

5. Have any of your natural parents or siblings ever 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you smoke 20 (or more) sticks of cigarettes per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. For female insured/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 the urine etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Except for Question 8, if you have answered "Yes" to any of the 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)

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/We am/are also aware that I will no longer be eligible under the above Policy if my Comprehensive Co-Payment Scheme medical benefit ceases OR if I resign from my employment OR if I retire under the Non-Pensionable scheme.

I undertake to inform NTUC Income as soon as possible if my Ward class entitlement changes in future. Should I fail to do so, I agree that NTUC Income shall be entitled to pay any claim based on my old Ward class entitlement including charging any additional premium arising from the change of my Ward class entitlement.

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)

Certification By Organisation

I hereby certify that the above is our employee under the Comprehensive Co-Payment Scheme.

Authorised Signature and Stamp (Human Resource Department)

Date (dd/mm/yyyy)

For Official Use

Commencement Date

Remarks

AUTHORISATION FOR SALARY DEDUCTION FORM

1. This form is to be completed by the employee and submitted together with the Application Form to NTUC INCOME through the Human Resource Department.
2. If the application is accepted by NTUC INCOME, this portion will be sent to the Payroll Section of the relevant Organisation for salary deduction.

Particulars of Employee

Name (as shown in NRIC/Passport/FIN)			NRIC/Passport/FIN No.
PER/Payroll/Staff No.	Organisation	Department	Division <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV

Authorisation

I hereby authorise the deduction of the amount stated below from my salary or such other amount required as payment of the premium for the Co-Pay Assist Plan.

Name (as shown in NRIC/FIN/Passport)	NRIC/FIN/Passport/ BC No.	Yearly Premium	Effective Date (to be completed by NTUC Income)
Employee			
Spouse			
Child (1)			
Child (2)			
Child (3)			
Total Premium		\$	
_____ Signature of Employee		_____ Date (dd/mm/yyyy)	

GH/I001/Special/12/2010