

## Application for MerdekaCare insurance (individual)

### 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. Otherwise, the insurance policy may not be valid.

#### For official use

|                |                |   |
|----------------|----------------|---|
| Adviser's name | Adviser's code | Campaign code   |
| Policy number  |                | Policy delivery<br><input type="checkbox"/> Hand <input type="checkbox"/> Mail <input type="checkbox"/> Email |

#### Your details

|   |             |  |
|---|-------------|--|
| Name (as shown in NRIC)                       | NRIC number | Date of birth (dd/mm/yyyy)   |
| Residential address                           | Nationality | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Contact number<br>(Office) (Home) (Handphone) | Email       | Occupation   |

#### Details of the life to be insured (if different from you)

|   |                     |  |
|---|---------------------|--|
| Name (as shown in NRIC)                       | NRIC number         | Date of birth (dd/mm/yyyy)   |
| Contact number<br>(Office) (Home) (Handphone) | Nationality         | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Email   | Relationship to you | Occupation   |

#### Details of insurance

|  |  |
|--|--|
| Is this the first time you have bought SilverCare/MerdekaCare?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Policy start date (dd/mm/yyyy):  |
| Choice of plan (Please tick one only.)   | <input type="checkbox"/> Basic <input type="checkbox"/> Superior <input type="checkbox"/> Prestige<br>(Last entry age for this plan is 75 years old) |
| Premium (including 7% GST):  |  |

#### Questionnaire for the life to be insured

|  |  |
|--|--|
| 1 Does the insured have any mobility problem and need walking sticks, a wheelchair, a walker or crutches to help you with moving around daily? If 'yes', please provide details of mobility condition, length of use of mobility aid, whether medication and/or medical follow-up is required. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 Does the insured person suffer from any physical problem or infirmity or disease of any kind? If 'yes', please provide details.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 Has the insured had to stay in hospital during the last five years? If 'yes', please provide details.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 Does the insured have any other personal accident insurance with other insurance companies? If 'yes', please provide company and sum insured.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 Has the insured person ever made a claim against any insurer for an injury? If 'yes', please provide company and amount.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Declaration for switching of policies (only applicable if advice is provided by intermediary)**

|   |  |
|---|--|
| 1. Is the insured person switching from an existing Accident and Health policy?<br>If yes, please proceed to answer Q2 and Q3.  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| 2. What type of policy is the insured person switching from?  | <input type="checkbox"/> Personal Accident policy <input type="checkbox"/> Health policy |
| 3. Was this switch recommended by your financial adviser?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| If the insured person is switching from a Personal Accident policy, please fill up <b>Appendix A</b> .<br>If the insured person is switching from a Health policy, please fill up the <b>My Financial Portfolio</b> form. |  |

**Premium payment information**

**Premium payment method**

**Credit Card:**  Yearly<sup>1</sup> (recurring payment)  Yearly<sup>1</sup> (one-time lump sum payment)

**Cash:**  Yearly (one-time lump sum payment)  
(This only applies in branches)

**Cheque** (Cheque number):  Yearly (one-time lump sum payment) \_\_\_\_\_ payable to "NTUC INCOME"  
(This only applies in branches)

**Giro:**

Monthly<sup>2</sup> (1<sup>st</sup> 2 months pre-payment & subsequent recurring payment by GIRO)

1st 2 months pre-payment method:  credit card  cash: \_\_\_\_\_  cheque (cheque number): \_\_\_\_\_ payable to "NTUC INCOME"

Yearly<sup>1</sup> (1<sup>st</sup> year pre-payment & subsequent recurring payment by GIRO)

1st year pre-payment method:  credit card  cash: \_\_\_\_\_  cheque (cheque number): \_\_\_\_\_ payable to "NTUC INCOME"

**Important notes for GIRO Application:**

Please select your payment mode for the 1<sup>st</sup> 2 months/1<sup>st</sup> year pre-payment. You may fill in your credit card details below.

