

## Alteration and Declaration of Continued Insurability Form (Affinity Schemes 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.

|  |             |                          |  |
|--|-------------|--------------------------|--|
| Name of proposer (as shown in NRIC)      |             | NRIC number or FIN       |  |
| Name of insured (as shown in NRIC or BC) |             | NRIC or BC number or FIN |  |
| Relationship of insured with proposer    | Policy name | Policy number            |  |
| Name of company                          |             |                          |  |

Please complete one form per policy and fill in all fields for the change to take effect.

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](http://www.income.com.sg) and email the completed form to [csquery@income.com.sg](mailto:csquery@income.com.sg).

### Type of request

Termination of policy     
  Deletion of insured     
  Reinstatement of policy     
  Review of special terms

Note: For reinstatement of policy and review of special terms, please complete the declaration of continued insurability questionnaire.

### Changes to policy

| Co-Pay Assist Plan  | From  |    | To  |    | Remarks   |
|---|---|----|---|----|---|
| <input type="checkbox"/> Change of ward                     | <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C |    | <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C |    | —   |
| Corporatised Entities Group Insurance Scheme (CEGIS)        | Term life coverage  |    | Critical illness rider  |    | Remarks   |
|   | From  | To | From  | To |   |
| <input type="checkbox"/> Increase in sum assured            |   |    |   |    | For increase in sum assured or addition of critical illness rider, please complete the declaration of continued insurability questionnaire. |
| <input type="checkbox"/> Addition of critical illness rider | Sum assured \$ _____  |    |   |    |   |
| <input type="checkbox"/> Decrease in sum assured            |   |    |   |    | —   |
| <input type="checkbox"/> Deletion of critical illness rider |   |    |   |    | —   |
| HomeTeamNS Insurance  | HomeTeamNS Insurance Scheme   |    | HomeTeamNS Living Policy  |    | Remarks   |
|   | From  | To | From  | To |   |
| <input type="checkbox"/> Increase in sum assured            |   |    |   |    | Please complete the declaration of continued insurability questionnaire.  |
| <input type="checkbox"/> Decrease in sum assured            |   |    |   |    | —   |

| Changes to policy  |   |  |  |
|--|---|--|--|
| LUV  | From  | To   | Remarks  |
| <input type="checkbox"/> Change of cover type              | <input type="checkbox"/> Basic <input type="checkbox"/> Deluxe  | <input type="checkbox"/> Basic <input type="checkbox"/> Deluxe   | For upgrade of cover type or plan type, please complete the declaration of continued insurability questionnaire. |
| <input type="checkbox"/> Change of plan type (sum assured) | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000<br><input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000<br><input type="checkbox"/> \$100,000  | <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$150,000<br><input type="checkbox"/> \$50,000 <input type="checkbox"/> \$200,000<br><input type="checkbox"/> \$100,000 |  |
| <input type="checkbox"/> Change of premium payment mode    | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly  | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly   | Change in premium payment mode can only be processed on your policy anniversary date.                            |
| Plus! Term Life Insurance                                  |   |  |  |
|  | From  | To   | Remarks  |
| <input type="checkbox"/> Decrease in sum assured           |   |  | —  |
| <input type="checkbox"/> Change of credit card details     | New card number<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>New card expiry date (mm/yy)<br><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |  | —  |

| Changes to policy                                       |   |   |   |
|---|---|---|---|
| SAFRA Insurance<br>(Please select your plan type)       | From  | To  | Remarks   |
| <input type="checkbox"/> Increase in sum assured        | <input type="checkbox"/> SAFRA Essential Term<br><input type="checkbox"/> SAFRA Living Care | <input type="checkbox"/> SAFRA Insurance Scheme<br><input type="checkbox"/> SAFRA Living Policy | Please complete the declaration of continued insurability questionnaire.              |
| <input type="checkbox"/> Decrease in sum assured        |   |   | —   |
| <input type="checkbox"/> Change of premium payment mode | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly                            | <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly                                | Change in premium payment mode can only be processed on your policy anniversary date. |

**Important notes for SAFRA Insurance:**

- For increase in sum assured for SAFRA Insurance Scheme and SAFRA Living Policy, insured must be age 34 and below.
- With effect from 1 April 2011, we have ceased new application for SAFRA Insurance Scheme and SAFRA Living Policy.

