

## Application for HospitalCare

**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. Otherwise, the insurance policy may not be valid.

### Your details

Name (as shown in NRIC)	NRIC number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (Please give details) _____
Residential address		Date of birth (dd/mm/yyyy) _____	
Contact number (Office)	(Home)	(Handphone)	Email address

### Details of insured

Relationship	Name (as shown in NRIC)	NRIC number	Nationality	Date of birth (dd/mm/yyyy)	Age	Sex (M/F)	Occupation	Plan (1/2/3)	Premium (S\$) (inclusive of 7% GST)
<b>You</b>									
<b>Your husband or wife</b>									
<b>Child 1</b>									
<b>Child 2</b>									
<b>Child 3</b>									
<b>Child 4</b>									
Policy start date (dd/mm/yyyy)						Total premium (inclusive of 7% GST)			

## Premium Payment Information

<b>Premium Payment Method</b>	<b>Credit card:</b> <input type="checkbox"/> Monthly <sup>1</sup> (recurring payment) <input type="checkbox"/> Yearly <sup>2</sup> (recurring payment) <input type="checkbox"/> Yearly (one-time lump sum payment)  <b>Cash:</b> <input type="checkbox"/> Yearly (one-time lump sum payment)  <b>Cheque:</b> <input type="checkbox"/> Yearly (one-time lump sum payment)  Cheque number: _____ <div style="text-align: center;">payable to "NTUC INCOME"</div>	<b>GIRO:</b> <input type="checkbox"/> Monthly <sup>1</sup> (1 <sup>st</sup> 2 months pre-payment & subsequent recurring payment by GIRO) 1 <sup>st</sup> 2 months pre-payment method: <input type="checkbox"/> credit card <input type="checkbox"/> cash: _____ <input type="checkbox"/> cheque  <input type="checkbox"/> Yearly <sup>2</sup> (1 <sup>st</sup> year pre-payment & subsequent recurring payment by GIRO) 1 <sup>st</sup> year pre-payment method: <input type="checkbox"/> credit card <input type="checkbox"/> cash: _____ <input type="checkbox"/> cheque  Cheque number: _____ payable to "NTUC INCOME"
<b>Important notes:</b>	1 A monthly recurring payment means we will take the premium from the chosen credit card account or bank account stated in the GIRO form for future renewals on a monthly basis. 2 A yearly recurring payment means we will take the premium from the chosen credit card account or bank account stated in the GIRO form for future renewals on a yearly basis.	<b>Important notes for GIRO Application:</b> Please select your payment mode for the 1 <sup>st</sup> 2 months/1 <sup>st</sup> year pre-payment. You may fill in your credit card details below. For payment by GIRO, please complete and submit GIRO form. Please note that your application will be delayed if we do not receive the form, if the form is incomplete or it is incorrect. For monthly payment via GIRO, we will collect a 1 <sup>st</sup> 2 months premium for policy issuance while the GIRO application is being processed. For yearly payment via GIRO, we will collect a 1 <sup>st</sup> year premium for policy issuance while the GIRO application is being processed.

**Payment Authorisation – Please complete all the relevant sections**

**Credit Card**

I authorize NTUC Income Insurance Co-operative Limited ("Income") to deduct the premium from my credit card account.

Cardholder name		
Credit card number <i>(Visa/Mastercard only)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Card expiration date (mm/yy)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Issuing Bank	<input type="checkbox"/> Visa <input type="checkbox"/> Master	
Relationship to Proposer <i>(If not Proposer)</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others <input style="width: 150px; height: 20px;" type="text"/>	<div style="text-align: center; margin-bottom: 10px;">                 _____                  Signature of cardholder             </div> <div style="text-align: center;">                 _____                  Signed in Singapore on                  (dd/mm/yyyy)             </div>

### Other details of insured

<p>1 Does the insured person have or ever had any accident, disease, infirmity, illness or physical problems? If yes, please give details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2 Has the insured person had to stay in hospital during the last three years? If yes, please give details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3 Has the insured person ever made a claim against any insurer for an injury or sickness? If yes, please give details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4 Has any insurance company ever declined, cancelled, refused renewal or accepted on special terms for any life, accident or medical insurance policy for the insured person? If yes, please give details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Declaration for switching of policies (only applicable if advice is provided by intermediary)

