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For office use (Policy number)

## Application for Dependants' Protection Scheme

**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.

### Section A: Your details

**Only Singapore Citizens and Singapore Permanent Residents are eligible for this plan. Please submit a copy of your Singapore NRIC together with this proposal form.**

|   |                       |   |   |                    |
|---|-----------------------|---|---|--------------------|
| Name (as shown in NRIC)   |                       | NRIC number   | Date of birth (dd/mm/yyyy)  |                    |
| Mailing address   |                       | Nationality<br><input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                    |
| Contact number (Handphone)  | (Office)              | (Home)  | Email   |                    |
| Occupation  | Exact duties involved |   | Height (metres)   | Weight (kilograms) |
| <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 <b>NOT</b> 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> |                       |   |   |                    |

### Section B: Medical underwriting questions

It is necessary for you to declare the condition of your health for your Dependants' Protection Scheme (DPS) cover. If you are suffering from any undisclosed pre-existing serious illness, claims will not be admitted. Please refer to our website [www.income.com.sg/dps-list-of-serious-illness.pdf](http://www.income.com.sg/dps-list-of-serious-illness.pdf) for the list of serious illnesses.

|   |   |
|---|---|
| <p>1. Have you ever had or been told to have or been treated for any of the following medical conditions:</p> <p>(a) ischaemic heart disease/coronary heart disease, heart valves disorders or arrhythmia (irregular heartbeats),<br/>         (b) cancer,<br/>         (c) stroke/cerebrovascular disorders, tumour of the brain or arteriovenous malformation,<br/>         (d) renal failure or renal dialysis,<br/>         (e) diabetes with complications,<br/>         (f) chronic liver disorders, liver cirrhosis, hepatic encephalopathy or liver failure,<br/>         (g) AIDS/HIV infection,<br/>         (h) dementia/Alzheimer's disease,<br/>         (i) severe psychiatric or mental illness,<br/>         (j) motor neuron disease,<br/>         (k) muscular dystrophy,<br/>         (l) paralysis (hemiplegia/paraplegia/quadruplegia),<br/>         (m) chronic lung disease,<br/>         (n) rheumatoid arthritis with complications,<br/>         (o) multiple sclerosis,<br/>         (p) systemic lupus erythematosus with complications,<br/>         (q) parkinson disease with complications,<br/>         (r) pulmonary hypertension,<br/>         (s) aplastic anaemia, thalassaemia major or severe blood disorders, or<br/>         (t) any other illness, disorder, injury, physical disability or abnormality not listed above?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

If the answer to any of the above medical conditions is Yes, please provide details below.

| Medical condition | Date/symptoms/signs | Date of investigation/type of tests done and results/name of clinic or hospital | Treatment (name of drug)/surgery (period of hospital admission) | Present condition (eg. still on follow up, receiving treatment, fully recovered & discharged) |
|-------------------|---------------------|---|---|---|
|                   |                     |   |   |   |
|                   |                     |   |   |   |
|                   |                     |   |   |   |
|                   |                     |   |   |   |

2. Other than for the medical conditions or symptoms that you have already told us about, have you had or been advised by a doctor to have surgery or any medical tests/investigations (for example blood test, urine test, X-ray, ECG, Ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check) during the last 5 years? Or do you intend to have any surgery or tests or investigations in the coming year?  Yes  No

If yes, please provide details below.

| Date | Type of test(s)/ surgery done | Reason for test(s)/ surgery done | Results | Name of clinic or hospital | Follow up/treatment required (Yes/No)<br>If yes, please provide details including type of treatment and name of drug. |
|------|-------------------------------|----------------------------------|---------|----------------------------|---|
|      |                               |                                  |         |                            |   |
|      |                               |                                  |         |                            |   |

3. Have you ever used drugs or substances in an illegal way or drug addiction or had alcoholism?  Yes  No

If yes, please provide details below.

| Type of substance/ alcohol used | Period of usage | Date of completion of treatment | Name of clinic or hospital | Date of complete abstinence | Fully discharged (Yes/No) |
|---------------------------------|-----------------|---------------------------------|----------------------------|-----------------------------|---------------------------|
|                                 |                 |                                 |                            |                             |                           |
|                                 |                 |                                 |                            |                             |                           |

