

## No-Pay Leave Notification 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.

### For Corporatised Entities Group Insurance Scheme (CEGIS)

Please fill in and send this form to Group Business – Affinity Schemes, Income Centre, 75 Bras Basah Road, Singapore 189557.

Name (as shown in NRIC)	NRIC number or FIN
Period of no-pay leave from	
Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)
Total premium payable during period of no-pay leave	Premium deduction from salary will resume from (dd/mm/yyyy)

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.

Signed by \_\_\_\_\_  
Signature of employee

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

Endorsed by \_\_\_\_\_  
Name of human resource administrator

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

Name of company and stamp \_\_\_\_\_