income made different

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an NTUC Social Enterprise

Product Type
☐ Affinity ☐ ElderShield
☐ DPS ☐ IncomeShield
☐ Employee Benefit ☐ Life Insurance

Lifestyle questionnaire

Details of insured

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)

Questions for insured

1 Do you belong, or have you ever belonged, to any of the following AIDS high-risk groups? ☐ Yes ☐ No

a Homosexual
b Bisexual
c Heterosexual with multiple partners
d Intravenous drug users
e Haemophiliacs
f Sexual partners of the above groups

If yes, please indicate which group: _____

2 Have you ever been tested, received medical advice, counselling or treatment in connection with AIDS or AIDS related condition or is there any intention to do so in the future? If yes, please give details of circumstances under which the test or advice was sought, investigation done, treatment, date and result. You may ignore routine testing for blood donation purposes. ☐ Yes ☐ No

Details

3 Have you ever been tested, received medical advice or treatment in connection with any sexually transmitted disease (for example, syphilis, gonorrhoea or hepatitis B) or is there any intention to do so in the future? If yes, please give details. ☐ Yes ☐ No

Details

Declaration by the proposer and insured

I declare that the answers in this form are true, correct and complete, and I have not withheld any relevant information. I accept full responsibility for them, whether written by me or by anyone else on my behalf.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in the insured's health since the completion of the application and all additional declarations made in connection with the application.

Signature of proposer	Signature of insured (for age 16 and above)
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):