ntuc income

APPLICATION FOR HOME TEAMNS INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

Please complete and send proposal to "Group and Health Department, NTUC Income 75 Bras Basah Road, Singapore 189557".

Please tick on appropriate box:
☐ HOME TEAMNS Insurance Scheme ☐ HOME TEAMNS Living Policy

Particulars of Proposer

Name (as shown in NRIC/Passport)	NRIC/Passport No.
Residential Address	Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced
Contact No. (O) (H) (Hp)	Email
HOME TEAMNS Membership Expiry Date	Payment method ☐ Cheque ☐ Interbank GIRO[1]

Particulars of Insured(s)

Name (as shown in NRIC/FIN/BC)	NRIC/FIN/BC No.	Gender	Date of Birth (dd/mm/yyyy)	Height (m)	Weight (kg)	Occupation/ Position	Cover Type	Sum Assured for HOME TEAMNS
Main Insured		☐ Male ☐ Female					☐ Insurance Scheme ☐ Living Policy	
Spouse		☐ Male ☐ Female					☐ Insurance Scheme ☐ Living Policy	
Child 1		☐ Male ☐ Female					☐ Insurance Scheme ☐ Living Policy	
Child 2		☐ Male ☐ Female					☐ Insurance Scheme ☐ Living Policy	
Child 3		☐ Male ☐ Female					☐ Insurance Scheme ☐ Living Policy	

GIRO Arrangement

☐ For NTUC INCOME policyholders with an existing Interbank GIRO facility, please provide the following information:

Name of Bank: _____ A/C No.: _____

☐ For new Interbank GIRO applicants, please complete an "Application Form for INTERBANK GIRO" and pay first year's premium by cheque.

[1] To complete the above section where applicable.

Questionnaire of Lives Insured

	Main Insured	Spouse	Child 1	Child 2	Child 3
1. 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Are you currently undergoing or have been advised to undergo any form of medical treatment, medication or follow-up?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

NTUC Income Insurance Co-operative Limited
NTUC Income Centre 75 Bras Basah Road Singapore 189557 | t. 63 INCOME (6346 2663) | f. 6338 1500 | csquery@income.com.sg | www.income.com.sg

4. 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 disease, raised cholesterol, kidney or urinary disorders (including protein and/or blood in urine), stroke, blood disorders, mental disorders, respiratory disorders, thyroid disorders, autoimmune diseases (e.g. 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 or illnesses/physical deformities not listed above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Please continue with this Additional Section if you are applying for Home TeamNS Living Policy						
5. 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Do you engage in aviation activities other than as a passenger on a regular airline or any other hazardous occupation (e.g. commercial diver, military pilot), sports or pursuits (eg. motor racing, rock climbing)? If "Yes", please state the activity.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7a. 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7b. 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.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Do you smoke 20 (or more) sticks of cigarettes per day?	☐ Yes ☐ No	☐ Yes ☐ No			

Except for Question 8, if you have answered "Yes" to any of above questions, please provide details . For questions 2 to 5 , please provide exact diagnosis, date of onset, investigations and results, treatment and current status. Please include the respective question number(s) and name of insured for your answer. Please use extra paper if required.

Declaration By Proposer/Insured(s)

If you are not the beneficial owner*, please provide the details such as Name and Identity Card/Passport No. of the beneficial owner(s) and your personal relationship(s) with them and submit a copy of their Identity Card/Passport to us.

Please provide relevant details here : _____

* "Beneficial Owner" as defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism means the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporate.

For the avoidance of doubt, completion of this section is not a nomination of beneficiary(ies) under the policy.

I/We agree to inform NTUC Income as soon as possible if there is any change in the state of my and/or the life to be insured's health or if I and/or the life to be insured plan to seek any medical consultation, investigation or treatment between the date of this application and before the date the policy is issued by NTUC Income. I/We understand that NTUC Income may impose terms, including limiting or reducing the insurance cover or sum assured of this proposal according to the information provided by me/us.

I/We declare and warrant that the answers given in this application are true, correct and complete and I/we accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income and if anything untrue, incorrect or incomplete is stated, the insurance policy issued shall not be valid. I/We agree that NTUC Income's liability shall only commence when the proposal is accepted by them, the first premium is paid in full and written notification of the commencement of cover is made known to me/us.

I/We am/are aware that I/we can seek advice from an insurance adviser before I/we sign this application. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate for my/our financial needs and insurance objectives.

I also wish to apply for admission as a member of NTUC Income and if accepted, I agree to be bound by the By-Laws of NTUC Income (subject to NTUC Income's qualifications and terms of admission of members).

I/We have read Your Guide to Life Insurance and/or Your Guide to Health Insurance (if applicable) found on www.lia.org.sg.

In addition, I hereby declare that I am currently a member of HOME TEAMNS. I am also aware that I will not be eligible for the above policy if I fail to renew my HOME TEAMNS membership.

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 agent but was not included in the proposal. Please check to ensure you are satisfied with the information declared in this proposal.

Signature of Proposer	Signature of Spouse (If to be insured)	Date (dd/mm/yyyy)

For Official Use

Commencement Date (dd/mm/yyyy)	Remarks