<p>1 Is the insured person switching from an existing Accident and Health policy? If yes, please proceed to answer Q2 and Q3.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2 What type of policy is the insured person switching from?</p>	<input type="checkbox"/> Personal Accident policy <input type="checkbox"/> Health policy
<p>3 Was this switch recommended by your financial adviser?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If the insured person is switching from a Personal Accident policy, please fill up <b>Appendix A</b>. If the insured person is switching from a Health policy, please fill up the <b>My Financial Portfolio</b> form.</p>	

## 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 supplementary form or any document provided, or to be provided to us by you or your insured persons or from other sources from time to time including personal data of additional insured persons to be covered, 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) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

### 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 courier service, underwriting survey, 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; and
- (k) regulators, law enforcement and government agencies.

### 3. 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, and 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, 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 will require you to surrender or terminate all your policies with us.

### 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

### 5. Consent to receive marketing materials

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.

Call  Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.

I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or [DPO@income.com.sg](mailto:DPO@income.com.sg).

Please refer to [www.income.com.sg/privacy-policy](http://www.income.com.sg/privacy-policy) for more information.

## Declaration and authorisation

- 1 I confirm that I understand and agree to the Product Summary.
- 2 I have not withheld any relevant information relating to this application. I accept full responsibility for it.
- 3 I understand that all pre-existing medical conditions or existing physical problems are not covered.
- 4 I am aware that I am not covered for any dangerous activities or sports.
- 5 I agree that this application and other written statements, information or declaration I have made or made on my behalf, will form the basis of the contract of insurance between me and Income.
- 6 I acknowledge that you will not be legally responsible for any claims until Income has accepted this application and have received the premium in full.
- 7 I am aware that I can get advice from a qualified adviser before I sign this application. If I choose not to, I take full responsibility for making sure that this product is appropriate for my financial needs and insurance aims.
- 8 I declare that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 9 I confirm that I understand and agree to the 'Personal data collection statement'.

**You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the start date of this cover. If you fail to reveal any material information in this application, you may not receive any benefits under your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this application.**

**It is usually not a good idea to replace an existing accident and health-insurance policy with a new one. If you end the policy early, you may have to pay a higher premium or have new and extra conditions attached to your new policy. You will not get a full refund of premiums paid under your policy.**

\_\_\_\_\_

Your signature

\_\_\_\_\_

Date (dd/mm/yyyy)

**Important note**

1 Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

### For official use

Adviser's name	Adviser's code	Adviser's email address	Campaign code
Policy number	Premium (inclusive of 7% GST)		Policy delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail <input type="checkbox"/> Email

## Appendix A

If you intend to switch from your other personal accident insurance policy to this replacement personal accident insurance policy:

a. the fee or charge that you have to bear is \_\_\_\_\_

b. the changes in level of benefits will be:

	Original Policy	Replacement Policy
Insurer and Product Name		
Sum Assured		
Benefits		
Coverage		
Duration of coverage		
Premiums		
<b>Differences</b>		

The comparison made by us is based on the information disclosed by you on behalf of all applicants (including any dependents if family coverage is required). Any incomplete or inaccurate information provided by you may affect the comparison made.

\_\_\_\_\_  
Signature of advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client  
(on behalf of all applicants)

\_\_\_\_\_  
Date

## HospitalCare Product Summary

### Premium Rates Table

The annual premium rates for this plan are as set out below. Please note that the premium rates are not guaranteed and we may, at our sole discretion, increase the premium rates from time to time depending on our claims experience. The annual premium is based on the insured person's age last birthday.

Age (years)	Yearly Premium		
	Plan 1	Plan 2	Plan 3
30 days to 20 years	\$187.46	\$281.20	\$387.77
21 to 35	\$173.34	\$265.79	\$372.36
36 to 50	\$210.58	\$331.27	\$466.09
51 to 60	\$335.12	\$534.14	\$746.00
61 to 65 (renewals only)	\$644.57	\$1,024.63	\$1,431.66

Premium rates are inclusive of 7% GST, non-guaranteed and may be reviewed from time to time. Premium paid by monthly recurring payment arrangement may differ due to rounding.

