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Group Health Declaration

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.

Name of company	Group policy number	Plan/sum assured
Occupation/position of main insured		Effective date (dd/mm/yyyy)

Details of insured(s)

Main insured Name (as shown in NRIC/work pass)			NRIC number/FIN
Date of birth (dd/mm/yyyy)	Gender ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Nationality ☐ Singaporean ☐ Singapore PR (Nationality): _____ ☐ Others: _____			Country of residence
Email address			

Spouse Name (as shown in NRIC/work pass)			NRIC number/FIN
Date of birth (dd/mm/yyyy)	Gender ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Nationality ☐ Singaporean ☐ Singapore PR (Nationality): _____ ☐ Others: _____			Country of residence
Email address			

Child 1 Name (as shown in NRIC/BC)			NRIC/BC number
Date of birth (dd/mm/yyyy)	Gender ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Nationality ☐ Singaporean ☐ Singapore PR (Nationality): _____ ☐ Others: _____			Country of residence
Email address			

Child 2 Name (as shown in NRIC/BC)			NRIC/BC number
Date of birth (dd/mm/yyyy)	Gender ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Nationality ☐ Singaporean ☐ Singapore PR (Nationality): _____ ☐ Others: _____			Country of residence
Email address			
Child 3 Name (as shown in NRIC/BC)			NRIC/BC number
Date of birth (dd/mm/yyyy)	Gender ☐ Male ☐ Female	Height (metres)	Weight (kilograms)
Nationality ☐ Singaporean ☐ Singapore PR (Nationality): _____ ☐ Others: _____			Country of residence
Email address			

Questions on health

Question	Main insured	Spouse	Child 1	Child 2	Child 3
1. Has any application for life, medical or accident insurance been declined, postponed or accepted on special terms?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. In the past five years, any medical leave of more than seven days continuously or any hospitalisation (except normal pregnancy) or surgery?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. In the last five years, have you had, or been advised to undergo any medical tests or investigations that resulted in any of the following: • Abnormal results or findings • Inconclusive results • Additional or repeat test • Doctor referral • Close monitoring or short interval follow up • Regular surveillance test	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you ever been diagnosed, experienced symptoms, received medical advice or referral or had treatment for any of the following conditions?					
a) High blood pressure, high cholesterol, chest pain or discomfort, coronary artery disease, heart murmur, heart valve disorder, fast or irregular heart rate or any other heart, blood vessel or circulatory system disorders.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b) Epilepsy or fits, stroke, transient ischaemic attack, numbness or weakness of limbs, anxiety, depression, schizophrenia or any other nervous, neurological or mental disorders.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c) Diabetes or raised blood sugar, thyroid disorders, stomach or duodenal ulcer, gastritis, blood in stools, hepatitis, fatty liver, cirrhosis or any other digestive, hepatobiliary, spleen or endocrine disorders.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d) Cancer or carcinoma-in-situ, tumour or any growth, cyst, polyp, nodule or unusual skin lesion.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

e) Anaemia, systemic lupus erythematosus (SLE), HIV (Human Immunodeficiency Virus) infection or AIDS, STD (Sexually Transmitted Diseases) or any other blood disorders or autoimmune diseases.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
f) Impaired vision, impaired hearing, impaired speech, asthma or breathlessness or any other eyes, ears, nose, throat or other respiratory disorders.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g) Blood, protein or sugar in urine, kidney stones, kidney disease or any other urinary or reproductive organ disorders.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h) Arthritis, gout, slipped disc, chronic back pain or any other bone, spine, joint or muscle disorders.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
i) Any other illness, disorders, signs or symptoms, physical disability, deformity, injury, accident, operation or treatment not mentioned above.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Have you been advised to have any surgical operation?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Do you take part or plan to take part in the following hazardous activities? • Military/Private flying (excludes flying as a passenger on a regular airline) • Mountaineering and Rock Climbing • Scuba Diving • Sky Diving • Free-fall Parachuting • Motor Racing • Any other hazardous activities	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you have answered "Yes" to any of the above questions, please give full details including dates, name of hospital or insurer, reasons, descriptions, diagnoses, type of test/investigation done and result, treatment, still on follow-up or fully recovered or cured and attach medical reports, if available. Please include the respective question number(s) for your answer.

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/payor 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 authorisation 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.

Declarations by main insured

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

I confirm:

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

I authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

I further confirm that I have obtained the consent of the Insured for the collection, use and disclosure of their personal data from Income to the group policyholder and from the group policyholder to Income for the purposes indicated above.

For the purpose of this application, I authorise, consent and agree to:

a. the medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me or the Insured whether Income accepts this application or not;
b. Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the Insured; and
c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the Insured's health status or condition in relation to this application.

I confirm that I am authorised to give any authorisation, consent and approval on behalf of the Insured for items a to c above.
I agree that a copy of this authorisation is valid and binding as an original copy.

I declare that the statements and answers given in this form, whether for myself or on behalf of the Insured, are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my or the Insured's behalf. I have not withheld any information. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this form and other written answers, statements, information or declarations I have made for myself or on behalf of the Insured or which have been made on our behalf will form the basis of the contract of insurance between my employer and Income. If anything is untrue, incorrect or incomplete, I understand that my insurance cover or the Insured's insurance cover will not be valid.

I confirm that there has been no change in my heath or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to my insurance cover or the Insured's insurance cover including limiting or reducing the insurance cover or sum assured of this application according to the information provided by me. I understand and agree that Income may declare my insurance cover or the Insured's insurance cover as void according to the information provided or if I or the Insured fail to notify Income of any change in the state of my health or the Insured's health.

I acknowledge and agree that this form will constitute part of my employer's application for Group Insurance, and will form the basis of the contract of insurance.

I confirm that I am authorised by the Insured to provide all the information required in this form on behalf of the Insured and to submit to Income.

I 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.

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

Signature of main insured	Name of main insured	Date (dd/mm/yyyy)