

Application for Corporatised Entities Group Insurance Scheme (CEGIS)

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.

Please fill in and send this application with the authorisation for salary deduction form to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557.

Details of the proposer (employee)

Name (as shown in NRIC/work pass/long-term pass)	NRIC number/FIN
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Email address
Contact number (Mobile) _____ (Home) _____ (Work) _____	
Residential address	Country of residential address
Mailing address – <i>if different from residential address</i>	
<p>Residential address verification</p> <p>For Singapore Citizen/Permanent Resident – If the residential address stated in the application form is different from the address in your identity document, please provide billing proof.</p> <p>For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.</p> <p><i>Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.</i></p>	
<p>If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you DO NOT want us to update the address for any of your policy, please indicate the policy number below.</p> <p>Address will not be updated for policy number(s):</p>	

Details of lives insured

Employee Name (as shown in NRIC/work pass/long-term pass)		NRIC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____		Height (metres) Weight (kilograms)
Name of company	Department	Occupation
Term life coverage sum assured	Critical illness rider sum assured (optional)	

Spouse Name (as shown in NRIC/work pass/long-term pass)		NRIC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)
		Weight (kilograms)
Email address		
Name of company		Occupation
Term life coverage sum assured		Critical illness rider sum assured (optional)
Child 1 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)
		Weight (kilograms)
Email address		
Term life coverage sum assured		Critical illness rider sum assured (optional)
Child 2 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)
		Weight (kilograms)
Email address		
Term life coverage sum assured		Critical illness rider sum assured (optional)
Child 3 Name (as shown in NRIC/BC/long-term pass)		NRIC/BC number/FIN
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (Nationality): _____ <input type="checkbox"/> Others: _____	Country of residence	Height (metres)
		Weight (kilograms)
Email address		
Term life coverage sum assured		Critical illness rider sum assured (optional)

Questionnaire for the lives insured

	Employee	Spouse	Child 1	Child 2	Child 3
1. Have you ever taken addictive drugs, narcotics or been treated for drug addiction in the past five years? If 'Yes', please state the name of the drugs, how much you took, how often you took them, for how long as well as the date of your last treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently undergoing or have been advised to have any form of medical treatment, medication or follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had or have been advised by a doctor to have surgery or 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 or 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, any recurring symptoms or illnesses or physical deformities not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you made any other application with us in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please continue with the section below if you are applying for critical illness rider.

6. Have any of your natural parents or brothers or sisters ever been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which they were born with or passed down from parents? If 'Yes', please name the conditions, age it began and relationship of the person to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you take part in any form of flying other than as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft or any other dangerous work (for example, a commercial diver, military pilot) or sports or pursuits (for example, motor racing, rock climbing)? If 'Yes', please name the activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Have you had any application for life, accident or health insurance policy rejected, postponed or accepted at other than normal terms by us or any other insurer? If 'Yes', please tell us the reason and the medical condition, if any.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b. Have you made any claim under any life, health or accident policies, whether individual or group plans, with us or any other insurer within the last 12 months? If 'Yes', please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you smoke? How many cigarettes or cigars do you smoke each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If you have answered 'Yes' to any of the questions, please provide details. For questions 2 to 4 and 6, please provide the name of condition or conditions, date it began, investigations and results, treatment and current status. Please include the relevant question numbers and name of insured for your answer. Please use extra paper if you need to.

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 research and data analytics, 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/payer 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.

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.

Declaration and authorisation

1. I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
2. 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 to retrieve and read my policy e-documents via secure online access.
3. I agree that Income will not be responsible to me (or any other person) if I fail to:
 - provide Income my correct email address or mobile number;
 - inform Income of any update or change to my email address or mobile number; or
 - keep the password to access the policy e-documents confidential.
4. I understand that the policy e-documents are considered delivered and received, upon my receipt of Income’s email notification on the availability of the policy e-documents via secure online access.
5. I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.
6. 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 information. If it is discovered later that I or the Insured suffer from a medical condition that 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 Income. 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.
7. I am aware that I can refer to the specimen of the standard terms, conditions and exclusions of this plan to be issued at www.income.com.sg.
8. I confirm that there has been no change in my health or the Insured’s health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health 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 date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured’s health. This applies if I am applying for a non-guaranteed issue basic plan or for any non-guaranteed issue riders.
9. I agree that Income’s legal responsibility will only begin when Income accepts this application and I have paid the first premium in full and cover will apply from the start date in the insurance policy issued to me.
10. I understand that 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.
11. I confirm that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
12. I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.
13. 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.
14. I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the “Personal Data Use Statement” (PDUS); (b) on the representation and warranty made in the PDUS; (c) on the preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.
15. I 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.

Authorisation for Salary Deduction Form

For Corporatised Entities Group Insurance Scheme (CEGIS)

Please fill in and send this authorisation for salary deduction form with the application form to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557. If your application is approved by Income, this form will be sent to your payroll section for salary deduction.

Details of the employee

Name (as shown in NRIC/work pass/long-term pass)	NRIC number/FIN
Name of company	Department

Authorisation for salary deduction

I authorise Income to take from my salary the premiums due for the insured person (or people) named in this application and who are covered under this plan.

Name (as shown in NRIC/work pass/long-term pass)	NRIC/BC number/ FIN	Monthly premium	Effective date (to be filled in by Income)
Employee			
Spouse			
Child 1			
Child 2			
Child 3			
Total premium		\$	
_____ Signature of employee		_____ Date (dd/mm/yyyy)	