

Enhanced IncomeShield

Application form for downgrade and/or switch nationality (for existing policies only)

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.

Instructions and important notes

Instructions

- Section A: Please fill in all the details. If there is a change of payer or policyholder (who is not the existing policyholder), the payer or policyholder can only pay for themselves, their children, husband, wife, father and mother. If no new mailing address is provided, we will use the existing policy's mailing address even if there is a change of payer or policyholder in this application.
- Section B-K: Please fill in all the details of the life to be insured, including the payer or policyholder who wants to downgrade the type of plan or rider. The policyholder and life to be insured must fill in the 'Declaration and authorisation' section.

Important notes

- We will start the cover after we have approved your application and full premium payment is received by Income. If you are only downgrading to Assist Rider, during the 3 months period before your policy is due for renewal, your start date will be on your renewal date. The start date of the plan and/or rider will be shown in the Policy Certificate.
- There is a 40 days period from the start date of your new integrated plan or downgraded/upgraded plan where you are not allowed to perform any downgrade or upgrade of your policy.
- You must pay the premium for the current plan in full before the downgraded plan or rider can start.
- Once we approve the downgraded plan or rider, existing arrangement (if any) to deduct premium from the child's Medisave account will stop. To continue with the arrangement, please fill in and send us the 'Authorisation form for deduction of IncomeShield premiums from child's CPF Medisave account form' together with this form.

Adviser's details

Change to a new adviser (Please provide details below.)

Stay with existing adviser

Adviser's name _____ Adviser's code _____

Section A: Details of policyholder (payer)

Important notes

- The change of policyholder or payer will apply on the start date of the downgraded plan or the renewal date, if we accept your application. If we do not accept this application, the policyholder or payer will not change under the existing plan. You will then have to send us the 'Payment alteration form' to change the policyholder or payer.
- If more than one policy number is provided, only changes indicated in Section A will be applied. Change requests of other sections will not be applied to these policies. Please complete separate forms for each individual insured.

<input type="checkbox"/> New policyholder (if taking over as payer)		NRIC or FIN number	CPF account number	Policy number
<input type="checkbox"/> Existing policyholder				
Name (as in NRIC or FIN)		Date of birth (dd/mm/yyyy)	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please give details) _____	
Name of company	Occupation	Contact number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Email (Please give only one email address)		

Home address

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): _____

Please complete below only if there is a change in your nationality. Please tick only **one** box. If the change in nationality is only for policyholder, you do not need to complete Section B.

Important notes

- If you are changing nationality to Singapore Citizen or Singapore Permanent Resident, please send us a copy of your NRIC/Citizenship certificate with this form.
- To change your identification number, you must submit a valid foreign identification Number (FIN) or Singapore identification number (BC or NRIC) issued by Immigration & Checkpoint Authority (ICA).

Singapore Citizen (SG)

NRIC number: _____

Singapore Permanent Resident (PR)

NRIC number: _____

Foreigner (FR)

FIN number: _____

Please give details of nationality:

Section B: Details of life to be insured

Life to be insured <input type="checkbox"/> You <input type="checkbox"/> Husband or wife <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother					
Name (as shown in BC, NRIC or FIN)		Date of birth (dd/mm/yyyy)	BC, NRIC or FIN number	Policy number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of company		Occupation	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please give details) _____		

Please complete below only if there is a change in your nationality. Please tick only **one** box.

Important notes

1. If you are changing nationality to Singapore Citizen or Singapore Permanent Resident, please send us a copy of your NRIC, Citizenship certificate and MediShield Life issuance letter with this form. For your plan to be integrated with MediShield Life on 01 November 2015 or MediShield Life cover start date, whichever is later, please complete Section C.
2. For existing insured covered under Preferred or Advantage and wish to maintain your plan, you need not complete Section E.
3. For existing insured covered under Basic or Enhanced C, we will automatically switch your existing main plan to a plan corresponding to your new nationality type.
4. To change your identification number, you must submit a valid foreign identification Number (FIN) or Singapore identification number (BC or NRIC) issued by Immigration & Checkpoint Authority (ICA).

<input type="checkbox"/> Singapore Citizen (SG) NRIC number: _____ MediShield Life cover start date (dd/mm/yyyy): _____	<input type="checkbox"/> Singapore Permanent Resident (PR) NRIC number: _____ MediShield Life cover start date (dd/mm/yyyy): _____	<input type="checkbox"/> Foreigner (FR) FIN number: _____ Please give details of nationality: _____
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Section C: Main plan payment method

If you want to maintain your existing payment method, you do not need to complete this section. For Singapore Citizens and Permanent Residents currently covered under a Cash non-integrated plan, please tick a Premium payment option to integrate your plan with MediShield Life.

Premium payment by (please tick only **one** option):

- Medisave**
 If your premium exceeds the applicable withdrawal limits from Medisave or if you have insufficient monies in your Medisave account, the balance will be payable in Cash. Please refer to the Product summary for the applicable withdrawal limits from Medisave.

- Full Cash**

For insured who are Singapore Citizens and Permanent Residents, this Shield plan will be integrated with MediShield Life. Upon the start of this Integrated Shield Plan, any existing Integrated Shield Plan will be automatically terminated.