For payment by GIRO, please complete and submit GIRO form. Please note that your application will be delayed if we do not receive the form, if the form is incomplete or it is incorrect.

For monthly payment via GIRO, we will collect a 1<sup>st</sup> 2 months premium for policy issuance while the GIRO application is being processed.

For yearly payment via GIRO, we will collect a 1<sup>st</sup> year premium for policy issuance while the GIRO application is being processed.

**Important notes:**

<sup>1</sup> A yearly recurring payment means we will take the premium from the chosen credit card account or bank account stated in the GIRO form for future renewals on a yearly basis.

<sup>2</sup> A monthly recurring payment means we will take the premium from the chosen bank account stated in the GIRO for future renewals on a monthly basis.  
For a policy with a monthly recurring payment arrangement, before we can pay the claim, we will first take from the claim amount any premium owed to us for the rest of the policy year.

**Payment Authorisation - Please complete all the relevant sections**

**Credit Card**

I authorise NTUC Income Insurance Co-operative Limited ("Income") to deduct the premium from my credit card account.

|                 |   |  |
|-----------------|---|--|
| Cardholder name | Credit card number (Visa/Mastercard only)                     | Card expiration date (mm/yy)   |
| Issuing bank    | <input type="checkbox"/> Visa <input type="checkbox"/> Master | Relationship to Proposer (If not proposer)<br><input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others _____ |

|                                  |   |
|----------------------------------|---|
| _____<br>Signature of cardholder | _____<br>Signed in Singapore on<br>(dd/mm/yyyy) |
|----------------------------------|---|

## Personal data collection statement

By providing the information and submitting this application, I/we give my/our consent to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <http://www.income.com.sg/privacy-policy> and /or appointed distribution partners to collect, use, and disclose the information (including any updates) for the purposes of processing and administering this insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example information of my spouse, child, ward or parent) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide you with their personal data for this application or transaction.

In addition, I give my consent to Income to collect, use and disclose my personal data (including any update that I have given to Income) to contact me for the purpose of providing marketing and promotional information relating to products and/or services offered and/or distributed by Income via postal mail, email, and/or social media account(s) and by the following modes of communications where I have indicated my consent below.

Call  Text Messages/SMS

The consent provided by me in this form is in addition to and does not supersede any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn and notified to Income.

I may withdraw my above consent by contacting Income Contact Centre at 6788 1777 or [consentwithdrawal@income.com.sg](mailto:consentwithdrawal@income.com.sg).

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

## Declaration and authorisation

- 1 I confirm that I understand and agree to the Product Summary.
- 2 I have not withheld any material information relating to this application. I accept full responsibility for it.
- 3 I understand that all pre-existing medical conditions are not covered.
- 4 I am aware that I am not covered for any dangerous activities or sports.
- 5 I agree that this application and other written statements, information or declaration I have made or made on my behalf, will form the basis of the contract of insurance between me and Income.
- 6 I acknowledge that you will not be legally responsible for any claims until you have accepted this application and you have received the premium in full.
- 7 I am aware that I can get advice from a qualified adviser before I sign this application. If I choose not to, I take full responsibility for making sure that this product is appropriate for my financial needs and insurance aims.
- 8 I declare that I am not an undischarged bankrupt and no bankruptcy application (including any statutory order) or order has been made against me.
- 9 I confirm that I understand and agree to the 'Personal data collection statement'.

**You must give all the facts truthfully when you make this application. You must also tell us immediately if there is any change in the state of health of the life to be insured or if the life to be insured is planning to have any medical consultation, investigation or treatment before the start date of this cover. If you fail to reveal any material information in this 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 application. Please check to make sure you are fully satisfied with the information in this application.**

**It is usually not a good idea to replace an existing accident and health-insurance policy with a new one. If you end the policy early, you may have to pay a higher premium or have new and extra conditions attached to your new policy. You will not get a full refund of premiums paid under your policy.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of life to be insured

\_\_\_\_\_  
Date (dd/mm/yyyy)

### Important notes

- 1 Please do not leave any answer blank. Write 'none' or 'NA' where relevant.
- 2 This policy covers an insured person while in Singapore and while outside Singapore for a period of no more than 180 days in a row from the date of leaving Singapore.

