

GROUP INSURANCE FACT FINDING FORM

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 email the completed fact finding form to NTUC Income, Group & Health Department at groupbiz@income.com.sg

Company Information		
Name of Company		Nature of Business
Contact Person		Designation
Contact No.	Fax No.	Email

General Information		
Presently Insured? Yes / No		
If yes, name of current insurer		
Type of Policy		Current Period of Insurance (dd/mm/yyyy)
Proposed Period of Insurance (dd/mm/yyyy)	Total No. of Employees	No. of Employees to be insured

Participation: The insurer will assume that participation of the group insurance program is on compulsory basis unless otherwise stated.

Please tick [✓] accordingly to the choice of the insurance product that you like to have a quote from us.

Benefits	Insurance Coverage		Participation	
			Compulsory	Voluntary
Life Insurance	Group Term Life (GTL)			
	Group Critical Illness (GCI)			
	Group Personal Accident (GPA)			
Medical	Group Hospital & Surgical (GHS)	Employee only		
		Dependant (Spouse and/or Children)		
	Group Major Medical (GMM)	Employee only		
		Dependant (Spouse and/or Children)		
Others	Group Outpatient	Employee only		
		Dependant (Spouse and/or Children)		
	Dental	Employee only		
		Dependant (Spouse and/or Children)		

Note: Participation is voluntary if employees or dependants are given the choice to opt for the cover(s), subject to a minimum participation level.

Q1. Is there any member currently in hospital or require frequent admission to hospital (e.g. hospital admission more than 2 times per year)?

Yes No

If "Yes", kindly provide the following details:

S/N	No. of Members/Age	Reason for Hospitalisation/Nature of Illness	Total Sum Insured/Plan

Note: NTUC Income will not reimburse the hospital claims for any member in hospital at the time of application

Q2. Has any member suffered or is suffering from any serious condition such as cancer, organ failure, diabetes, heart disease, stroke, kidney disorder, liver disorder, arthritis or any other disorder that causes progressive irreversible functional or physical disability?

Yes No

If "Yes", kindly provide the following details:

S/N	No. of Members/Age	Nature of Illness	Total Sum Insured/Plan

Q3. Is there any member based outside Singapore?

Yes No

If "Yes", kindly provide the following details:

S/N	No. of Members/Age	Country based in	Total Sum Insured/Plan

Q4. Are there any limitations or exclusions imposed on the coverage on any members?

Yes No

If "Yes", kindly provide the following details:

S/N	No. of Members/Age	Limitations/Exclusions	Total Sum Insured/Plan

Q5. Is there any member engaged in hazardous occupation?

(Hazardous occupation eg. welder, diver, sandblaster, offshore workers, etc.)

Yes No

If "Yes", kindly provide the following details:

S/N	No. of Members/Age	Nature of Work	Total Sum Insured/Plan

Q6. To the best of your knowledge, is there any member engaged in hazardous sports?

(Hazardous sports eg. scuba diving, motor racing, bungee jumping etc.)

Yes No

If "Yes", kindly provide the following details:

S/N	No. of Members/Age	Type of Sports	Total Sum Insured/Plan

BENEFIT: GROUP TERM LIFE/GROUP CRITICAL ILLNESS/GROUP PERSONAL ACCIDENT INSURANCE

Occupational Classifications

Class 1	Clerical, administrative or other similar non-hazardous occupations
Class 2	Occupations where some degree of risk is involved, eg. supervision of manual workers, totally administrative job in an industrial environment
Class 3	Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident
Class 4	High risk occupations involving heavy manual work including hot works

a) Basis of Cover

		Category of Employees/Occupation (refer to the examples)	Basis of Cover - Sum Insured (refer to the examples)	No. of Employees
GTL	(i)			
	(ii)			
	(iii)			
	(iv)			

GCI	(i)			
	(ii)			
	(iii)			
	(iv)			

GPA	(i)			
	(ii)			
	(iii)			
	(iv)			

Category of Employees/Occupation	<u>Example 1</u>	<u>Example 2</u>
(i) Senior Management (Director, General Manager, Senior Manager)	\$100,000	24 x BMS #
(ii) All Others	\$ 25,000	12 x BMS #

Please provide salary information if the basis of cover is in terms of Basic Monthly Salary (BMS).

b) Are there any members with Sum Insured exceeding \$2million?