The Total Distribution Cost of this product is between 8.5% - 13.5% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to the policyholder; it has already been allowed for in calculating the premium.

### Product Information

This is an accident and health policy and will protect the policyholder and the insured person financially for injury or sickness which happens during the period of insurance. The amount we will pay depends on the conditions and maximum benefit limits of the insured person's plan as set out in the Table of Cover below.

This policy is not a Medisave-approved policy and the policyholder may not use Medisave to pay the premium for this policy.

Table of Cover<sup>1</sup>

Benefits		Maximum benefit (S\$)		
		Plan 1	Plan 2	Plan 3
Section 1	<b>Daily hospital cash<sup>^</sup></b> (For each complete 24-hour of hospitalisation up to 730 days for every injury or sickness)	\$100 per day	\$150 per day	\$200 per day
Section 2	<b>ICU triple cover<sup>^</sup></b> (For each complete 24-hour of hospitalisation in the ICU up to 60 days for every injury or sickness)	\$300 per day	\$450 per day	\$600 per day
Section 3	<b>Day surgery</b> (Reimbursement for day surgery expenses in a hospital up to the limits for every injury or sickness)	\$250	\$500	\$750
Section 4	<b>Emergency outpatient expenses to treat an injury</b> (Reimbursement up to the limits per accident for treatment of an injury within 48 hours following the accident and follow-up treatment up to 30 days from the date of the accident)	\$250	\$500	\$750
Section 5	<b>Ambulance expenses<sup>^^</sup></b> (Reimbursement up to the limits per policy year)	\$500		

<sup>1</sup>Note: Please refer to the Policy Conditions on details of policy coverage

<sup>^</sup> The insured person can only claim under either section 1 or 2 for each same day of hospitalisation, but not more than one section.

<sup>^^</sup> The insured person can only claim this if we are paying him/her under section 1 or 2. We will pay for only one ambulance transportation for the same injury or sickness during the policy year.



## Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and the policyholder is advised to refer to the actual terms and conditions in the contract. Please consult your Financial Services Consultant should you require further explanation.

### 1. Eligibility

This policy is only available to the insured person if:

- he/she is living or working in Singapore, or away from Singapore for no more than 90 days during each policy year;
- he/she and the policyholder hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit or Long Term Visit Pass;
- he/she is between 30 days and 60 years of age (we may continue cover for him/her up to 65 years old and we may apply new terms depending on our decision); and
- he/she has fully paid his/her premium.

### 2. Free-Look Period

We will give the policyholder 14 days from the time they receive this policy to decide whether to continue with it. If the policyholder does not want to continue, he/she may write to us to cancel this policy and get a full refund of the premium paid. We consider that this policy has been delivered (and received) seven days after we post it.

### 3. Cancellation Clause

#### a If we cancel the policy

- (i)** We can cancel this policy by giving the policyholder seven days' notice by post to their last-known address. We will consider that they have received this cancellation notice on the same day if we deliver the notice by hand, mail, fax or email.
- (ii)** We will cancel this policy on the date the premium is due if we do not receive the premium due or we are not successful in taking the premium from the credit card or GIRO account the policyholder has chosen.

If we cancel this policy because the premium has not been paid, the insured person may apply for a new policy. However, the insured person's application will depend on us accepting it and his/her latest physical or medical conditions.

#### b If the policyholder cancels the policy

##### (i) Monthly recurring payment arrangement

- The policyholder may cancel this policy by calling us or writing to us. The date of cancellation will depend on when we receive the notice of cancellation.
- For cancellation after the 14-day free-look period, we must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The policy will then be cancelled on the day the monthly premium is due.

- But, if we receive the notice of cancellation less than 21 days before the next monthly premium due date, the policy will be cancelled on the following month when the premium is due.

Cancellation of policy with monthly premium - For example	
Period of insurance	22 Sep 2012 to 21 Sep 2013
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
<b>If we receive the notice of cancellation:</b>	
On 1 Nov 2012	cancellation will take effect on 22 Oct 2012
On 20 Nov 2012	cancellation will take effect on 22 Nov 2012

**(ii) Yearly payment arrangement**

- The policyholder may cancel this policy by calling us or writing to us and the cancellation will apply from the date we receive the notice of cancellation.
- For cancellation after the 14-day free-look period, we will work out the refund premium as follows if no claim has been made under this policy.

