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

Application for Public Officers Group Insurance Scheme (POGIS)

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 with the GIRO application form to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557. Please provide a clear photocopy of your staff pass.

Details of the proposer

Name (as shown in NRIC)	NRIC number or FIN
Residential address	Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced Premium payment mode ☐ GIRO ☐ Cash ☐ Cheque
Contact number (Hand phone) (Office) (House)	Email

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

Name (as shown in NRIC or BC)	NRIC or BC number or FIN	Nationality	Race	Sex	Date of birth (dd/mm/yyyy)	Height (metres)	Weight (kilograms)
Main insured				☐ Male ☐ Female			
	Name of ministry or statutory board or organs of state			Department		Occupation	
	Term life coverage Sum assured: $ _____		Critical illness rider Sum assured: $ _____			Early critical illness rider Sum assured: $ _____	
	Note: The total sum assured for critical illness rider and early critical illness rider cannot be more than the sum assured for term life coverage.						
Husband or wife				☐ Male ☐ Female			
	Name of company or ministry or statutory board or organs of state					Occupation	
	Term life coverage Sum assured: $ _____		Critical illness rider Sum assured: $ _____			Early critical illness rider Sum assured: $ _____	
	Note: The total sum assured for critical illness rider and early critical illness rider cannot be more than the sum assured for term life coverage.						

Note: If you and your husband or wife are both insured under POGIS, your child who is between 12 months and 6 years old will be eligible for the complimentary child cover.

If your husband or wife is currently an insured employee under POGIS, please provide the following details:

Name of your husband or wife:

NRIC number or FIN:

Child 1				☐ Male ☐ Female			
	Term life coverage Sum assured: $ _____		Critical illness rider Sum assured: $ _____			Early critical illness rider Sum assured: $ _____	
	Note: The total sum assured for critical illness rider and early critical illness rider cannot be more than the sum assured for term life coverage.						

Name (as shown in NRIC or BC)	NRIC or BC number or FIN	Nationality	Race	Sex	Date of birth (dd/mm/yyyy)	Height (metres)	Weight (kilograms)
Child 2				☐ Male ☐ Female			
	Term life coverage Sum assured: $ _____		Critical illness rider Sum assured: $ _____		Early critical illness rider Sum assured: $ _____		
	Note: The total sum assured for critical illness rider and early critical illness rider cannot be more than the sum assured for term life coverage.						
Child 3				☐ Male ☐ Female			
	Term life coverage Sum assured: $ _____		Critical illness rider Sum assured: $ _____		Early critical illness rider Sum assured: $ _____		
	Note: The total sum assured for critical illness rider and early critical illness rider cannot be more than the sum assured for term life coverage.						

Questionnaire for the lives insured

	Main insured	Husband or wife	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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Are you currently undergoing or have been advised to have any form of medical treatment, medication or follow-up?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Have you made any other application with us in the last three months?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Please continue with the section below if you are applying for critical illness rider and early 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Did you have any of these symptoms in the last 3 months for more than one week continuously: - fatigue, or - unexplained weight loss, or - enlarged lymph nodes, or - growth or patch of skin that does not resemble that area around it?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

	Main insured	Husband or wife	Child 1	Child 2	Child 3
9a. 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9b. 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Do you smoke? How many cigarettes or cigars do you smoke each day?	☐ Yes ☐ No	☐ Yes ☐ 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 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) provide services and respond to inquiries (including employment status) from your employer, on the application or policy;
(b) carry out identity checks;
(c) communicate on purposes relating to an application or policy;
(d) decide whether to insure or continue to insure you and your insured persons;
(e) determine and verify your creditworthiness for the financial and insurance products you apply for;
(f) provide financial advice for product recommendation based on your financial needs analysis;
(g) provide ongoing services and respond to your inquiries or instructions;
(h) make or obtain payments;
(i) investigate and settle claims;
(j) recover any debt owed to us;
(k) detect and prevent fraud, unlawful or improper activities;
(l) conduct research and statistical analysis;
(m) coach employees and monitor for quality assurance;
(n) reinsure risks and for reinsurance administration;
(o) comply with all applicable laws, including reporting to regulatory and industry entities; and
(p) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

If you give your consent under Section 5, we may also collect and use your personal data to contact you on our marketing or promotional materials relating to our financial products or services via telephone calls, text messages, faxes, mails, or emails.