Yes No

If "Yes", please provide details on:

(i) No. of Members _____

(ii) Age of Members _____

(iii) Individual Sum Insured _____

c) Please provide Current Non-Medical Limit (if applicable)

Group Term Life: S\$ _____ up to age _____

Group Critical Illness: S\$ _____ up to age _____

d) Group Critical Illness: Basis of Cover

Is this an accelerated or additional benefit to Group Term Life?

Accelerated Additional

If it is an accelerated benefit, please indicate the percentage of acceleration on the Group Term Life Sum Insured.

25% 50% 100%

Please provide a list of critical illness covered (if currently insured).

e) Details of Employees

Age Band (Age Next Birthday)	GTL				GCI (additional)			
	No. of Employees		Total Sum Insured (\$\$)		No. of Employees		Total Sum Insured (\$\$)	
	Male	Female	Male	Female	Male	Female	Male	Female
16 - 20								
21 - 25								
26 - 30								
31 - 35								
36 - 40								
41 - 45								
46 - 50								
51 - 55								
56 - 60								
61 - 65								
66 - 70								
Total								

f) Claims Experience for the past 3 years

NTUC Income reserves the right to request for more information

GTL

Period of Insurance (dd/mm/yyyy)	No. of Insured as at _____ (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		No. of Claims	Amount (S\$)	No. of Claims	Amount (S\$)

GCI

Period of Insurance (dd/mm/yyyy)	No. of Insured as at _____ (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		No. of Claims	Amount (S\$)	No. of Claims	Amount (S\$)

GPA

Period of Insurance (dd/mm/yyyy)	No. of Insured as at _____ (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		No. of Claims	Amount (S\$)	No. of Claims	Amount (S\$)

BENEFIT: GROUP HOSPITAL & SURGICAL INSURANCE/MAJOR MEDICAL INSURANCE

a) Basis of Cover

Category of Employees/Occupation (refer to examples)	Room & Board Benefit Plan (refer to examples)	Currently with TMIS Yes/No	Proposal with TMIS Yes/No
(i)			
(ii)			
(iii)			
(iv)			

Important Note:

- (1) Dependants can be covered under Group Hospital & Surgical Plan. Their cover should be the same as the employee's cover.
- (2) Please provide the Deductible/Co-Insurance for respective employee category or occupation, if applicable.

Category of Employees/Occupation	<u>Example 1</u> R&B Benefit Plan (S\$)	<u>Example 2</u> R&B Benefit Plan
(i) Senior Management (Director, General Manager, Senior Manager)	360	1 Bedded
(ii) Manager & Executive	200	4 Bedded
(iii) All Others	100	6 Bedded

b) Age Profile of Employees

Age Band (Age Next Birthday)	No. of Employees	
	Male	Female
16 - 20		
21 - 25		
26 - 30		
31 - 35		
36 - 40		
41 - 45		
46 - 50		
51 - 55		
56 - 60		
61 - 65		
66 - 70		
Total		

c) Details of Insured Members

For GHS and GMM

	No. of Employees (Singaporeans & SPRs*)			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only				
Employee & Spouse				
Employee & Child(ren)				
Employee & Family				
<i>*refers to Singapore Permanent Residents</i>				

	No. of Employees (Foreigners* only)			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only				
Employee & Spouse				
Employee & Child(ren)				
Employee & Family				
<i>*refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore</i>				

For GMM (if the basis of coverage differs from GHS)

	No. of Employees (Singaporeans & SPRs*)			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only				
Employee & Spouse				
Employee & Child(ren)				
Employee & Family				
<i>*refers to Singapore Permanent Residents</i>				

	No. of Employees (Foreigners* only)			
	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only				
Employee & Spouse				
Employee & Child(ren)				
Employee & Family				
<i>*refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore</i>				

d) Claims Experience for the past 3 years

Period of Insurance (dd/mm/yyyy)	No. of Insured as at _____ (dd/mm/yyyy)	Paid Claims		Outstanding Claims	
		No. of Claims	Amount (S\$)	No. of Claims	Amount (S\$)
<i>*Note: NTUC Income reserves the right to request for more information</i>					

e) Kindly attach a copy of the Schedule of Benefits, if currently insured.

