

Application for Group Insurance

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.

Pursuant to MAS Notice 314, all companies are required to submit the following documents:

- Accounting and Corporate Regulatory Authority (ACRA) Business Profile (extracted within last 6 months from renewal date of the policy) or Registry of Societies (ROS) with a copy of Form 6A Annual Returns (extracted within last 12 months from renewal date of the policy) or Registry of Co-operative Societies (ROCS) with a copy of Form A-List of Office Bearers (extracted within last 12 months from renewal date of policy), whichever is applicable
- List of names, identification number and specimen signatures of authorised personnel appointed to act on behalf of the company
- A clear photocopy (front and back) of the National Registration Identity Card (NRIC) or work pass of the authorised personnel listed in the section "List of authorised personnel to act on behalf of the company"

Details of the proposer

Name of company and address		Company registration number	Nature of business or trade
		Email	
Name of contact person	Contact number (Hand phone) (Office) (House) (Fax)	Period of insurance (dd/mm/yyyy) From To	
Is the company GST registered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the insurance cover for the employees required under any collective agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of insurance required

Life Insurance <input type="checkbox"/> Group Personal Accident <input type="checkbox"/> Group Term Life Rider <input type="checkbox"/> Group Critical Illness	Medical <input type="checkbox"/> Group Hospital and Surgical Riders <input type="checkbox"/> Group Major Medical <input type="checkbox"/> Group Outpatient <input type="checkbox"/> Group Dental Plan	Employees FlexCare <input type="checkbox"/> Group Hospital and Surgical <input type="checkbox"/> Group Term Life <input type="checkbox"/> Group Personal Accident Riders <input type="checkbox"/> Group Major Medical <input type="checkbox"/> Group Outpatient Primary Care <input type="checkbox"/> Group Outpatient Specialist Care^ <input type="checkbox"/> Group Critical Illness
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^ Group Outpatient Specialist Care can be purchased only when Group Outpatient Primary Care is taken up.

Details

Occupation category	Plan type or sum assured	Type of rider	Number of employees (details to be attached)

For Group Hospital and Surgical plan and/or riders, are spouses and/or children to be included?
If "Yes", please provide data using Group Employee Data Form.

Yes

No

Note: Employees FlexCare requires compulsory participation

Details of insurance required	
1. (a) Participation by employees:	<input type="checkbox"/> Compulsory <input type="checkbox"/> Voluntary
(b) Participation by spouses and/or children:	<input type="checkbox"/> Compulsory <input type="checkbox"/> Voluntary
2. Are there any insured members currently suffering from any illness, injury or undergoing treatment by any doctor or on medical leave?	
<input type="checkbox"/> Yes (please provide details) <input type="checkbox"/> No	

List of authorised personnel to act on behalf of the company					
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1.	Full name including any alias	Date of birth (dd/mm/yyyy)	Identification number	Designation	Specimen signature
	Address			Nationality	
2.	Full name including any alias	Date of birth (dd/mm/yyyy)	Identification number	Designation	Specimen signature
	Address			Nationality	
3.	Full name including any alias	Date of birth (dd/mm/yyyy)	Identification number	Designation	Specimen signature
	Address			Nationality	
4.	Full name including any alias	Date of birth (dd/mm/yyyy)	Identification number	Designation	Specimen signature
	Address			Nationality	
5.	Full name including any alias	Date of birth (dd/mm/yyyy)	Identification number	Designation	Specimen signature
	Address			Nationality	

Note: Please make photocopies of this table if the space provided above is insufficient.

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.

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 and authorisation 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 hereby declare that the particulars contained in this proposal together with the information contained in the Group Insurance Fact Finding Form are true and correct and complete to the best of our knowledge and we have not withheld any material information regarding this proposal.

We warrant that we have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s), if any, payable to us under the Policy.

We agree that this proposal, the Group Insurance Fact Finding Form shall together with the enclosed description and other particulars of each and every eligible insured person and any other written statements made by us or on our behalf and any proposals submitted by the eligible insured person for the purpose of the proposed insurances shall be the basis of the contract between us and Income.

It is understood that no insured person shall become insured while currently absent from active work, or is suffering from any serious illness or disease which endangers his/her life. Should a claim occur, Income reserves the right to request for the medical report from the hospital attending to the insured person.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it.

This includes any information that you may have provided to the intermediary but was not included in the proposal. Please check to ensure you are satisfied with the information declared in this proposal.

We understand that this Policy shall only be effective following full annual premium payment and subject to the acceptance and approval of this application by Income.

Name and signature	Company stamp
NRIC number or FIN	Date (dd/mm/yyyy)
Designation	

Note: This form has to be signed by an officer listed in the company's ACRA Business Profile or Form 6A Annual Returns or Form A-List of Office Bearers, who has executive authority to act on behalf of the company.

For official use

Name of intermediary	Intermediary code	Date (dd/mm/yyyy)