4. Have any of your applications or reinstatement of a life insurance or health insurance policy ever been declined, postponed or accepted with special conditions (for example loading or exclusions)?  Yes  No

If yes, please provide the details below.

| Name of insurer | Type of policy/loading/exclusion | Reasons |
|-----------------|----------------------------------|---------|
|                 |                                  |         |
|                 |                                  |         |

5. Have you ever made any claims or are you intending to make any claims under any life, health or accident policies, whether individual or group plans, with us or any other insurer?  Yes  No

If yes, please provide details below.

| Type of claim(s) (eg. critical illness, hospitalisation, disability, accident) | Details of claim(s) | Date of claim(s) | Name of insurer |
|--|---------------------|------------------|-----------------|
|  |                     |                  |                 |
|  |                     |                  |                 |

**Section C: Authorisation by CPF account holder (For payment using CPF Ordinary/Special Account)**

- I authorise the Central Provident Fund Board to deduct premium(s) from my Ordinary and/or Special account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the Central Provident Fund Board from time to time.
- I authorise the Central Provident Fund Board to deduct the available amount in my Special Account in the event that the balance in my CPF Ordinary Account is not sufficient to pay for an amount based on the premium payable for my age group.
- I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from my insurer(s) such information relating to:
  - payment of premiums due under this proposal, including the deduction of premiums from my Ordinary and/or Special Account; and
  - the making of refunds under this proposal, as Central Provident Fund Board shall reasonably consider appropriate.
- I agree to purchase only one Dependents' Protection Scheme Policy with any insurer.
- I consent to the automatic termination of my existing DPS cover upon commencement of this policy.

## Section D: 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 document provided, or to be provided to us by you or your insured persons or from other sources, 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 your application or policy under the Dependants' Protection Insurance Scheme (DPS);
- (c) decide whether to insure or continue to insure you under DPS;
- (d) provide ongoing services and respond to your inquiries or instructions pertaining to your application or policy under DPS;
- (e) make or obtain payments pertaining to your application or policy under DPS;
- (f) investigate and settle claims pertaining to your policy under DPS;
- (g) recover any debt owed to us pertaining to your application or policy under DPS;
- (h) detect and prevent fraud, unlawful or improper activities;
- (i) coach employees and monitor for quality assurance;
- (j) reinsure risks and for reinsurance administration pertaining to your application or policy under DPS; and
- (k) comply with all applicable laws, including reporting to regulatory and industry entities.

### 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) medical professionals and institutions;
- (b) insurers and reinsurers;
- (c) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, disaster recovery or emergency assistance services;
- (d) debt collection agencies;
- (e) dispute resolution parties;
- (f) parties that assist us to investigate, administer and adjudicate claims;
- (g) financial institutions;
- (h) credit reference agencies;
- (i) industry associations; and
- (j) 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 may result in the termination of your DPS policy.

### 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. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

### Section E: Declaration and authorisation

I agree that this written proposal form and the terms and conditions, all subsequent written notices given by Income to me and all subsequent written statements given by me to Income will make up the whole of the contract of insurance between Income and me.

I declare that the information given in this proposal and any supplementary questionnaire(s)/form(s) and/or option form furnished to Income or the Medical Examiner of Income are true to the best of my knowledge and belief and that no material fact(s), that is, fact(s) likely to influence the assessment and acceptance of this proposal have been withheld.

I confirm that I understand and agree to the 'Personal data collection statement'.

Without prejudice to the generality of the above statement, I consent to the transfer and disclosure, at any time and without notice or liability to me of any medical information on me in the insurer's possession to the Central Provident Fund Board for: (a) the purpose of making of a claim under the DPS or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) which I may be insured under; or (b) any purpose connected with the administration or operation of the accounts maintained by the Board for me under the Central Provident Fund Act (Chapter 36). I agree that this consent shall not be affected by any subsequent physical or mental disorder, disability or incapacitation which I may suffer from. In addition, I agree that this consent shall remain valid notwithstanding my death.