## Appendix A

If you intend to switch from your other personal accident insurance policy to this replacement personal accident insurance policy:

- a. the fee or charge that you have to bear is \_\_\_\_\_
- b. the changes in level of benefits will be:

|                          | Original Policy | Replacement Policy |
|--------------------------|-----------------|--------------------|
| Insurer and Product Name |                 |                    |
| Sum Assured              |                 |                    |
| Benefits                 |                 |                    |
| Coverage                 |                 |                    |
| Duration of coverage     |                 |                    |
| Premiums                 |                 |                    |
| <b>Differences</b>       |                 |                    |

The comparison made by us is based on the information disclosed by you on behalf of all applicants (including any dependents if family coverage is required). Any incomplete or inaccurate information provided by you may affect the comparison made.

\_\_\_\_\_  
Signature of advisor

\_\_\_\_\_  
Signature of client  
(on behalf of all applicants)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## MerdekaCare Product Summary

### Premium Rates Table

The annual premium rates for this plan are as set out below. Please note that the premium rates are not guaranteed and may be reviewed from time to time depending on our claims experience.

| Entry Age                  | Yearly Premium |          |          | Monthly Premium |          |          |
|----------------------------|----------------|----------|----------|-----------------|----------|----------|
|                            | Basic          | Superior | Prestige | Basic           | Superior | Prestige |
| Age 60 to 75 years old     | \$144.45       | \$182.97 | \$279.90 | \$13.29         | \$16.67  | \$25.62  |
| Age 76 years old and above | \$235.94       | \$298.53 | \$439.36 | \$21.67         | \$27.35  | \$40.25  |

Premium rates are inclusive of 7% GST, non-guaranteed and may be reviewed from time to time.

The Total Distribution Cost of this product is between 10.5% - 15.5% of the premium. Such costs include cash payments in the form of commission, costs of benefits and services paid to the distribution channel. Please note that the Total Distribution Cost is not an additional cost to the policyholder; it has already been allowed for in calculating the premium.

### Product Information

This is a personal accident policy and will protect the policyholder and the insured person financially when there is a death or an injury caused by an accident which happens during the policy period. The amount we will pay depends on the conditions and maximum benefit limits of the insured person's plan as set out in the Table of Cover below.

This policy is not a Medisave-approved policy and the policyholder may not use Medisave to pay the premium for this policy.

#### Table of Cover<sup>1</sup>

| Maximum benefit (S\$) |  |        |          |          |
|-----------------------|--|--------|----------|----------|
| Benefits              |  | Basic  | Superior | Prestige |
| Section 1             | Final expenses   | 10,000 | 10,000   | 10,000   |
| Section 2             | Permanent disability <i>(in each policy year)</i>  | 40,000 | 50,000   | 60,000   |
| Section 3             | Outpatient expenses due to accident <i>(in each policy year)</i>                           | 600    | 700      | 1,500    |
| Section 4             | Hospitalisation expenses due to accident <i>(for each accident)</i>                        | 2,000  | 3,000    | 6,000    |
| Section 5             | Extra medical expenses for burns, broken bones and fractures <i>(for each policy year)</i> | 1,500  | 2,000    | 3,000    |
| Section 6             | Daily hospital income <i>(up to 60 days for each accident)</i>                             | 75     | 100      | 100      |
| Section 7             | Ambulance fee <i>(for each accident)</i>   | 150    | 200      | 300      |
| Section 8             | Mobility aids <i>(for each accident)</i>   | 1,000  | 1,000    | 2,000    |
| Section 9             | Rehabilitation and physiotherapy <i>(up to \$100 per visit in each policy year)</i>        | 500    | 500      | 1000     |
| Section 10            | Senior day-care, home-care or nursing-home service <i>(in each policy year)</i>            | 1,000  | 1,500    | 3,000    |

