

Group Employee Data

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.

Company information

Name of company	Policy number
-----------------	---------------

Details of insured(s)

Name (as shown in NRIC or work passes)	NRIC number or FIN	Sex	Date of birth (dd/mm/yyyy)	Relationship	Occupation or position	Effective date (dd/mm/yyyy)	Plan or sum assured	Type
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C				<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C

Relationship

E – Employee

S – Spouse

C – Child

Type

A – Addition

D – Deletion

C – Changes

Note:

- All additions must be reported within 30 days from the effective date of cover.
- All deletions must be reported within 30 days from the effective date, otherwise no refund will be made for the period prior to the date such notice is received.
- For making changes, please enter ONLY particulars to be altered, together with "Name" and "NRIC number or FIN". Fill "NA" for particulars which require no alteration.

Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which includes 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 the insurance application or transaction. It includes all personal data for us to evaluate or administer the application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data that you will provide to us, 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.

For further information on our Privacy policy, please go to www.income.com.sg/others/privacy.asp.

Before your insured persons' personal data is collected by us, we rely on you to notify, inform and make them aware of the following:

- that you will or may provide their personal data to us, or their personal data may be provided from other sources to us;
- the third parties to whom the personal data may be provided by us;
- the purposes we and the third parties will use it for; and
- how your insured persons can access their personal data.

We also rely on you to obtain their consent on all the above matters and will assume that their consent has been obtained before their personal data is collected by us. If you have not done or will not do any of the above matter, you must alert us before any relevant personal data is collected by us.

1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to the insurance application;
- (d) 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 or your insured persons for the purposes set out in Section 1 to these parties:

- (a) your financial advisers, insurance broker, association, employer or group policyholder;
- (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) industry associations; and
- (j) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse to obtain consent, or withdraw this consent for us to collect, use or disclose your insured persons' personal data by giving us reasonable notice so long as there is no legal or contractual restriction preventing you from doing so. For example, if you withdraw your consent for us to use the personal data for 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 the insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate your insurance with us.

4. Access and correction rights

Your insured persons can direct requests for access to their personal data through you, and also request, through you, to know how it is being used and disclosed for the last 12 months to the extent that their right is allowed by law. If we allow you access, we may charge you a reasonable fee. Your insured persons also have the right to request, through you, correction of their 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

Declaration by employer

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

We undertake to inform and obtain our insured persons' consent to the collection, use and disclosure of their personal data (including personal data required for their cover and participation under the insurance, and the ongoing administration of the insurance) by Income in accordance with this 'Personal data collection statement', and in this respect, to comply with all our obligations under the PDPA.

That by and when submitting the personal data of our insured persons, we represent and warrant that we have informed and obtained our insured persons' consent as required above.

At Income's written request, we further undertake to allow Income to verify that the personal data of our insured persons which is provided, comply with the above, including:

- (a) To audit the accuracy and completeness of the personal data;
- (b) To validate that we have obtained consent from our insured persons in accordance with the attached Notification on Personal Data Collection Statement; and
- (c) To verify that the sources of the personal data are reliable and can be trusted.

We declare that the foregoing answers are true and correct and complete, and, whether written by us or by anyone else on our behalf, we accept full responsibility for them. We have not withheld any material information. We agree that this proposal form together with the enclosed description and other particulars of each and every eligible employee and any other written statements, information or declaration made by us or on our behalf and any proposals submitted by the eligible employees for the purpose of the proposed insurances shall form the basis of the contract between us and Income.

Name and signature of employer

Company stamp

Date (dd/mm/yyyy)