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) your employer;
(b) your financial advisers;
(c) medical professionals and institutions;
(d) insurers and reinsurers;
(e) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
(f) debt collection agencies;
(g) dispute resolution parties;
(h) parties that assist us to investigate, administer and adjudicate claims;
(i) financial institutions;
(j) credit reference agencies;
(k) industry associations; and
(l) 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 will require you to surrender or terminate all your policies with us.

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. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

5. Marketing material option

Please indicate if you wish to receive marketing or promotional materials on our financial products, and related services, programmes and events, via telephone calls, text messages, faxes, mails, or emails.

☐ Yes ☐ No

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

We will use the contact particulars, including any update, you have given to us to contact you.

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

6. Income's rewards programme

Please indicate if you wish to be a member of Income's rewards programme.

☐ Yes ☐ No

If you would like to receive updates on the rewards programme, please also select "Yes" under the marketing material option.

For more information on Income's rewards programme, please visit www.income.com.sg/rewards.

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 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 agree and authorise any doctor, insurer or organisation to release to you, and you to release to any doctor, insurer or organisation, any relevant information to do with me and the insured at any time, whether you accept or refuse this application. This authorisation is for the purpose of this application or any other purpose relating to this policy. A photocopy of this authorisation is valid as an original copy.

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

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

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

I authorise you to take from my GIRO account (if payment is made via GIRO) the premiums due for the insured person (or people) named in this application and who are covered under this plan.

I am aware and agree that the policy will end in the event that I cease my employment with the ministry or statutory board or organs of state.

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 husband or wife (if to be insured)	Date (dd/mm/yyyy)

Note: Please provide a clear photocopy of your staff pass.

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 and husband or wife of proposer: a clear photocopy (front and back) of the National Registration Identity Card (NRIC)

ii. Child(ren) of proposer: a clear photocopy (front and back) of the NRIC or birth certificate (for minors only) (whichever is applicable)

b) Others

i. Proposer: a clear photocopy (front and back) of the work pass and identity card

ii. Husband or wife of proposer: a clear photocopy (front and back) of the work pass or dependant's pass or identity card (whichever is applicable)

iii. Child(ren) of proposer: a clear photocopy (front and back) of the dependant's pass or identity card or birth certificate (whichever is applicable)

For official use

Campaign code	Remarks

NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 63 INCOME/6788 1777 · Fax: 6338 1500
Email: csquery@income.com.sg · Website: www.income.com.sg
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GIRO APPLICATION FORM

FOR COMPLETION BY APPLICANT AND THIS INFORMATION IS ONLY FOR INSURANCE COMPANY'S USE

Date:	Name of Insurance Company: **NTUC INCOME INSURANCE COOPERATIVE LIMITED**
To: Name of Bank	Policyholder's Name:
Policy Number/Reference: **Group Business – Affinity Schemes**	NRIC/Passport No:

a) I/We instruct you to process the above Insurance Company's instruction to debit my /our account.
b) You are entitled to reject the Insurance Company's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
c) This authorisation will remain in force until terminated by your written notice send to my /our last address known to you or upon receipt of my /our written revocation through the Insurance Company.

Bank Accountholder's Name : _____	Telephone No : _____ Office : _____
Bank Accountholder's NRIC : _____	Handphone : _____ Home : _____
Bank Account Number | | | | | | | | | | | | |	Signature/Thumbprint*/Company Stamp: _____ (As in Bank's record) * For thumbprint, please go to any branch of your bank with identification document for verification

Note: a) Please provide all information/bank account details as per the bank's record correctly to avoid delay in approval.
b) If your premium should alter due to changes in policy contractual terms, the amount deducted will be changed accordingly.

FOR NTUC INCOME INSURANCE COOPERATIVE LIMITED'S COMPLETION

Bank				Branch			NTUC Income Insurance Co-operative Limited Bank Account No.								
7	1	7	1	0	0	1	0	0	1	0	0	1	1	2	1	9

Bank				Branch			Account No. To be Debited									

NTUC Income Insurance Co-operative Limited Customer's Billing Reference												

FOR FINANCIAL INSTITUTION'S COMPLETION

To: NTUC INCOME INSURANCE COOPERATIVE LIMITED
75 Bras Basah Road, Income Centre, Singapore 189557

This application is hereby REJECTED (please tick) for the following reason(s):

- ☐ Signature/Thumbprint# differs from financial institution's record
- ☐ Signature/Thumbprint# incomplete/unclear#
- ☐ Account operated by signature/thumbprint#
- ☐ Wrong account number
- ☐ Amendments not countersigned by customer
- ☐ Others: _____

Name of Bank Officer	Signature of Bank Officer	Date

Please delete where inapplicable