**Additional benefits payable for 50% or more Permanent Disability  
(based on the scale of compensation):**

|                |   |            |         |         |
|----------------|---|------------|---------|---------|
| Section 11     | Home Modification ( <i>per lifetime</i> )       | 4,000      | 5,000   | 10,000  |
| Section 12     | Home Cleaning Services ( <i>per accident</i> )  | 350        | 500     | 1,000   |
| Section 13     | Caregiver Training ( <i>once per accident</i> ) | As Charged |         |         |
| Lifetime Limit |   | 80,000     | 100,000 | 200,000 |

<sup>1</sup>Note: Please refer to the Policy Conditions on details of policy coverage

## Key Product Provisions

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and the policyholder is advised to refer to the actual terms and conditions in the contract. Please consult a qualified adviser should you require further explanation.

### 1. Eligibility

This policy is only available to the insured person if he/she:

- and the policyholder are Singaporean and hold valid Singapore National Registration Identification Cards (NRIC);
- is living or working in Singapore, or living outside Singapore for no more than 180 days at any one time;
- was born on or before 31 December 1959; and
- has fully paid his/her premium.

### 2. Free-Look Period

We will give the policyholder 14 days from the time they receive this policy to decide whether to continue with it. If the policyholder does not want to continue, he/she may write to us to cancel this policy and get a full refund of the premium paid as long as there has been no claim made under the policy. We consider that this policy has been delivered (and received) seven days after we post it.

### 3. Cancellation Clause

**a** If we cancel the policy

- i) We can cancel the policy by giving the policyholder 30 days' written notice. We will consider that they have received this cancellation notice on the same day if we deliver the notice by hand, mail, fax or email.
- ii) We will cancel this policy on the date the premium is due if we do not receive the premium due or we are not successful in taking the premium from the credit card or GIRO account the policyholder has chosen.

If we cancel this policy because the premium has not been paid, the insured person may apply for a new policy. However, the insured person's application will depend on us accepting it based on his/her latest physical or medical conditions

**b** We will not refund any premium if a claim has been made under this policy.

**c** If there is no claim under this policy and the policyholder cancels the policy

- i) Monthly recurring payment arrangement
  - The policyholder may cancel this policy by calling us or writing to us. The date of cancellation will depend on when we receive the notice of cancellation.

- For cancellation after the 14-day free-look period, we must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The policy will then be cancelled on the day the monthly premium is due.
- But, if we receive the notice of cancellation less than 21 days before the next monthly premium due date, the policy will be cancelled on the following month when the premium is due.

| Cancellation of policy with monthly premium – For example |  |
|---|--|
| Period of insurance                                       | 22 Sep 2018 to 21 Sep 2019                   |
| Monthly premium due date                                  | 22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)  |
| If we receive the notice of cancellation:                 |  |
| On 1 Oct 2018   | cancellation will take effect on 22 Oct 2018 |
| On 20 Oct 2018  | cancellation will take effect on 22 Nov 2018 |

ii) Yearly payment arrangement

- The policyholder may cancel this policy by calling us or writing to us and the cancellation will apply from the date we receive the notice of cancellation.
- For cancellation after the 14-day free-look period and as long as there has been no claim made under this policy, we will work out the refund premium as follows

|   |
|---|
| $\frac{\text{Period of insurance (in days) still left to run}}{\text{Original period of insurance of this policy}} \times 85\% \text{ of the premium paid}$ |
|---|

- We will not refund any premium below \$37.45 (after GST).

If we refund premiums, we will do so by cheque to the policyholder.

#### 4. Terms of Renewal

This is a short-term accident and health policy and we are not required to renew this policy.

We may end this policy by giving the policyholder 30 days' notice in writing.

If the insured person has any existing medical condition at the policy renewal date, he/she may not be covered under the renewed policy for such a medical condition. If such a medical condition is covered under the renewed policy, the policyholder may need to pay additional premiums.

