

ElderShield Supplement Alteration Form

Section A: Personal particulars

Name (as shown in NRIC)	NRIC number	Policy number
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Section B: Details on Alteration

Increase monthly benefit amount to \$ _____ monthly benefit. (Please note the increased monthly benefit stated here shall not exceed 2 times your initial monthly benefit for the above policy.)

Reduce monthly benefit amount to \$ _____ monthly benefit.

Others

Section C: Agreement

I wish to change the above policy according to the above request(s). I understand and agree that the changes:

- (a) are subject to Income's underwriting and acceptance;
- (b) if accepted, may be subject to terms, conditions and exclusions imposed by Income;
- (c) will take effect only when Income accepts and approves my request(s) and notifies me in writing of the effective date of the change(s); and if applicable to my request(s), provided that I have paid the premium in full.

I agree to give you all material information about my state of health from the date I sign this Alteration form, up till the start date of my altered policy that may influence your decision whether to accept or impose any further terms under the policy. If I fail to give you this material information or misrepresent any such information, you may:

- a. declare the policy as void from the start date of the altered policy;
- b. end the policy and not pay any benefits; or
- c. add extra terms and conditions to the policy.

I _____ (Name and signature of proposer) _____ (NRIC number) agree and authorise any medical source, insurance office or organisation to release to Income, and Income to release to any medical source, insurance office or organisation any relevant information concerning me at any time, irrespective of whether this proposal is accepted by Income. A photocopy of this authorisation shall have the same effect as the original.

Warning:

You must give all the facts truthfully when you make this policy alteration application. You must also tell us immediately if there is any change in your state of health or if you are planning to arrange for any medical consultation, investigation or treatment, from the date you sign this Alteration form, up till the start date of your altered policy. If you fail to reveal any material information in this alteration application, you may not receive any benefits under 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 alteration application. Please check to make sure you are fully satisfied with the information in this Alteration form.

Signature of policyholder

Date (dd/mm/yyyy)

Important notes:

1. Changes can only be approved;
 - i) if the policy duration is less than 2 years from policy inception;
 - ii) if you submit this Alteration form before age 65; and
 - iii) if you are applying for an increase in your monthly benefit, the increased monthly benefit does not exceed 2 times your initial monthly benefit for the above policy.
2. Submit Declaration of Continued Insurability form with this Alteration form.
3. Changes will be effective from next renewal date.
4. Your new premium is based on your age last birthday, at the next renewal. Your premium payment term will remain unchanged.
5. Existing payment mode for your ElderShield Supplement policy will still apply unless otherwise advised in writing.

Declaration of Continued Insurability 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.
If not, the insurance policy we issue may not be valid.

Name of proposer (as shown in NRIC)	NRIC number
Name of insured (as shown in NRIC)	NRIC number
Relationship of insured with policyholder	Policy number

Section A: Questionnaire

1. Please state your height and weight.	_____ metres _____ kilograms
2. Have you ever taken addictive drugs, narcotics or been treated for drug addiction in the past 5 years? If 'Yes', please state the name of drug(s), quantity, frequency and duration of use as well as date of last treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently undergoing or have been advised to undergo any form of medical treatment, medication or follow-up? If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever undergone or have been advised by a doctor to undergo surgery or any tests such as X-rays, ultrasound, CT Scan, MRI Scan, electrocardiograms, blood and urine tests, biopsy, mammogram and pap smear? If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had or been told (by a doctor) to have 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 diseases, raised cholesterol, kidney or urinary disorders (including protein and/or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (eg. 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, illnesses or physical deformities not listed above? If 'Yes', please provide exact diagnosis, date of onset, investigations and results, treatment and current status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have any of your natural parents or siblings ever had or been treated for cancers, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorders or any diseases which was born with or passed down from parents? If 'Yes', please state the condition(s), age of onset and relationship.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you engage in aviation activities other than as a passenger on a regular airline or any other hazardous occupation (eg. commercial diver, military pilot), sports or pursuits (eg. motor racing, rock climbing)? If 'Yes', please state the activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Have you had any application for life, accident or health insurance policy declined, postponed or accepted at other than normal terms? If "Yes", please advise the reason and the medical condition(s) if any.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8b. Have you submitted any claim under any life, health and/or accident policies, whether individual or group plans, with any insurers within the last 12 months? If 'Yes', please provide details accordingly.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you smoke 20 (or more) sticks of cigarettes per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. For female insured or spouse: Are you currently pregnant? If 'Yes', please state the number of month(s) and whether there is any complication (e.g. raised blood pressure, sugar or protein in urine etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please complete this additional section: For ElderShield or ElderShield Supplement application	
11. Has the insured 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
12. Does the insured 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

Section B: 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;
- (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; and
- (n) comply with all applicable laws, including reporting to regulatory and industry entities.

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) the Government and participating statutory boards and organisations approved by the Government to determine your and your insured person's suitability and eligibility for social and public assistance schemes.

Neither Income nor any of its officers shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to Income and/or any of its officers disclosing.

3. Consent

By applying for and/or accepting the offer for coverage under ElderShield with Income, you consent to Income:

- (a) collecting, using, disclosing and/or processing the personal data mentioned above for the purposes described above; and
- (b) transferring the personal data mentioned above to Income, its third party service providers, suppliers, agents, reinsurers, fund managers or intermediaries, regardless of whether such third party service providers, suppliers, agents, reinsurers, fund managers or intermediaries are sited in Singapore or outside of Singapore, for the purposes described above.

4. 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. 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 (matters relating to the servicing and administration of your insurance policy) 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 may result in the termination of all your policies with us. This may be disadvantageous to you, as you may lose valuable benefits from the policy and/or it may not be possible for you to obtain a similar level of protection on the same terms in the future.

5. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it has been used and disclosed for the last 1 year to the extent allowed by law. 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 C: Declaration

I declare that the above answers are true, correct and complete, and, whether written by me or by anyone else on my behalf, I accept full responsibility for them. I have not withheld any material information. I agree that:

- (a) this declaration and any other written answers, statements or information made by me or on my behalf shall form the basis of the reinstatement of the policy, any variation to the policy or any supplementary contract of insurance between me and Income.
- (b) Income is not liable until I have been notified in writing that Income has reinstated the policy, effected the changes requested by me to the policy, or issued and delivered a supplementary contract of insurance or endorsement to me and the premium paid in full by me.
- (c) this application is subject to Income's underwriting and acceptance, and if accepted, may be subject to terms, conditions and exclusion imposed by Income.

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

Signature of policyholder
(if different from insured)

Signature of insured (If insured's age next
birthday is 17 years and above)

Date (dd/mm/yyyy)