| Declaration of continued insurability questionnaire<br>(Applicable only for increase in sum assured, upgrade of plan type or cover type and addition of rider)   |  |
|--|--|
| 1. Please state your occupation and nature of work.  |  |
| 2. Please state your height and weight.  | _____ metres<br>_____ kilograms                          |
| 3. Have you ever taken addictive drugs, narcotics or been treated for drug addiction in the past five years?<br>If 'Yes', please state the name of the drugs, how much you took, how often you took them, for how long as well as the date of your last treatment. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you currently undergoing or have been advised to have any form of medical treatment, medication or follow-up?<br>If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |
|---|--|
| <p>5. Have you ever had or have been advised by a doctor to have surgery or any tests such as X-rays, ultrasound, CT scan, MRI scan, electrocardiograms, blood and urine tests, biopsy, mammogram and pap smear?<br/>If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>6. Have you ever had, or been told (by a doctor) to have treatment or been treated for, asthma, cancers, tumours, lumps, nodules, polyps, cysts, diseases or disorders of the heart (including high blood pressure, heart attack, heart murmur, heart valve disorder, chest pain), diabetes, epilepsy, fits, hepatitis, liver disease, raised cholesterol, kidney or urinary disorders (including protein or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (for example, lupus), diseases and disorders of the eye, ear, nose or throat, musculo-skeletal disorders, gastro-intestinal disorders, HIV infection, sexually transmitted diseases, any recurring symptoms or illnesses or physical deformities not listed above?<br/>If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>7. Have any of your natural parents or brothers or sisters ever been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which they were born with or passed down from parents?<br/>If 'Yes', please name the conditions, age it began and relationship of the person to you.</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>8. Did you have any of these symptoms in the last 3 months for more than one week continuously:<br/>- fatigue, or<br/>- unexplained weight loss, or<br/>- enlarged lymph nodes or<br/>- growth or patch of skin that does not resemble that area around it?</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>9. Do you take part in any form of flying other than as a fare-paying passenger on a regular scheduled passenger flight of a commercial aircraft or any other dangerous work (for example, a commercial diver, military pilot) or sports or pursuits (for example, motor racing, rock climbing)?<br/>If 'Yes', please name the activity.</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>10a. Have you had any application for life, accident or health insurance policy rejected, postponed or accepted at other than normal terms by us or any other insurer?<br/>If 'Yes', please tell us the reason and the medical condition, if any.</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>10b. Have you made any claim under any life, health or accident policies, whether individual or group plans, with us or any other insurer within the last 12 months?<br/>If 'Yes', please provide the details.</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>11. Do you smoke? How many cigarettes or cigars do you smoke each day?</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>12. For female insured of the proposer: Are you currently pregnant?<br/>If 'Yes', please state the number of months and whether there is any complication (for example, raised blood pressure, sugar or protein in urine).</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

### 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 group policyholder or employer;
- (b) your financial advisers;
- (c) medical professionals and institutions;
- (d) insurers and reinsurers;
- (e) 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;
- (f) debt collection agencies;
- (g) dispute resolution parties;
- (h) parties that assist us to investigate, administer and adjudicate claims;
- (i) financial institutions;
- (j) credit reference agencies;
- (k) industry associations; and
- (l) regulators, law enforcement and government agencies.

### 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 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](mailto:DPO@income.com.sg)

For any request to withdraw your consent, please contact Income Contact Centre at 6788 1777 or email to [consentwithdrawal@income.com.sg](mailto:consentwithdrawal@income.com.sg).

## Declaration and authorisation

Where the declaration and authorisation below applies to me:

I agree to tell you as soon as possible if there is any change in the state of my health or the insured's health or if I or they plan to have any medical consultation, investigation or treatment between the date of this application and before the date you issue the policy. I understand that you may add terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information I have given.

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 me and you. If anything is untrue, incorrect or incomplete, the insurance policy you issue will not be valid. I agree that your legal responsibility will only begin when you accept this application and the first premium has been paid in full and cover will apply from the start date in the insurance policy issued to me.

I agree and authorise any doctor, insurer or organisation to release to you, and you to release to any doctor, insurer or organisation, any relevant information to do with me and the insured at any time, whether you accept or refuse this application. This authorisation is for the purpose of this application or any other purpose relating to this policy. A photocopy of this authorisation is valid as an original copy.

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

I am aware that I can ask for advice from an insurance adviser before I sign this application. If I choose not to, I will make sure that this product is appropriate for my financial needs and insurance objectives.

\_\_\_\_\_  
Signature of proposer  
(if different from insured)

\_\_\_\_\_  
Signature of insured  
(if insured's age next birthday is 17 years and above)

\_\_\_\_\_  
Date (dd/mm/yyyy)

## Mandatory documents

### MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism

You are required to provide the following documents for the insured person (or people) named in this application and who are covered under the plan:

**a) Singaporean or Singapore Permanent Resident**

- i. Proposer and husband or wife of proposer: a clear photocopy (front and back) of the National Registration Identity Card (NRIC)
- ii. Child(ren) of proposer: a clear photocopy (front and back) of the NRIC or birth certificate (for minors only) (whichever is applicable)

**b) Others**

- i. Proposer: a clear photocopy (front and back) of the work pass or permit and identity card
- ii. Husband or wife of proposer: a clear photocopy (front and back) of the work pass or permit or dependant's pass or identity card or long-term visit pass (whichever is applicable)
- iii. Child(ren) of proposer: a clear photocopy (front and back) of the dependant's pass or long-term visit pass or identity card or birth certificate (whichever is applicable)