

## **NTUC Income Insurance Co-operative Limited**

Income Centre 75 Bras Basah Road Singapore 189557 Tel: 6332 1133 • Fax: 6338 1500 Email: healthcare@income.com.sg • Website: www.income.com.sg

For office use (Policy number									

## **Dependants' Protection Scheme**

an NTUC Social Enterprise

## **Application for Opt out**

Dear Policyholder,

If you are planning to cancel your coverage under the Dependants' Protection Scheme (DPS), please take some time to reconsider the benefits of DPS. DPS is an affordable term-life insurance scheme where premiums can be deducted from your CPF Ordinary Account and/or Special Account. It covers you against death, Terminal Illness and Total Permanent Disability for a maximum sum assured of \$46,000 up to age 60 as at policy renewal date. Continuing with your DPS cover will provide some financial protection for your family.

We would like you to reconsider to stay insured with DPS. Once you opt out, your existing benefits under the scheme will cease. If you decide to join the DPS again in the future, you will need to submit a health declaration again and the cover will be provided subject to good health.

If you still wish to cancel your coverage under DPS with us, please submit the completed form to us.

Should you require any clarification or assistance, please call our Contact Centre at 6332 1133.

Thank you for your kind consideration.

Your details										
Name (as shown in NRIC)			NRIC number Policy number							
Contact number (Handphone) (O	Office)	(Home)	Email							
The contact number and email in section are for us to use to contact you and check on any requests for changes (if needed). We will not add the details to our records. To change your home address, contact number and email, please fill in the 'Change of personal particulars form'.										
Declaration for Opt out										
I do not wish to be covered under the Dependants' Protection Scheme (DPS) with Income and hereby apply to opt out of DPS with Income. I understand that if I want to rejoin the DPS with Income in the future, I will be required to make a health declaration and it will be subject to underwriting.										
Sign	nature or thumb print of	Dat	Date (dd/mm/yyyy)							

## Important notes:

Please do not complete this opt out form if your intention is to change insurer. All you need to do is to complete and submit a new proposal form to your preferred insurer for approval.

The switch will be done automatically upon approval and you will continue to enjoy the existing benefits (such as Bonus Sum Assured, if applicable) under the scheme.