

## DEPENDANTS' PROTECTION SCHEME PROPOSAL FORM

**Important Note:** Pursuant to Section 25(5) of the Insurance Act (Cap.142), you are to disclose in this form fully and faithfully, all the facts that you know or ought to know, otherwise nothing may be payable under this Policy.

### Section A : Proposer's Personal Details

Please \*delete/tick where necessary

*Mr / Mrs / Mdm / Ms / Miss / Dr	Name	NRIC No.	
Date of Birth	Nationality	CPF Account No.	Gender * Male / Female
D D M M Y Y Y Y			
Mailing Address		Height	m Weight kg
Home Tel	Mobile Tel	Email Address	
Occupation	Exact Duties Involved		

### Section B : Medical Underwriting Questions

	Yes	No
1 Have you ever had or been told to have or been treated for any (a) cancer, growth or tumour, (b) diabetes, thyroid or endocrine disease, (c) blood, lupus or other immune disease, (d) high blood pressure, heart disease or chest pain, (e) stroke, epilepsy or mental conditions, (f) kidney disease or blood or protein in urine, (g) hepatitis or liver disease, (h) lung disease or persistent cough, (i) AIDS or HIV infection or test, (j) hereditary disease or congenital abnormalities; or (k) other illness, disorder, injury, physical disability or abnormality, or been hospitalised or undergone any surgery in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify: _____		
2 Are you considering, for any reason, to seek consultation, investigation or treatment of any kind by any medical or healthcare professional or institution?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify: _____		
3 Have you ever used drugs or substances in an illegal way or had alcoholism or drug addiction?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify: _____		
4 Has any of your proposals for life, critical illness insurance or medical insurance on your life to this or other insurance companies ever been declined, postponed or accepted at other than normal terms?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify: _____		

### Section C : Authorisation by CPF Account Holder (For payment using CPF Ordinary / Special Account)

- I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) from my Ordinary/ Special account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF Board from time to time.
  - I authorise the CPF Board to deduct the available amount in my Special Account in the event that the balance in my CPF Ordinary Account is not sufficient to pay for an amount based on the premium payable for my age group.
  - I authorise the CPF Board to disclose information/seek information on a confidential basis to/from my insurer(s) such information relating to:  
(a) payment of premiums due under this proposal, including the deduction of premiums from my Ordinary/ Special Account; and  
(b) the making of refunds under this proposal, as CPF Board shall reasonably consider appropriate.
  - I agree to purchase only one Dependants' Protection Scheme Policy with any insurer.
  - I consent to the automatic termination of my existing DPS cover upon commencement of this policy.
  - I hereby consent to the transfer and disclosure, at any time and without notice or liability to me of any medical information on me in the insurer's possession to the CPF Board for:  
(a) the purpose of making of a claim under the DPS or any other insurance scheme referred to in the Central Provident Fund Act (Chapter 36) which I may be insured under; or  
(b) any purpose connected with the administration or operation of the accounts maintained by the Board for me under the Central Provident Fund Act (Chapter 36).
- I hereby agree that this consent shall not be affected by any subsequent physical or mental disorder, disability or incapacitation which I may suffer from. In addition, I hereby agree that this consent shall remain valid notwithstanding my death.

### Section D : Declaration

- I agree that this written proposal form and Terms and Conditions, all subsequent written notices given by the Company to me and all subsequent written statements given by me to the Company will make up the whole of the contract of insurance between the company and me.
- I declare that the information given in this proposal and any supplementary questionnaire(s) /form(s) and /or option form furnished to the Company or the Medical Examiner of the Company are true to the best of my knowledge and belief and that no material fact(s), that is, fact(s) likely to influence the assessment and acceptance of this proposal have been withheld.
- I agree and authorise any medical source, insurance office, organisation or the Life Insurance Association's Medical Register to release to the Company, and the Company to release to any medical source, insurance office, or the Life Insurance Association's Medical Register any relevant information concerning me at any time, irrespective of whether the proposal is accepted by the Company.
- I confirmed that I am not an undischarged bankrupt, that no Statutory Demand has been served on me and no bankruptcy order has been made against me.
- I am aware that I can seek advice from a qualified adviser before I sign this application/proposal form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to my financial needs and insurance objectives.

### Section E : Financial Needs Analysis

Do you require a Life Planner to advise or do a Financial Needs Analysis with you? (Please tick on the appropriate box below):

☐ I do not wish to receive any advice from your Life Planner ☐ I wish to receive advice from your Life Planner

**WARNING:** If you do not disclose material facts in this proposal form, any policy issued may not be valid. If you are unsure whether any fact is material, please disclose it. This will include any information that you have given to the Life Planner/Representative but is not declared in this proposal form. It is usually detrimental to replace an existing policy with a new one. A penalty may be imposed for early policy termination and the new policy may have less benefits at the same cost.

Dated in \_\_\_\_\_ on \_\_\_\_\_  
(Day) (Month) (Year)

Signature/Thumbprint of Proposer

Signature of Witness  
(Life Planner / Rep)(If any)



## BENEFIT ILLUSTRATION

a) Sum Assured: \$46,000

b) Premium Table

Age (years)	Yearly Premium
34 and below	\$36
35-39	\$48
40-44	\$84
45-49	\$144
50-54	\$228
55-59	\$260

## PRODUCT SUMMARY

### Product Information

This is a term-life insurance which covers policyholders for a sum assured of \$46,000 up to age 60. The Scheme is aimed at providing CPF members and their families with some money to tide them over the first few years should the policyholder become physically/mentally incapacitated, or dies.

### Key Product Provisions

a) *Qualified CPF members*

This scheme covers CPF members who

- Are Singapore citizens or permanent residents and
- Are between 16 and 60 years old and
- For a sum of \$46,000 up to age 60

b) *Premium Payment*

The premium is paid from your CPF Ordinary Account and/or Special Account. Premium paid is based on your attained age. Only applications with maximum sum assured will be accepted. On renewal, in the case of inadequate monies in the CPF account for the premium payment for the maximum cover of \$46,000, you can either pay the difference in cash or be insured for a lower amount.

c) *Period of coverage after the yearly premium payment*

You will be covered for one policy year (12 months) from the effective date of your policy. Your effective date of policy will be the successful date of premium deduction.

d) *Renewal of DPS cover*

Renewal is done automatically every year.

e) *Exclusions*

DPS does not cover your death or permanent incapacity arising from the following events:

- Wars, any war-like operation and participation in riots.
- Suicide or self-inflicted injury which occurs within one year of the policy commencement date
- Pre-existing illness / conditions or impairment/incapacity before the cover commenced unless approval has been granted by the insurers
- Capital punishment for any criminal act committed by you within one year of the policy commencement date
- Any acts directly or indirectly arising out of or is a consequent of your intentional criminal act, within 1 year of the policy commencement date.
- You make or furnish any statement or fact that is false or misleading in a material particular

Note:

This summary is meant for general information only. It does not serve as an insurance contract. The summary of terms and conditions of this insurance plan is specified in the certificate of insurance.

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Signature/ Thumb Print of Proposer

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Name of Proposer