For insured who are Foreigners, this Shield plan will not be integrated with MediShield Life. For payment using Medisave, upon the start of this Shield plan, any existing Shield plan will be automatically terminated.

Section D: GIRO arrangement

- New or third-party GIRO application (Please fill in and attach a new application for Interbank GIRO form.)
- Existing GIRO arrangement (Please give us details below.)

Name of account holder	NRIC number of account holder
Name of bank and branch	Bank account number
I will pay the premiums for this plan in line with my existing Interbank GIRO instructions with Income.	
_____ Account holder's signatures, thumbprints or company stamp (as shown in bank's record)	

For successful GIRO application, deduction will only be made for renewal premiums.

Section E: Details of plan and riders

Important notes

1. **For existing Plus Rider policyholders**
 Your Plus Rider cover will end immediately and without notice once the Assist Rider has been approved and added to the main plan. Once you have downgraded to the Assist Rider, any request for an upgrade back to the Plus Rider is subject to our underwriting and acceptance.
2. Cover for your existing rider (if any) will follow your main type of plan.

Type of plan: The life to be insured can only downgrade to a plan based on their nationality as shown below.

Enhanced IncomeShield

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Advantage (SG, PR or FR) | <input type="checkbox"/> Basic-SG | <input type="checkbox"/> Basic-PR | <input type="checkbox"/> Basic-FR |
| <input type="checkbox"/> Enhanced C-SG | <input type="checkbox"/> Enhanced C-PR | <input type="checkbox"/> Enhanced C-FR | |

Downgrade rider

- Assist Rider (This applies for Plus rider policyholders only.)

SG: Singapore Citizen PR: Singapore Permanent Resident FR: Foreigner

Section F: Client Acknowledgement (upgrading/downgrading your Integrated Shield plan)

Your adviser is required to explain the following to you if you are upgrading/downgrading your Integrated Shield plan. (This does not apply for direct marketing.)

I confirm that my adviser has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each life to be insured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the life to be insured will be automatically terminated.

My adviser has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit such as:

- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
- If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions
- If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

Section G: Declaration to Central Provident Fund Board (CPF Board)

1. Authorisation by CPF account holder (applicant)

I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my Medisave account (including any new Medisave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:

- (i) payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;
- (ii) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
- (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.

2. Consent of the applicant and Life/Lives to be Insured

I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF Board's possession, between the Insurer and the CPF Board for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

3. Automatic termination of existing integrated medical insurance plan(s) for Life/Lives to be Insured under certain circumstances

Subject to the relevant laws and terms and conditions, I understand that:

- (i) Upon the commencement of this Enhanced IncomeShield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
- (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this Enhanced IncomeShield cover of the Life/Lives to be Insured shall automatically terminate.

Section H: 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 an application or policy;
- (c) decide whether to insure or continue to insure you and your insured persons;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) investigate and settle claims;
- (i) recover any debt owed to us;
- (j) detect and prevent fraud, unlawful or improper activities;
- (k) conduct research and statistical analysis;
- (l) coach employees and monitor for quality assurance;
- (m) reinsure risks and for reinsurance administration;
- (n) comply with all applicable laws, including reporting to regulatory and industry entities;
- (o) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption; and
- (p) provide services and respond to inquiries by employer on the application or policy. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

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 financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) 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;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations;
- (k) regulators, law enforcement and government agencies; and
- (l) employer. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

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.

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

Section I: Declaration and authorisation

Where the declaration and authorisation below applies to me:

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 the policyholder and you. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

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

I agree that your legal responsibility will only begin when you accept this application and you have received the first full premium of the plan. The start date of the plan will be shown in the Policy Certificate.

I agree that you can end any IncomeShield/Enhanced IncomeShield policy that was previously issued to me when you have accepted this application.

I, agree and authorise:

- (a) any doctor, insurer, or organisation to release to you, and
- (b) you to release to any doctor, insurer or organisation,

any relevant information to do with me and the life to be insured, whether:

- (i) this application is accepted or refused, or
- (ii) for the purpose of this application or any other purpose in respect of the policy to be issued.

A photographic copy is valid as an original copy.

I declare that my adviser has advised me/us that:

All Singapore Citizens and Permanent Residents will be covered by MediShield Life. An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage provided by Income. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our Medisave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

I agree that the product summary has been explained to me to my satisfaction by my adviser. (This does not apply for direct marketing.) A copy will be provided together with my policy document.

I am aware that I can ask for a copy of Your Guide to Health Insurance from my adviser. (This does not apply for direct marketing.) Or, I can download one at www.income.com.sg.

I can ask for advice from an adviser before I sign this application. I will make sure that this product is appropriate to my financial needs and insurance objectives. (This applies for direct marketing.)

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. This application is governed by and interpreted according to the laws of the Republic of Singapore.

Section K: Product summary

Declaration

I agree that the content of the product summary have been explained to me to my satisfaction by my adviser (This does not apply for direct marketing.)

I have fully read through the contents of the product summary and I understand them.

Name of applicant	Signature and date (dd/mm/yyyy)
Name of adviser	Signature and date (dd/mm/yyyy)