

IncomeShield payment alteration form

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.

- Instructions on how to fill in this form.**
- Section A, B and C: Please fill in all the details.
 - Section B: Give details of the people (dependants, including policyholder) that you want to apply the changes to.
 - If you have more than one policy and the change you want to make is not the same for all policies, please fill in a separate form for each policy.

- Important notes**
- The change will only apply from renewal or, when we upgrade or downgrade a plan (if this applies).
 - You must fill in and send us the signed form at least 30 days before renewal. If we do not receive the form on time, the change may not be reflected in the renewal.
 - We must approve all requests for changes.
 - If you have completed Section A, you will become the policyholder if the request is approved.
 - The payment method by Medisave is only applicable for an insured, who has a valid foreign identification number (FIN) or Singapore identification number (NRIC) issued by Immigration & Checkpoint Authority (ICA).
 - If we approve any request to change the payer, you agree that any cash premium which has been paid for the policy, will be retained to ensure continuity of coverage and any refund of this cash premium, will be made to the applicant (payer) or policyholder named under Section A below.
 - Once we approve any request to change the payer, existing arrangement (if any) to deduct premium from the child's Medisave account will stop. To continue with the arrangement, please fill in and send us the 'Authorisation form for deduction of IncomeShield premiums from child's CPF Medisave account form' together with this form.
 - If we receive multiple requests for the same type of change(s), we will only process the latest instruction.

Section A: Details of applicant (payer) or policyholder (You must fill this in.)

Name (as shown in NRIC or FIN)	NRIC or FIN number	Date of birth (dd/mm/yyyy)
Contact number (Handphone) (Office) (Home)	Email	
Residential address	Medisave account number (if different from NRIC)	
Name of company	Occupation	
<p>If your contact particulars (i.e. address, contact number and email) indicated in this form are different from your existing records with us, we will update all your existing policies with the new contact particulars. But if you do NOT want us to update the address for any of your policy, please indicate the policy number below. Address will not be updated for policy number(s): _____</p>		

Section B: Details of people (including policyholder or dependants) affected by this change (You must fill this in.)

Note: Payer can only pay for self, children, husband, wife and parents.

Policy number	Name of Insured	BC or NRIC or FIN number	Relationship to payer/policyholder

Section C: Main plan payment method (You must fill this in.)

Premium payment by (please tick only **one** option):

Medisave

If your premium exceeds the applicable withdrawal limits from Medisave or if you have insufficient monies in your Medisave account, the balance will be payable in Cash.

Age next birthday	Additional Withdrawal Limits (AWLs) for additional private insurance coverage
1 - 40	\$300
41 - 70	\$600
Over 70	\$900

Full Cash (To pay by GIRO or credit card, please fill in the GIRO or credit card option in Section D)

For insured who are Singapore Citizens and Permanent Residents, this Shield plan will be integrated with MediShield Life. Upon the start of this Integrated Shield Plan, any existing Integrated Shield Plan will be automatically terminated.

For insured who are Foreigners, this Shield plan will not be integrated with MediShield Life. For payment using Medisave, upon the start of this Shield plan, any existing Shield plan will be automatically terminated.

Section D: Payment method

If you want to maintain your existing payment method for paying the cash portion of main plan and/or rider(s), you do not need to complete this section.

Please complete your preferred method for paying the cash portion of main plan and/or rider(s). Please choose credit card, GIRO arrangement or cash option below (please choose only one option).

This authorisation will remain in force until terminated by the applicant/policyholder or GIRO account holder.

Credit card option (for first and renewal premiums)

Credit card authorisation

I (cardholder) authorise Income to deduct the first and renewal premiums from my credit card for this insurance application.

I (cardholder) fully understand that any refunds will be paid to the applicant/policyholder by cheque.

Name of cardholder

Credit card number (VISA or MasterCard)

[] [] [] [] [] []	-	[] [] [] [] [] []	-	[] [] [] [] [] []	-	[] [] [] [] [] []
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Card expiry date (mm/yy)

[] []	/	[] []
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Relationship to applicant/policyholder (if different from applicant/policyholder)

Signature of cardholder (as shown on the credit card)

Deduction from this credit card account will only be made when this insurance application has been approved.

GIRO arrangement option

New or third-party GIRO application (Please fill in and attach a new application for Interbank GIRO form.)

Existing GIRO arrangement (Please give us details below.)

Name of account holder	NRIC number of account holder
Name of bank and branch	Bank account number
I will pay the premiums for this plan in line with my existing Interbank GIRO instructions with Income.	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> Account holder's signatures, thumbprints or company stamp (as shown in bank's record)	

For successful GIRO application, deduction will only be made for renewal premiums.

Cash option

Section E: Declaration to Central Provident Fund Board (CPF Board)

1. Authorisation by CPF account holder (applicant)

I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my Medisave account (including any new Medisave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:

- (i) payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;
- (ii) the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
- (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.

2. Consent of the applicant and Life/Lives to be Insured

I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF Board's possession, between the Insurer and the CPF Board for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

3. Automatic termination of existing integrated medical insurance plan(s) for Life/Lives to be Insured under certain circumstances

Subject to the relevant laws and terms and conditions, I understand that:

- (i) Upon the commencement of this Enhanced IncomeShield/IncomeShield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
- (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this Enhanced IncomeShield/IncomeShield/IncomeShield Standard Plan cover of the Life/Lives to be Insured shall automatically terminate.

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

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 financial advisers;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) 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;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations;
- (k) regulators, law enforcement and government agencies; and
- (l) employer. (Applicable when this insurance application or transaction is made pursuant to a group employment insurance scheme.)

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 withdraw your consent, 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

Section G: Declaration and authorisation**Agreement**

I want to change the above policy according to the requests shown in this form. I have read and agreed to the important notes and declaration.

Where a credit card is used for paying the cash portion of the main plan and/or rider and the cardholder is different from the applicant, I declare that the cardholder has authorised and consented to such use and that I am authorised to agree to the payment method and terms under the above credit card option on the cardholder's behalf.

This authorisation will continue in force until you receive a later 'Payment alteration form' from me changing this authorisation.

I declare that the information given in this form is true, correct and complete.

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

Signature of applicant (payer) or policyholder		Date (dd/mm/yyyy)	
Name, signature and NRIC of previous policyholder		Date (dd/mm/yyyy)	
Name and signature of Insured (s) (16 years old and above must sign)			
Insured (1)	Insured (2)	Insured (3)	Insured (4)