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## INSURANCE PROPOSAL FORM

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

You are to disclose in the proposal form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

<b>Please tick the boxes appropriately.</b>	<input type="checkbox"/> SAFRA LIVING POLICY	<input type="checkbox"/> SAFRA INSURANCE SCHEME
	<input type="checkbox"/> SAFRA LIVING CARE	<input type="checkbox"/> SAFRA ESSENTIAL TERM

### APPLICANT'S PARTICULARS (As in NRIC/Passport)

Name of Proposer		NRIC No.	
Contact Nos. (H)	O	(Hp)	Date of Birth (dd/mm/yyyy) Gender Female/Male
Home Address			(Postal Code)
Occupation	Employer		Email
Height (m)	Weight (kg)	Total Sum Insured (\$)	Premium (\$) (pm/pa)*

### QUESTIONNAIRE (Please use extra paper if required)

If you answered "YES", please indicate who and provide nature of nature of medical condition, date of occurrence, duration and result of treatment.

	Yes/No	If "Yes", please indicate and provide relevant details.
1. Have you ever had an application for life, accident or health insurance policy declined, postponed or accepted at other than normal terms?		
2. Are you currently undergoing or been advised to undergo any form of medical treatment, medication or medical follow-up?		
3. Have you ever undergone any surgical operation or been admitted to a hospital, nursing home or any other medical facility in the past 5 years?		
4. Have you ever had or been told to have or been treated for any health condition relating to: Heart, Lungs, Kidney, Liver, Hepatitis, Thyroid, Nervous System, Breast, Reproductive System, Hereditary or Congenital Conditions, Cancer or Tumour, Stroke, Diabetes, High Blood Pressure, SLE (Systemic Lupus Erythematosus), HIV, Sexually Transmitted Diseases or ANY OTHER ILLNESS OR INJURY?		
5. Have either your natural parents or siblings died from or have diabetes, high blood pressure, heart diseases, cancer, stroke, kidney diseases, liver diseases, hepatitis or any other hereditary diseases? Please indicate their age diagnosed of the diseases.		
6. Have you ever had any physical or mental impairments or deformities?		
7. Have you ever had any abnormalities detected in any test done such as X-rays, ultrasound, CT scan, electrocardiograms, blood and urine tests, biopsies and PAP Smear during the last 5 years?		
8. Have you consumed beer, alcohol, cigarettes or any other stimulants in the last 12 months? If "Yes", please indicate quantity per day.		
9. Do you engage or intend to engage in aviation other than as a passenger on a regular airline or any other hazardous occupation, sports or pursuits?		

### DECLARATION BY PROPOSER

I hereby declare that the foregoing answers are true and correct and I have not withheld any material information. I agree that this proposal form and declaration shall be the basis of the contract between SAFRA and INCOME and if anything contrary to the truth is stated therein, the contract shall be absolutely void. I also agree that there shall be no liability upon INCOME until this proposal has been accepted by INCOME and the premium paid in full. I am aware that I can seek advice from a qualified advisor 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.

Note: I am also aware that I will no longer be eligible for the above policy if I fail to renew my SAFRA Membership.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

### CERTIFIED ABOVE ARE SAFRA MEMBER(S)

Authorised Signature	Date	Amount Paid \$	Date of Receipt	Collected By HQ/MF/TP/TM/TC/YS
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**SAFRA Living Care** is an insurance plan that covers major illness and hospitalization exclusively for SAFRA members between the ages of 5 and 60. Besides life and hospitalization covers, we also pay you the full sum insured upon diagnosis of major disease. All these at an affordable rate.

You only need to pay as low as \$2.50 per month for each multiple of \$10,000. You have an option of selecting the sum insured in multiples of \$10,000 up to a maximum of \$150,000.

It has 24 hours worldwide coverage. In the event of death or tpd from all causes, the full sum assured is payable. We also cover you against 30 major diseases. On diagnosis of any of these major diseases, the full sum assured is payable. Furthermore, the policy offers cash payment in the event of hospitalisation.

