

No-Pay Leave Notification Form

Statement under section 23(5) of Insurance Act 1966 (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.

For Corporatised Entities Group Insurance Scheme (CEGIS)

Please fill in and send this form to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557.

| | | |
|---|---|-----------------------|
| Name (as shown in NRIC) | | NRIC number or FIN |
| Period of no-pay leave from | | |
| Start date (dd/mm/yyyy) | | End date (dd/mm/yyyy) |
| Total premium payable during period of no-pay leave | Premium deduction from salary will resume from (dd/mm/yyyy) | |

For change of address and contact number, please login to me@income or download the Change of Personal Particulars Form from www.income.com.sg and email the completed form to csquery@income.com.sg.

Signed by _____
Signature of employee

Date (dd/mm/yyyy)

Endorsed by _____
Name of human resource administrator

Date (dd/mm/yyyy)

Name of company and stamp _____