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Application for Group Insurance

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.

Details of the proposer

Name of company and address	Company registration number	Nature of business or trade
	Email	

Name of contact person	Contact number	Period of insurance (dd/mm/yyyy)
	(Mobile) (Work) (Home) (Fax)	From To

Is the company GST registered?	Is the insurance cover for the employees required under any collective agreement?
☐ Yes ☐ No	☐ Yes ☐ No

Type of insurance required

Life Insurance
- ☐ Group Personal Accident
- ☐ Group Term Life

Rider
- ☐ Group Critical Illness

Medical
- ☐ Group Hospital and Surgical

Riders
- ☐ Group Major Medical
- ☐ Group Outpatient
- ☐ Group Dental Plan

Employees FlexCare
- ☐ Group Hospital and Surgical / Group Major Medical
- ☐ Group Term Life
- ☐ Group Personal Accident

Riders
- ☐ Group Outpatient Primary Care
- ☐ Group Outpatient Specialist Care^
- ☐ Group Critical Illness
- ☐ Group Dental Plan

^ Group Outpatient Specialist Care can be purchased only when Group Outpatient Primary Care is taken up.

Details

Occupation category	Plan type or sum assured	Type of rider	Number of employees (details to be attached)

For Group Hospital and Surgical plan and/or riders, are spouses and/or children to be included? If "Yes", please provide data using Group Employee Data Form. ☐ Yes ☐ No

Note: (1) Employees FlexCare requires compulsory participation. (2) This product is not applicable to employee who is holding a Work Permit or S Pass issued by the Ministry of Manpower.

Details of insurance required

Participation by employees:	☐ Compulsory	☐ Voluntary
Participation by spouses and/or children:	☐ Compulsory	☐ Voluntary

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at https://www.income.com.sg/privacy-policy), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/ services and or/ to provide me/us with their respective products / services, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family member, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/We consent to the use and disclosure of my/our name(s) and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income's Privacy Policy (https://www.income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation by employer

We cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

We confirm (a) that we understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" (PDUS) above and (b) on the representation and warranty made in the PDUS.

We declare that the particulars contained in this application together with the information contained in the Group Insurance Fact Finding Form are true and correct and complete to the best of our knowledge and we have not withheld any material information regarding this application.

We agree that this application, the Group Insurance Fact Finding Form shall together with the enclosed description and other particulars of each and every eligible insured person and any other written statements, information or declarations made by us or on our behalf and any applications submitted by the eligible insured person for the purpose of the proposed insurances shall be the basis of the contract between us and Income.

We warrant that we have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s), if any, payable to us under the Policy.

We understand that no insured person shall become insured while currently absent from active work, or is suffering from any serious illness or disease which endangers his/her life. Should a claim occur, Income reserves the right to request for the medical report from the hospital attending to the insured person.

We agree that Income's legal responsibility will only begin when Income accepts this application and we have paid the full annual premium.

We understand that we may receive correspondences for this application and our policy documents electronically (collectively "policy e-document"). We agree that Income can notify me by email to retrieve and read our policy e-documents via secure online access.

We agree that Income will not be responsible to us (or any other person) if we fail to:

a. provide Income our correct email address or mobile number;
b. inform Income of any update or change to our email address or mobile number; or
c. keep the password to access the policy e-documents confidential.

We understand that the policy e-documents are considered delivered and received, upon my receipt of Income's email notification on the availability of the policy e-documents via secure online access.

We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature

We agree that if we do not reveal any significant facts in this application (which would have affected Income's decision to accept our application on standard terms), any policy issued may be invalid. This includes any fact we may not be sure is significant, and any information we have given to the intermediary but was not included in the application.

Name and signature	Company stamp
NRIC number or FIN Designation	Date (dd/mm/yyyy)

Note: This form has to be signed by a person listed in the ACRA Business Profile or Form 6A-Annual Returns or Form A-List of Office Bearers, or a person with executive authority, who can act on behalf of the company.

For official use		
Name of intermediary	Intermediary code	Date (dd/mm/yyyy)