NTUC Income Insurance Co-operative Limited
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an NTUC Social Enterprise

Application for Group Insurance

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.

Details of the proposer

Name of company and address	Company registration number	Nature of business or trade
	Email	

Name of contact person	Contact number	Period of insurance (dd/mm/yyyy)
	(Mobile) (Work) (Home) (Fax)	From To

Is the company GST registered?	Is the insurance cover for the employees required under any collective agreement?
☐ Yes ☐ No	☐ Yes ☐ No

Type of insurance required

Life Insurance
☐ Group Personal Accident
☐ Group Term Life

Rider
☐ Group Critical Illness

Medical
☐ Group Hospital and Surgical

Riders
☐ Group Major Medical
☐ Group Outpatient
☐ Group Dental Plan

Employees FlexCare
☐ Group Hospital and Surgical
☐ Group Term Life
☐ Group Personal Accident

Riders
☐ Group Major Medical
☐ Group Outpatient Primary Care
☐ Group Outpatient Specialist Care^
☐ Group Critical Illness
☐ Group Dental Plan

^ Group Outpatient Specialist Care can be purchased only when Group Outpatient Primary Care is taken up.

Details

Occupation category	Plan type or sum assured	Type of rider	Number of employees (details to be attached)

For Group Hospital and Surgical plan and/or riders, are spouses and/or children to be included? ☐ Yes ☐ No
If "Yes", please provide data using Group Employee Data Form.

Note: Employees FlexCare requires compulsory participation

Details of insurance required

Participation by employees:	☐ Compulsory	☐ Voluntary
Participation by spouses and/or children:	☐ Compulsory	☐ Voluntary

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 and authorisation by employer

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

We hereby declare that the particulars contained in this proposal together with the information contained in the Group Insurance Fact Finding Form are true and correct and complete to the best of our knowledge and we have not withheld any material information regarding this proposal.

We warrant that we have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s), if any, payable to us under the Policy.

We agree that this proposal, the Group Insurance Fact Finding Form shall together with the enclosed description and other particulars of each and every eligible insured person and any other written statements made by us or on our behalf and any proposals submitted by the eligible insured person for the purpose of the proposed insurances shall be the basis of the contract between us and Income.

It is understood that no insured person shall become insured while currently absent from active work, or is suffering from any serious illness or disease which endangers his/her life. Should a claim occur, Income reserves the right to request for the medical report from the hospital attending to the insured person.

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 intermediary but was not included in the proposal. Please check to ensure you are satisfied with the information declared in this proposal.

We understand that this Policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this application by Income.

Name and signature	Company stamp
NRIC number or FIN Designation	Date (dd/mm/yyyy)

Note: This form has to be signed by a person listed in the ACRA Business Profile or Form 6A-Annual Returns or Form A-List of Office Bearers, or a person with executive authority, who can act on behalf of the company.

For official use		
Name of intermediary	Intermediary code	Date (dd/mm/yyyy)