COVERAGE	MAIN EXCLUSIONS
1 Death from all causes, the full sum assured is payable in a lump sum.	Suicide in the 1st year
2 Total Permanent Disablement from all causes, the full sum assured is payable in a lump sum.	Self-inflicted injury
3 On diagnosis of any of the 30* specified major diseases, the full sum assured is payable in a lump sum.  (*Heart attack, Stroke, Major cancers, Coronary artery By-pass surgery, Kidney failure, Fulminant hepatitis, Major organ / Bone marrow transplantation, Blindness (Loss of Sight), Paralysis (Loss of Use of Limbs), Primary pulmonary hypertension, Multiple sclerosis, Alzheimer's disease / Severe dementia , Surgery to aorta, Coma, Deafness (Loss of Hearing), Heart valve surgery, Loss of speech, Major burns, Terminal illness, HIV Due to Blood Transfusion and Occupationally Acquired HIV, End stage lung disease, End stage liver failure, Motor neurone disease, Muscular dystrophy, Parkinson's disease, Aplastic anaemia, Angioplasty & other invasive treatment for coronary artery, Bacterial meningitis, Benign brain tumour and Encephalitis).	Self inflicted injury or illness, misuse of drugs/alcohol, pre-existing medical conditions, AIDS & diagnosis of cancer and coronary artery disease within ninety days from commencement of cover.
4 Daily cash payment for \$10 each day of hospitalisation in Singapore per \$10,000 sum assured due to illness or injury. Cash allowance is for a maximum of 365 days per confinement.	Strike, riot, civil commotion, war or warlike operation, influence of drugs/liquor, suicide, self-inflicted injury, mental disorders, maternity, claims in the first 30 days of cover & congenital anomalies.

*Note: In the event of policy surrender, there is no cash returns for members. This is only product information provided by us. You should seek advice from a qualified advisor if in doubt. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs.*

## SAFRA LIVING CARE PREMIUM TABLE

Sum Insured	SAFRA Care Plan Age-banded Premium					
	Monthly			Yearly Premium		
	Up to 45 yrs	46-55 yrs	56-60 yrs	Up to 45 yrs	46-55 yrs	56-60 yrs
\$10,000	\$2.50	\$3.60	\$7.00	\$28.90	\$41.60	\$80.80
\$20,000	\$5.00	\$7.20	\$14.00	\$57.80	\$83.20	\$161.60
\$30,000	\$7.50	\$10.80	\$21.00	\$86.70	\$124.80	\$242.40
\$40,000	\$10.00	\$14.40	\$28.00	\$115.60	\$166.40	\$323.20
\$50,000	\$12.50	\$18.00	\$35.00	\$144.50	\$208.00	\$404.00
\$60,000	\$15.00	\$21.60	\$42.00	\$173.40	\$249.60	\$484.80
\$70,000	\$17.50	\$25.20	\$49.00	\$202.30	\$291.20	\$565.60
\$80,000	\$20.00	\$28.80	\$56.00	\$231.20	\$332.80	\$646.40
\$90,000	\$22.50	\$32.40	\$63.00	\$260.10	\$374.40	\$727.20
\$100,000	\$25.00	\$36.00	\$70.00	\$289.00	\$416.00	\$808.00
\$110,000	\$27.50	\$39.60	\$77.00	\$317.90	\$457.60	\$888.80
\$120,000	\$30.00	\$43.20	\$84.00	\$346.80	\$499.20	\$969.60
\$130,000	\$32.50	\$46.80	\$91.00	\$375.70	\$540.80	\$1,050.40
\$140,000	\$35.00	\$50.40	\$98.00	\$404.60	\$582.40	\$1,131.20
\$150,000	\$37.50	\$54.00	\$105.00	\$433.50	\$624.00	\$1,212.00

All applications will have to be accompanied by payment. Premiums may either be paid monthly or annually. For monthly payments, the premium will have to be pre-paid for the first two months by cash/NETS/cheque/money order in advance. Subsequent monthly payments have to be made through SAFRA's Interbank GIRO. SAFRA will keep you informed when your GIRO account is ready for deduction.

Payment by cash/NETS can be made at any of the SAFRA clubs.  
Cheques/money orders must be made payable to "SAFRA National Service Association".

Note: To apply for or renew the coverage, the SAFRA membership subscription dues must first be settled. The application or renewal of insurance coverage for Spouse and Junior members are dependent on the validity of the Principal member's membership. Premiums paid are entitled to tax relief. An annual statement of account will be issued by INCOME.

To sign up the SAFRA Living Care, simply complete the proposal form attached in this email and submit it to SAFRA by the 26<sup>th</sup> of the month.

Junior members between 5 and 15 years old can be covered up to 50% of the principal member's insured (round down to the closest ten thousand dollars). A separate Dependent Child Proposal Form has to be filled.

If you need further clarification, please call INCOME at 6788 1111 or SAFRA at 6377 9825/6377 9824 during office hours for more information.