NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6332 1133 · Fax: 6338 1500
Email: groupbiz@income.com.sg · Website: www.income.com.sg

Group Insurance Fact Finding Form

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 email the completed form to Group Business – Employee Benefits at groupbiz@income.com.sg

Company information

Name of company		Nature of business
Contact person		Designation
Contact number	Fax number	Email

General information

Presently insured? ☐ Yes ☐ No If "Yes", name of current insurer		
Type of policy		Current period of insurance (dd/mm/yyyy)
Proposed period of insurance (dd/mm/yyyy)	Total number of employees	Number of employees to be insured

Participation: The insurer will assume that participation of the group insurance program is on compulsory basis unless otherwise stated.

Please tick [✓] accordingly to the choice of the insurance product that you like to have a quote from us.

Benefits	Insurance coverage		Participation	
			Compulsory	Voluntary
Life Insurance	Group Term Life (GTL)			
	Group Critical Illness (GCI)			
	Group Personal Accident (GPA)			
Medical	Group Hospital and Surgical (GHS)	Employee only		
		Dependant (spouse and/or children)		
	Group Major Medical (GMM)	Employee only		
		Dependant (spouse and/or children)		
Others	Group Outpatient	Employee only		
		Dependant (spouse and/or children)		
	Dental	Employee only		
		Dependant (spouse and/or children)		

Note: Participation is voluntary if employees or dependants are given the choice to opt for the cover(s), subject too minimum participation level.

Q1. Is there any member currently in hospital or require frequent admission to hospital (for example, hospital admission more than 2 times per year)? ☐ Yes ☐ No

If "Yes", please provide the following details:

S/N	Number of members or age	Reason for hospitalisation or nature of illness	Total sum assured or plan

Note: Income will not reimburse the hospital claims for any member in hospital at the time of application.

Q2. Has any member suffered or is suffering from any serious condition such as cancer, organ failure, diabetes, heart disease, stroke, kidney disorder, liver disorder, arthritis or any other disorder that causes progressive irreversible functional or physical disability? ☐ Yes ☐ No

If "Yes", please provide the following details:

S/N	Number of members or age	Nature of illness	Total sum assured or plan

Q3. Is there any member based outside Singapore? ☐ Yes ☐ No

If "Yes", please provide the following details:

S/N	Number of members or age	Country based in	Total sum assured or plan

Q4. Is there any limitation or exclusion imposed on the cover on any member? ☐ Yes ☐ No

If "Yes", please provide the following details:

S/N	Number of members or age	Limitations or exclusions	Total sum assured or plan

Q5. Is there any member engaged in hazardous occupation? ☐ Yes ☐ No
(for example, welder, diver, sandblaster, offshore workers, etc.)

If "Yes", please provide the following details:

S/N	Number of members or age	Nature of work	Total sum assured or plan

Q6. To the best of your knowledge, is there any member engaged in hazardous sports? ☐ Yes ☐ No
(for example, scuba diving, motor racing, bungee jumping, etc.)

If "Yes", please provide the following details:

S/N	Number of members or age	Type of sports	Total sum assured or plan

Benefit: Group Term Life/Group Critical Illness/Group Personal Accident

Occupational classifications

Class 1	Clerical, administrative or other similar non-hazardous occupations
Class 2	Occupations where some degree of risk is involved, for example, supervision of manual workers, totally administrative job in an industrial environment
Class 3	Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident
Class 4	High risk occupations involving heavy manual work including hot works

(a) Basis of cover

		Category of employees or occupation (refer to the examples)	Basis of cover – sum assured (refer to the examples)	Number of employees
GTL	(i)			
	(ii)			
	(iii)			
	(iv)			

GCI	(i)			
	(ii)			
	(iii)			
	(iv)			

GPA	(i)			
	(ii)			
	(iii)			
	(iv)			

	Example 1	**Example 2**
Category of employees or occupation	**Basis of cover – sum assured**	
(i) Senior Management (Director, General Manager, Senior Manager)	S$100,000	24 x BMS[#]
(ii) All others	S$25,000	12 x BMS[#]

[#] Please provide salary information if the basis of cover is in terms of Basic Monthly Salary (BMS).