If this policy is renewed, we will provide the new terms and conditions (if applicable) for the next policy year before the start date of the next policy year.

If we did not receive any request to cancel the policy, we will collect the premium using the last recurring payment arrangement chosen by the policyholder.

This policy will apply for as long as we can successfully take the premium before the premium due date.

#### 5. Non-Guaranteed Premium

The premium that the policyholder pays for this policy is non-guaranteed and can change.

If we change the premium for this policy, we will write to the policyholder at their last known address or email address, at least 30 days before the change is to take place, to tell the policyholder what the new premium is.

## 6. Claims Conditions

- a The insured person or the policyholder must tell us as soon as possible, and in any case within 30 days, about any accident which may give rise to a claim under this policy.
- b The insured person or anyone acting for the insured person must not:
  - i) misrepresent any circumstance which affects the insured person's health condition, country of residence or pursuits or any information which may affect our decision to accept the insured person's application;
  - ii) make a claim under this policy knowing the claim to be false or fraudulently exaggerated in any way;
  - iii) make a statement to support a claim knowing the statement to be false in any way;
  - iv) send us a document to support a claim knowing the document to be forged or false in any way; or
  - v) make a claim for any loss or damage caused by the insured person's deliberate act or with the insured person's knowledge.
- c If all or part of any expenses from other sources can be recovered, we will only pay the policyholder the amount that cannot be recovered.
- d We pay all claims in Singapore dollars. If the insured person suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars at the exchange rate which we will decide on the date of the loss.
- e The policyholder, the insured person or the insured person's legal representatives must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, we may need before we assess the insured person's claim. We will not refund any expense which the insured person cannot provide original receipts or invoices for.

For further information, you can visit or contact us via any of the following channels:

- (i) <http://www.income.com.sg/forms/claims/care.aspx?ext=.pdf>
- (ii) [pcc@income.com.sg](mailto:pcc@income.com.sg)
- (iii) 6788 6616

## 7. Exclusions

There are certain conditions whereby we will not pay any benefits under this plan. These are shown as exclusions in the policy conditions. Some of the exclusions for this plan include, but are not limited to the following listed below. You should read the policy conditions which can be found at [www.income.com.sg/merdekacare-policy-conditions.pdf](http://www.income.com.sg/merdekacare-policy-conditions.pdf) for the full list of exclusions.

This policy does not cover claims directly or indirectly caused by or arising from:

- a any disability or death that is caused by sickness (for example, a heart attack or stroke, pathologic fracture or deterioration of a general health condition such as osteoporosis) and not by an injury;
- b pregnancy, childbirth, abortion, miscarriage not due to an accident or all complications arising from these conditions;
- c any physical disability or defects which existed before the start of the insured person's policy, or pre-existing medical conditions;
- d the insured person taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on man-made walls) or mountaineering which involves using ropes, any underwater activities involving using underwater breathing apparatus, sky diving, cliff diving, bungee jumping, BASE (Building, Antenna, Span, Earth) jumping, paragliding, hang gliding, parachuting, white-water rafting, dragon boating, hunting, horse riding, polo, show jumping, mountain biking but not including the following activities carried out for leisure purposes under the supervision of a licensed guide or instructor: hot-air balloon ride while airborne, ice or winter sports, hiking or trekking;



## **8. Change in circumstance**

If there is any change in circumstances affecting the insured person's risk, he/she must give us immediate written notice and pay any extra premium that we may ask for. In particular, he/she must tell us about any change in his/her health condition, the country where he/she is living in or his/her pursuits.

### **Disclaimer**

This product summary does not form a part of the contract of insurance. It is only meant to be a simplified description of the product features which apply to this plan and does not explain the whole contract. The contents of this product summary may be different from the terms of cover we eventually issue. Please read the policy contract for the precise terms, conditions and exclusions. Only the terms, conditions and exclusions in the policy contract will be enforceable by you and us.

It is usually detrimental to replace an existing accident and health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefit at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).