policyholder/Insured(s).

I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

I declare that the answers given in this application are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any material information. If it is discovered later that material information is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with you. I agree that this application and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I will notify Income immediately if there is any change in the state of my or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the start date of this cover. If I fail to do so, you may add special terms to the policy or declare the policy as void, and I may not receive any benefits under the policy.

I understand that I may receive correspondences for this application and my policy documents electronically (collectively "policy e-document"). I agree that Income can notify me by email or SMS to retrieve and read my policy e-documents via secure online access.

I agree that Income will not be responsible to me (or any other person) if I fail to:

- a. provide Income my correct email address or mobile number;
- b. inform Income of any update or change to my email address or mobile number; or
- c. keep the password to access the policy e-documents confidential.

I understand that the policy e-documents are considered delivered and received, upon my receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

I/we confirm that I/we 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/we 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 copy of this authorisation is valid as an original copy.

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.

A photographic copy is valid as an original copy.

I/We declare that my advisor has advised me/us 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) 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 agree that the product summary has been explained to me to my satisfaction by my advisor. (This does not apply for direct marketing.) A copy will be provided together with my policy document.

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

I am aware that I can ask for a copy of Your Guide to Health Insurance from my advisor. (This does not apply for direct marketing.) Or, I can download one at [www.income.com.sg](http://www.income.com.sg).

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. (This applies for direct marketing.)

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, you are entitled not to accept this application.

If any policy is issued, you can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Your decision will be final. I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identification documents.

\* Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

\* Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit you from providing insurance cover or paying any benefit.

**WARNING:**

**I agree that if I do not reveal any significant facts in this application (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in the application.**

Signed in Singapore on (dd/mm/yyyy): _____	Signature of policyholder (who is also payer)
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**Section H: Advisor's certification**

1. All the answers given to me by the applicant or life to be insured are declared in the application. I have not withheld any information which may affect your decision to accept this application.	Signature of advisor
2. I am aware that you will treat this seriously and take action against me if I am aware of any information which is not correct or which has not been provided.	
3. I have personally seen the applicant and life to be insured and have explained the terms of the policy to them. I have also seen the proof of identity of the applicant and life to be insured and confirm that the details are the same as given on this proposal.	