(b) Are there any members with sum assured exceeding S$2 million? ☐ Yes ☐ No

If "Yes", please provide details on:

(i) Number of members _____

(ii) Age of members _____

(iii) Individual sum assured _____

(c) Please provide current non-medical limit (if applicable)

Group Term Life: S$ _____ up to age _____

Group Critical Illness: S$ _____ up to age _____

(d) Group Critical Illness: Basis of cover

Is this an accelerated or additional benefit to the Group Term Life? ☐ Accelerated ☐ Additional

If it is an accelerated benefit, please indicate the percentage of acceleration on the Group Term Life sum assured. ☐ 25% ☐ 50% ☐ 100%

Please provide a list of critical illnesses covered (if currently insured).

(e) Details of employees

	GTL				GCI (additional)			
Age band (age next birthday)	**Number of employees**		**Total sum assured (S$)**		**Number of employees**		**Total sum assured (S$)**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
16 to 20								
21 to 25								
26 to 30								
31 to 35								
36 to 40								
41 to 45								
46 to 50								
51 to 55								
56 to 60								
61 to 65								
66 to 70								
Total								

(f) Claims experience for the past three years

Income reserves the right to request for more information

GTL

Period of insurance (dd/mm/yyyy)	Number of insured as at _____ (dd/mm/yyyy)	Paid claims		Outstanding claims	
		Number of claims	Amount (S$)	Number of claims	Amount (S$)

GCI

Period of insurance (dd/mm/yyyy)	Number of insured as at _____ (dd/mm/yyyy)	Paid claims		Outstanding claims	
		Number of claims	Amount (S$)	Number of claims	Amount (S$)

GPA

Period of insurance (dd/mm/yyyy)	Number of insured as at _____ (dd/mm/yyyy)	Paid claims		Outstanding claims	
		Number of claims	Amount (S$)	Number of claims	Amount (S$)

Benefit: Group Hospital and Surgical/Group Major Medical

(a) Basis of cover

Category of employees or occupation (refer to the examples)		Room and board benefit plan (refer to the examples)	Currently with TMIS	Proposal with TMIS
(i)			☐ Yes ☐ No	☐ Yes ☐ No
(ii)			☐ Yes ☐ No	☐ Yes ☐ No
(iii)			☐ Yes ☐ No	☐ Yes ☐ No
(iv)			☐ Yes ☐ No	☐ Yes ☐ No

Important note:

(1) Dependants can be covered under Group Hospital and Surgical plan. Their cover should be the same as the employee's cover.

(2) Please provide the deductible or co-insurance for respective employee category or occupation, if applicable.

	Example 1	**Example 2**
Category of employees or occupation	**Room and board benefit plan (S$)**	
(i) Senior Management (Director, General Manager, Senior Manager)	360	1 bedded
(ii) Manager and Executive	200	4 bedded
(iii) All others	100	6 bedded

(b) Age profile of employees

Age band (age next birthday)	Number of employees	
	Male	Female
16 to 20		
21 to 25		
26 to 30		
31 to 35		
36 to 40		
41 to 45		
46 to 50		
51 to 55		
56 to 60		
61 to 65		
66 to 70		
Total		

(c) Details of insured members

For GHS and GMM

	Number of employees (Singaporeans and SPRs[1])			
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**
Employee only				
Employee and spouse				
Employee and children				
Employee and family				

[1] refers to Singapore Permanent Residents

	Number of employees (foreigners[2] only)			
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**
Employee only				
Employee and spouse				
Employee and children				
Employee and family				

[2] refers to all foreigners holding Employment Pass, S Pass and work permit, working in Singapore

For GMM (if the basis of coverage differs from GHS)

	Number of employees (Singaporeans and SPRs[1])			
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**
Employee only				
Employee and spouse				
Employee and children				
Employee and family				

[1] refers to Singapore Permanent Residents

	Number of employees (foreigners[2] only)			
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**
Employee only				
Employee and spouse				
Employee and children				
Employee and family				

[2] refers to all foreigners holding Employment Pass, S Pass and work permit, working in Singapore

(d) Claims experience for the past three years

Period of insurance (dd/mm/yyyy)	**Number of insured as at _____ (dd/mm/yyyy)**	**Paid claims**		**Outstanding claims**	
		Number of claims	**Amount (S$)**	**Number of claims**	**Amount (S$)**

Note: Income reserves the right to request for more information

(e) Please attach a copy of the Schedule of Benefits, if currently insured.