I agree and authorise any medical source, insurance office, organisation to release to Income, and Income to release to any medical source, insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by Income.

I confirm that I am not an undischarged bankrupt, that no statutory demand has been served on me and no bankruptcy order has been made against me.

I am aware that I can seek advice from a qualified adviser before I sign this application/proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

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

**WARNING: If you do not disclose material facts in this proposal form, any policy issued may not be valid. If you are unsure whether any fact is material, please disclose it. This will include any information that you have given to the Insurance Adviser/Representative but is not declared in this proposal form. It is usually detrimental to replace an existing policy with a new one. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.**

|                                      |  |
|--------------------------------------|--|
| Signature or thumb print of proposer | Signature or thumb print of witness                |
| Date (dd/mm/yyyy)                    | NRIC number, name of witness and date (dd/mm/yyyy) |

### For official use

|                          |   |                   |  |
|--------------------------|---|-------------------|--|
| Age                      | Status<br><input type="checkbox"/> Standard-accept <input type="checkbox"/> Manual-accept <input type="checkbox"/> Reject |                   |  |
| Standard-underwritten by | Manual-underwritten by  | Date underwritten |  |

## Product summary

### Benefit illustration

- a) Sum assured: \$46,000
- b) Premium table

| Age (years) male/female | Yearly premium |
|-------------------------|----------------|
| 34 and below            | \$ 36          |
| 35-39                   | \$ 48          |
| 40-44                   | \$ 84          |
| 45-49                   | \$ 144         |
| 50-54                   | \$ 228         |
| 55-59                   | \$ 260         |

### Product information

DPS is an affordable term-life insurance scheme that provides insured members and their families with some money to get through the first few years should the insured members pass away, suffer from Terminal Illness or Total Permanent Disability. DPS is an optional scheme which covers CPF members who are Singapore Citizens or Permanent Residents for a maximum sum assured of \$46,000. The coverage is worldwide and you will be insured up to the end of the policy year during which you turn 60 years old.

### Key Product Provisions

- a) Qualified CPF members  
This scheme automatically covers CPF members
  - i. who are Singapore citizens or permanent residents;
  - ii. between 21 and 60 years old and;
  - iii. for a sum of \$46,000 up to age 60.
- b) Premium payment  
The premium paid from your CPF Ordinary Account and/or Special Account is based on your attained age. If your CPF savings is insufficient to pay the premium for the cover of \$46,000, you can pay the difference in cash or be insured for a lower amount.
- c) Period of coverage after the yearly premium payment  
You will be covered for one policy year (12 months) from the effective date of your policy. Your effective date of policy will be the successful date of premium deduction.
- d) Renewal of insurance cover  
Your cover will be automatically renewed upon policy renewal, provided there are sufficient funds in your CPF account to pay the minimum cover of \$5,000.
- e) Exclusions  
You cannot claim the benefits under DPS if any of the following events occur within the first policy year:
  - i. you committed self-inflicted injury or suicide;
  - ii. you committed a criminal offence punishable by death; or
  - iii. claim arose out of your intentional criminal act.

You also cannot claim the benefits under DPS if:

  - iv. you suffer from serious illness, Terminal Illness or Total Permanent Disability before the commencement of the policy;
  - v. you have provided false or misleading information; or
  - vi. your claim arose from wars or any warlike operations or participation in any riot.

**Note:** This summary is meant for general information only. It does not serve as an insurance contract. The summary of terms and conditions of this insurance plan is specified in the certificate of insurance.

Income is a member of the Policy Owner's Protection Scheme (PPF Scheme). This scheme is administered by the Singapore Deposit Insurance Corporation (SDIC). It reduces the financial impact on policy owners in the event a life or general insurer which is a PPF Scheme member fails. For more information on the types of benefits that are covered under the scheme, please 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)). Alternatively, you can visit our website ([www.income.com.sg](http://www.income.com.sg)) for a list of the insurance products that are covered under the PPF Scheme.

|                                      |  |
|--------------------------------------|--|
| Signature or thumb print of proposer | Name of proposer and date (dd/mm/yyyy) |
|--------------------------------------|--|