BENEFIT: GROUP OUTPATIENT INSURANCE

a) Category of Employees to be insured (please tick as appropriate)

Category of Employees	Clinical GP	Specialist	Diagnostic X-Ray/ Lab Test	Dental
(i)				
(ii)				
(iii)				
Dependants (where applicable)				
No. of Headcount				

b) Age Profile of Employees

Age Band (Age Next Birthday)	No. of Employees	
	Male	Female
16 - 20		
21 - 25		
26 - 30		
31 - 35		
36 - 40		
41 - 45		
46 - 50		
51 - 55		
56 - 60		
61 - 65		
66 - 70		
Total		

c) Claims Experience for the past 3 years

Paid Claims

Period of Insurance (dd/mm/yyyy)	No. of Insured as at _____ (dd/mm/yyyy)	Clinical		Specialist		Diagnostic X-Ray/ Lab Test		Dental	
		No. of Visits	Amt (S\$)	No. of Visits	Amt (S\$)	No. of Visits	Amt (S\$)	No. of Visits	Amt (S\$)

* all figures provided should include visits to non-panel clinics.
 Note: NTUC Income reserves the right to request for more information

Outstanding Claims

Period of Insurance (dd/mm/yyyy)	No. of Insured as at _____ (dd/mm/yyyy)	Clinical		Specialist		Diagnostic X-Ray/ Lab Test		Dental	
		No. of Visits	Amt (S\$)	No. of Visits	Amt (S\$)	No. of Visits	Amt (S\$)	No. of Visits	Amt (S\$)

* all figures provided should include visits to non-panel clinics.
 Note: NTUC Income reserves the right to request for more information

d) If currently insured, please attach a copy of the Schedule of Benefits.

If currently self-insured, please provide the following details:

Please indicate "Unlimited" if there is no cap and "NA" if it is Not Applicable.

Benefits	Maximum Limit per Visit (S\$)		Maximum Limit per Policy Year (S\$)		Co-Payment (S\$)/Co- Insurance (%)	
	Clinic on Company's Panel	Non-Panel Clinic	Clinic on Company's Panel	Non-Panel Clinic	Clinic on Company's Panel	Non-Panel Clinic
Clinical GP						
Specialist						
Diagnostic X-Ray/Lab Tests						
Dental						
Others. Please specify:						

NEEDS ANALYSIS & PRODUCT RECOMMENDATION

Please tick the appropriate box to indicate the priority of your Company's needs:

Company's Priorities	Low	Med	High	Advisor's Recommendation
Cover for Outpatient Medical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for Hospital & Surgical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for Major Illness (e.g. Cancer, Kidney Failure, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for Loss of Income due to sickness or accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cover for Long Term Medical Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL DATA COLLECTION STATEMENT

NTUC 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 NTUC Income includes all personal data provided in any supplementary form or any document provided, or to be provided to us by you or your insured persons or from other sources from time to time including personal data of additional insured persons to be covered, 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.

DECLARATION BY COMPANY

We hereby declare that to the best of our knowledge and belief, the information given here is true and complete and that if a contract of insurance is effected all information submitted in connection with this application form shall form the basis of such contract between the Company and NTUC Income.

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 NTUC 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 NTUC Income's written request, we further undertake to allow NTUC 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.

Signature of Authorised Officer

Company Stamp (if applicable)

Name: _____

NRIC/PP No: _____

Designation: _____

Date: _____

DECLARATION BY INTERMEDIARY

I/We declare & acknowledge that I/we have reviewed this Group Insurance Fact Finding Form with the authorised officer of the Company, and I/we have explained all the requirements of this Group Insurance Fact Finding Form to him/her.

Signature of Intermediary (if any)

Company Stamp (if applicable)

Name: _____

Representative Code: _____

Designation: _____ Contact No: _____ Date: _____

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 your insurer or visit the LIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).