

Product Type

- Affinity ElderShield Supp
 DPS
 Employee Benefit

Review of Special Terms

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.

Section A: Details of policyholder

Name (as shown in NRIC or FIN)	NRIC or FIN number	Policy number
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Section B: Details of insured

Name (as shown in NRIC or FIN)	NRIC or FIN number	Height (metres)	Weight (kilograms)
Company name and address		Occupation	

Section C: Lifestyle

1. Do you smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of cigarettes: _____ per day for _____ years
2. Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount consumed per week: _____ units 1 unit equates to: 1 can of 330ml beer 1 glass of 125ml wine 1 shot of spirit
3. Have you taken any habit-forming drugs or have you been treated for drug addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details.

Section D: Questions on health (Please use extra paper if you need to.)

It is important that you tell us everything you know about your health. If you do not, we can end your policy or reject your claim in the future.

1. (a) Have you had or are you having any discomfort, pain, symptoms that you do not normally experience, disorders, injuries, lumps or growths, disability, illnesses etc or medical test results and readings that require you or your doctor to monitor or follow up regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are you currently taking, or have you been advised to take, any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past five years, have you had any health screening or undergone tests such as X-ray, ultrasound, mammogram, CT scan, MRI, biopsy, pap smear, electrocardiogram (ECG), blood or urine test; or have you ever been advised for further follow-up on (or to repeat) any one of these tests within a 6-month or 12-month period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. (a) Have you ever been hospitalised, undergone any surgery, been advised to go for or are you going for any surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Have you been advised to, or are you planning to, see a doctor or on follow up with a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Have you been advised to or are you planning to go for tests such as X-ray, ultrasound, mammogram, CT scan, MRI and any other tests not mentioned here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question 4 for females only (age 10 and above)	
4. (a) Are you now pregnant? If yes, how many months? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Have you had or received any treatment for or plan to be treated for any disease or disorder of the breast including breast lump, cyst, fibroadenoma, fibrocystic disease, nipple changes or discharge, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ, cancer or growth? You should tell us even if the doctors told you they are benign.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Have you had or received any treatment for or plan to be treated for irregular, painful or unusually heavy menstruation, any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, abnormal uterine or vaginal bleeding, abnormal enlargement of the abdomen, carcinoma in situ or cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question 5 for juvenile only (age 15 and below)	
5. (a) Was the insured born premature or had been diagnosed of any congenital disorder, genetic disorder or birth defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Any special care needed after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Has the child had any physical defects or shown any sign of slow physical or mental development?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete this additional section: For ElderShield Supplement application

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| 6. Have you stopped any day-to-day activities in the past one year such as doing housework, preparing meals, shopping, using public transport or any hobby due to health or disability?
If "Yes", please provide details on activities affected, date of onset and reasons. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you require any assistance of another person or mechanical aids such as a cane, crutches, wheelchair or walker in the performance of the Activities of Daily Living?
If "Yes", please provide details on the reason(s) and aid(s) used. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the insured answered 'yes' to any of the Questions on Health, please provide the below details:

- Name of the condition and date of diagnosis
- Name of the address of each doctor and hospital
- How long the illness or injury lasted for and the date of recovery
- Nature of the tests done, dates, results and reasons for the tests
- A copy of the above tests, if any.

Section E: 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 F: Declaration and authorisation

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

I will tell you 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 get any medical consultation, investigation or treatment between the date of this application and the effective date of your review decision.

The answers 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 made by me or on my behalf will form the basis of the review of the policy.

I understand and agree that the review:

- (a) depends on you accepting my application and I will pay any costs involved in providing the medical evidence you need; and
- (b) is successful only when you accept and approve my request in writing.

I, agree and authorise:

- (a) any doctor, insurer, or organisation to release to you, and
- (b) you to release to any doctor, insurer or organisation, any relevant information to do with me and the life to be insured, whether:
 - (i) this application is accepted or refused, or
 - (ii) for the purpose of this application or any other purpose in respect of the policy to be issued.

I am authorised to disclose information (including personal health information) about my spouse and/or dependants if they are insured under the insurance applications or policies.

I agree that if I do not reveal any significant fact (which would have affected your decision to accept my application on standard terms) in this application, any legal document that is issued for this review may not be valid. This includes any fact I may not be sure is significant, and also any information I have given to the adviser but was not included in this application.

WARNING: You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the effective date of the review decision. If you fail to reveal any material information in this application, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to the adviser but is not written in this application. Please check to make sure you are fully satisfied with the information in this form. You may not alter any of the wording in this form. Any attempt to do so will be of no effect.

Signature of policyholder	Signature of insured (16 years old and above must sign)
Signed in Singapore on: _____ (dd/mm/yyyy)	Signed in Singapore on: _____ (dd/mm/yyyy)