$\frac{\text{Period of insurance (in days) still left to run}}{\text{Original period of insurance of the policy}} \times 85\% \text{ of the premium paid}$
--

- We will not refund any premium below \$37.45 (after GST).

If we refund premiums, we will do so by cheque to the policyholder.

**4. Terms of Renewal**

This is a short-term accident and health policy and we are not required to renew this policy. We may end this policy by giving the policyholder seven days' notice in writing.

If this policy is renewed, we will provide the new terms and conditions (if these apply) for the next policy year before the start date of the next policy year.

If we did not receive any request to cancel the policy, we will take the premium using the last recurring payment arrangement chosen by the policyholder.

This policy will apply for as long as we can successfully take the premium before the premium due date.

**5. Non-Guaranteed Premium**

The premium that the policyholder pays for this policy can change. If we change the premium for this policy, we will write to the policyholder at their last known address, at least 30 days before the change is to take place, to tell the policyholder what the new premium is.

**6. Claims Conditions**

- a The insured person or the policyholder must tell us as soon as possible, and in any case within 30 days, about any accident or sickness which may give rise to a claim under this policy. We have the right to reject the insured person's claim if he/she tells us later than 30 days from the date of accident or sickness.
- b The insured person or anyone acting for the insured person must not:
  - (i) misrepresent or misdescribe any circumstance which affects the insured person's health condition, country of residence or any information which may affect our decision to accept his/her application;
  - (ii) make a claim under this policy knowing the claim to be false or fraudulently exaggerated in any way;
  - (iii) make a statement to support a claim knowing the statement to be false in any way;
  - (iv) send us a document to support a claim knowing the document to be forged or false in any way; or
  - (v) make a claim for any loss or damage caused by the insured person's deliberate act or with the insured person's knowledge.
- c If the insured person can recover all or part of any expenses from other sources, we will only pay the policyholder the amount that cannot be recovered.
- d We pay all claims in Singapore dollars. If the insured person suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars at the exchange rate which we will decide on the date of the loss.
- e The policyholder, the insured person or the insured person's legal personal representatives must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, we may need before we assess the insured person's claim. We will not refund any expense which the insured person cannot provide original receipts or invoices for.

For further information, you can visit or contact us via any of the following channels:

- (i) <http://www.income.com.sg/forms/claims/care.aspx?ext=.pdf>
- (ii) [pcc@income.com.sg](mailto:pcc@income.com.sg)
- (iii) 6332 1133

## 7. Exclusions

There are certain conditions whereby we will not pay any benefits under this plan. These are shown as exclusions in the policy conditions. Some of the exclusions for this plan include, but are not limited to the following listed below. You should read the policy conditions which can be found at [www.income.com.sg/hospital-care-policy-conditions.pdf](http://www.income.com.sg/hospital-care-policy-conditions.pdf) for the full list of exclusions.

This policy does not cover claims directly or indirectly caused by or arising from:

- a any pre-existing medical condition that was present before the start date of the policy year when:
  - the insured person was first insured by us; or
  - we approve the insured person's application to upgrade his/her plan to receive a higher amount of benefit or when we receive the premium for this upgrade, whichever is later.

If the insured person upgrades his/her plan to receive a higher amount of benefit, we will pay him/her the benefits based on any of his/her earlier plans that do not exclude his/her pre-existing medical condition.

- b** any physical disability or defects which existed before the start of this policy;
- c** birth defects, including hereditary conditions and disorders, and congenital sickness or abnormalities;
- d** any condition which is, results from or is a complication of birth control, sterilisation, infertility or treatment for infertility, pregnancy, childbirth, Caesarean, abortion or miscarriage, assisted conception, erectile dysfunction, impotence, any contraceptive treatment or all complications arising from these conditions.

#### **8. Waiting period**

This policy does not cover claims directly or indirectly caused by or arising from any sickness which the insured person receives treatment, medication, advice, consultation or diagnosis for within 30 days from the start of this policy.

#### **Disclaimer**

You can ask for a copy of Your Guide to Health Insurance from us or download a copy at [www.income.com.sg](http://www.income.com.sg).

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

It is usually detrimental to replace an existing accident and health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefit at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).