

Application for Plus! Protect

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.

Please fill in and send this application to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557.

Details of the proposer (OCBC Plus!/NTUC Plus! Visa cardholder)

Name (as shown in NRIC/work pass/long-term pass)			NRIC number/FIN				
Country of birth		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			Premium payment mode <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
Contact number (Mobile)		(Home)		(Work)		Email address	
Payment must be made by an OCBC Plus!/NTUC Plus! Visa credit- or debit-card of the proposer.							
Name of cardholder				Cardholder type <input type="checkbox"/> Principal cardholder <input type="checkbox"/> Supplementary cardholder			
Card number [][][][][] - [][][][][] - [][][][][] - [][][][][]					Card expiry date (mm/yy) [][] / [][]		
Residential address				Country of residential address			
Mailing address – if different from residential address							
Residential address verification 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. For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof. <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> 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. Address will not be updated for policy number(s):							

Details of lives insured

OCBC Plus!/NTUC Plus! Visa cardholder			NRIC number/FIN		
Name (as shown in NRIC/work pass/long-term pass)					
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			Occupation		
Type of plan		Sum assured			
<input type="checkbox"/> Plus! Protect Classic					
<input type="checkbox"/> Plus! Protect Prime					

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
Type of plan	Sum assured	
<input type="checkbox"/> Plus! Protect Classic		
<input type="checkbox"/> Plus! Protect Prime		
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		
Type of plan	Sum assured	
<input type="checkbox"/> Plus! Protect Classic		
<input type="checkbox"/> Plus! Protect Prime		
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		
Type of plan	Sum assured	
<input type="checkbox"/> Plus! Protect Classic		
<input type="checkbox"/> Plus! Protect Prime		

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		
Type of plan	Sum assured	
<input type="checkbox"/> Plus! Protect Classic		
<input type="checkbox"/> Plus! Protect Prime		

Questionnaire for the lives insured

	OCBC Plus!/ NTUC Plus! Visa cardholder	Spouse	Child 1	Child 2	Child 3
1. Are you currently suffering from, or had in the past suffered from any disease or medical condition?	<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. Have you taken medication continuously for more than two weeks or undergone any investigations or any surgery (for example, X-rays, electrocardiograms, blood or urine tests, etc.)?	<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. Do you have any medical symptoms that you plan to seek medical advice or do any medical tests or investigations?	<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 Plus! Protect Prime.

4. Have any of your natural parents or siblings been diagnosed with cancer, heart attack, stroke or diabetes before age 55?	<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 ever been rejected or accepted at special terms for any insurance policies?	<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

If you have answered 'Yes' to any of the questions, please provide details. For questions 1 to 3, 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 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.

Marketing Consent

In addition, I (the Policyholder/Proposer) consent and agree to Income, its representatives, agents, and service providers acting on behalf of Income in, collecting, using and disclosing my personal data (including any future updates and existing personal data that I have/had given to Income, its representatives/agents) to contact me for the purpose of providing marketing and promotional information relating to products and/or services offered and/or distributed by Income via Postal Mail and/or Email and by the following modes of communications where I have indicated my consent below.

Call Text messages/SMS

My marketing consent is given here (a) regardless of whether this application or transaction is accepted or refused by Income; and (b) in addition to any consent which I may have provided previously in respect of the above purposes. The marketing consent that I have provided to Income shall remain valid, unless it is withdrawn and notified to Income in the manner prescribed below.

I may withdraw my above consent by, contacting Income Contact Centre at 6788 1777, login at me@Income or submitting my request via Income website at <https://einco.me/enquiry>.

Note:

If I have notified Income that I am withdrawing my consent, I understand that I will stop receiving marketing messages after 30 days for the selected mode(s) of communication. I agree that I will continue to receive marketing messages via other modes of communication or on specific product(s) or services where my consent has been given to Income unless such consent has been withdrawn.

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

Declaration and authorisation

Where the declaration and authorisation below applies to me:

I agree to tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to have any medical consultation, investigation or treatment between the date of this application and before the date you issue the policy. I understand that you may add terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information I have given.

I declare that the information and 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. 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 me and you. If anything is untrue, incorrect or incomplete, the insurance policy you issue will not be valid. I agree that your legal responsibility will only begin when you accept this application and the first premium has been paid in full and cover will apply from the start date in the insurance policy issued to me.

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 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 have confirmed that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.

I confirm that the entire marketing and selling process for my proposed insurance application has been carried out in Singapore.

I am aware that I can ask for advice from an insurance adviser before I sign this application. If I choose not to, I will make sure that this product is appropriate for my financial needs and insurance objectives.

I understand that it is usually not a good idea for me to replace an existing investment product (for example life policy/ investment-linked policy/ unit trust) with a new investment product, whether from the same or a different financial institution. I further understand that some of the disadvantages of replacement are:

- a) the insured or I may not be able to obtain a similar level of protection on the same terms;
- b) the insured or I may not be insurable on standard terms;
- c) I may have to pay a higher premium in view of a higher age; and
- d) I will lose financial benefits built up over the years.

I have fully read through and understand the content of the product summary, including any coverage exclusion, which is found on www.income.com.sg.

I have read Your Guide to Life Insurance or Your Guide to Health Insurance (if this applies) found on www.lia.org.sg.

I acknowledge that I am responsible for making sure that I am allowed to buy this plan under the laws and regulations that apply to my nationality and the country that I reside in. I understand that Income cannot accept liability for any legal consequences under the laws of any other country or any tax effects that may arise in connection with the purchase of this plan. I declare that any funds and assets I place with Income, and any profits generated from them, comply with the tax laws of the countries where I am a resident of, and a citizen of.

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.

I agree that the policy will be entered in the Register of the Singapore policies.

I authorise you to charge the premiums due for the insured person (or people) named in this application and who are covered under this plan to my OCBC Plus!/NTUC Plus! Visa credit- or debit-card.

I am aware that the policy will end if I am no longer the cardholder of an OCBC Plus!/NTUC Plus! Visa credit- or debit-card issued by OCBC Bank.

Warning:

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.

You may not alter any of the wording in this application form. Any attempt to do so will be of no effect.

Your signature

Signature of your spouse (if to be insured)

Date (dd/mm/yyyy)

Mandatory documents

MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism

You are required to provide the following documents for the insured person (or people) named in this application and who are covered under this plan:

- a) Singaporean or Singapore Permanent Resident**
 - i. Proposer (applicable for supplementary cardholder only): a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
 - ii. Spouse of proposer: a clear photocopy (front and back) of the NRIC
 - iii. Child(ren) of proposer: a clear photocopy of the birth certificate and NRIC (front and back), if available
- b) Others**
 - i. Proposer: a clear photocopy (front and back) of the work pass or permit and identity card
 - ii. Spouse of proposer: a clear photocopy (front and back) of the work pass or permit or dependant's pass or long-term visit pass (whichever is applicable)
 - iii. Child(ren) of proposer: a clear photocopy of the birth certificate and dependant's pass or long-term visit pass (front and back) (whichever is applicable)

For official use

Referred by (name)

Referred by (code)