

Application for WorkMedic

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.

Important notes on lives to be insured:

- The insured(s) must be holding a valid work permit or S Passes issued by the Ministry of Manpower.
- All policy shall be administered on headcount basis. Please submit a copy of the updated name listing or a copy of the CPF Foreign Worker Levy Statement.

Company information

Name of company and address	Company registration number	Nature of business or trade
	Email	
Contact person	Contact number (Office) (House)	
	(Hand phone) (Fax)	
Is the company is GST registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period of insurance (dd/mm/yyyy) From to	

Plan type

Total number of employees to be insured	Plan type <input type="checkbox"/> Plan 1 – As charged \$15,000 per disability with 12 months waiting period <input type="checkbox"/> Plan 2 – As charged \$15,000 per disability without 12 months waiting period <input type="checkbox"/> Plan 3 – As charged \$30,000 per disability without 12 months waiting period
Annual premium per insured: \$ _____ (inclusive of 7% GST)	

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:

- The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- 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
- 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 declare that the foregoing answers are true and correct and complete, and, whether written by us or by anyone else on our behalf, we accept full responsibility for them. We have not withheld any material information. We agree that this proposal form together with the enclosed description and other particulars of each and every eligible employee and any other written statements, information or declaration made by us or on our behalf and any proposals submitted by the eligible employees for the purpose of the proposed insurances shall form the basis of the contract between us and Income.

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 undertake that we will not submit the names of any employee to be insured if they are currently absent from active work, are suffering from any serious illness or disease which endangers his/her life or working part-time.

In the event of a claim, we will fully cooperate with Income to obtain the consent of the person to be insured to agree and authorise or we will agree and authorise any medical source, insurance office organisation to release to Income, or for Income to release to any medical source or insurance office, any relevant information concerning the person to be insured at the time.

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

Name and signature of employer

Company stamp

Designation

Date (dd/mm/yyyy)

For official use

Name of intermediary

Intermediary code

Date (dd/mm/yyyy)