Benefit: Group Outpatient

(a) Category of employees to be insured (please tick as appropriate)

Category of employees		Clinical General Practitioner	Specialist	Diagnostic X-ray or laboratory test	Dental
(i)					
(ii)					
(iii)					
Dependants (where applicable)					
Number of headcount					

(b) Age profile of employees

Age band (age next birthday)	Number of employees	
	Male	Female
16 to 20		
21 to 25		
26 to 30		
31 to 35		
36 to 40		
41 to 45		
46 to 50		
51 to 55		
56 to 60		
61 to 65		
66 to 70		
Total		

(c) Claims experience for the past three years

Paid claims

Period of insurance (dd/mm/yyyy)	Number of insured as at _____ (dd/mm/yyyy)	Clinical General Practitioner		Specialist		Diagnostic X-ray or laboratory test		Dental	
		Number of visits	Amount (S$)	Number of visits	Amount (S$)	Number of visits	Amount (S$)	Number of visits	Amount (S$)

^ all figures provided should include visits to non-panel clinics.

Note: Income reserves the right to request for more information

Outstanding claims

Period of insurance (dd/mm/yyyy)	Number of insured as at _____ (dd/mm/yyyy)	Clinical General Practitioner		Specialist		Diagnostic X-ray or laboratory test		Dental	
		Number of visits	Amount (S$)	Number of visits	Amount (S$)	Number of visits	Amount (S$)	Number of visits	Amount (S$)

^ all figures provided should include visits to non-panel clinics.

Note: Income reserves the right to request for more information

(d) Please attach a copy of the Schedule of Benefits, if currently insured.

If currently self-insured, please provide the following details:

Please indicate "Unlimited" if there is no cap and "NA" if it is Not Applicable.

Benefits	Maximum limit per visit (S$)		Maximum limit per policy (S$)		Co-payment (S$) or co-insurance	
	Clinic on company's panel	Non-panel clinic	Clinic on company's panel	Non-panel clinic	Clinic on company's panel	Non-panel clinic
Clinical General Practitioner						
Specialist						
Diagnostic X-ray or laboratory tests						
Dental						
Others, please specify						

Needs analysis and product recommendation

Please tick the appropriate box to indicate the priority of your needs:

Company's priorities	Low	Medium	High	Advisor's recommendation
Cover for Group Outpatient medical expenses	☐	☐	☐	
Cover for Group Hospital and Surgical expenses	☐	☐	☐	
Cover for Dental expenses	☐	☐	☐	
Cover for Group Major Medical (for example, cancer, kidney failure, etc.)	☐	☐	☐	
Cover for loss of income due to sickness or accident	☐	☐	☐	
Cover for long term medical treatment	☐	☐	☐	
Others: _____	☐	☐	☐	

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 (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 authorization 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.

Declaration by company

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

We confirm (a) that we understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" (PDUS) above and (b) on the representation and warranty made in the PDUS.

We declare that to the best of our knowledge and belief, the information given here is true, correct and complete. We accept full responsibility for them, whether written by us or by anyone else on our behalf. We have not withheld any information.

We 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.

We agree that this form together with any other written answers, statements, information or declaration made by us or on our behalf shall form the basis of the contract between us and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

Signature of authorised officer

Company stamp (if applicable)

Name: _____ NRIC number: _____

Designation: _____ Date: _____

Declaration by intermediary

I/We declare and acknowledge that I/we have reviewed this Group Insurance Fact Finding Form with the authorised officer of the company, and I/we have explained all the requirements of this Group Insurance Fact Finding Form to him or her.

Signature of intermediary

Company stamp (if applicable)

Name: _____ Representative code: _____

Designation: _____ Contact number: _____ Date: _____

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 your insurer or visit the LIA or SDIC websites (www.gla.org.sg or www.sdic.org.sg).