

YOU PROTECT OUR NATION, WE PROTECT YOU.



APPLICATION TERMS AND PROCEDURE

1. Each applicant must fill up a separate form.
2. A spouse who is working in SAF/MINDEF or is an operationally ready NSman will have to apply in the capacity of a serviceman; otherwise such insurance granted may be void.
3. Insurance coverage will cease at the maximum age allowed according to the prevailing terms of the group policy contract. If you attained the maximum age, the insurance will only be terminated at the end of that policy year.
4. A minimum period of 12 months from the date of insurance was first incepted is required. For premature termination during the policy year, Aviva Ltd reserves the right to impose short period premium rates as stated in the product brochure.

PAYMENT OF MONTHLY PREMIUM

1. If you are a SAF Regular, NSF or DXO, the first few months' premiums will be deducted from your salary or NS allowance. This duly signed application shall serve as an authorisation for SAF or its approved agency to deduct. Thereafter, the monthly premium must be deducted from your bank GIRO account.
2. If you are a Public Officer in MINDEF, DSTA staff working in a SAF unit / MINDEF or SAF Operational Ready NSman, the premiums for the plan(s) will have to be paid through Interbank GIRO arrangement. An advance cheque payment of 3 months' premium is to be paid while waiting for your bank to approve your Interbank GIRO application. The cheque should be made payable to 'Aviva Ltd' with your NRIC number, name and telephone number on its reverse.
3. For spouse and children, the premium will be deducted from the insured serviceman's payroll or GIRO account.
4. **Submission of this application and/or cheque does not constitute an acceptance for insurance.** An insurance certificate will be issued to you once your application is underwritten and approved.
5. If you are currently insured and paying by GIRO, your monthly premium will be deducted from the same GIRO arrangement.

ENQUIRY

To find out more, contact Aviva at 6827 8000, email to saf_insurance@aviva-asia.com or visit www.aviva.com.sg.

This Insurance Scheme is underwritten by :



Aviva Ltd
4 Shenton Way #01-01, SGX Centre 2, Singapore 068807
Tel : 6827 8000
www.aviva.com.sg
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8



SAF Group Insurance Scheme



APPLICATION FOR SAF GROUP INSURANCE SCHEME GROUP POLICY No. 2000002

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP.142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS YOU KNOW OR OUGHT TO KNOW; OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

A. Status of Person Applying for Insurance (Tick ✓ where appropriate)

Serviceman: SAF regular Ops Ready NSman National Service Fulltime (NSF) Public Officer in MINDEF
 MINDEF DXO DSTA staff working in SAF unit or MINDEF Insured member (Applying for increase in coverage)
 Dependant: Spouse Child

If the applicant is a dependant, please complete the NRIC No. of the Insured Serviceman:

B. Particulars of Person Applying for Insurance (Please complete in **FULL** and **BLOCK** letters)

NRIC/Birth Certificate No. Date of Birth (dd/mm/yy) Gender Male Female
 Name
 Address
 S Contact no.
 Email Occupation: Employer:

C. To be completed by all SAF Regular, MINDEF DXO and NSF only. Date of Enlistment/Employment:

D. I wish to apply for the policy(ies) and sum assured(s) as indicated below: (Please ✓ tick the correct box and sum assured).

Type of Insurance Policy	Sum Assured (\$S)										
	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000	550,000	600,000
<input type="checkbox"/> Group Term Life Insurance											
<input type="checkbox"/> Supplementary Major Illness Insurance*											
<input type="checkbox"/> Group Personal Accident Insurance											
<input type="checkbox"/> Group Disability Income Insurance	Sum assured is based on 12 times 50% of the monthly salary which comprise of the following components: a) Rank pay; b) Monthly variable component; c) Basic pay supplementary; d) Non-pensionable variable component Please submit a copy of your latest pay slip together with this application to apply.										

* Applicant must already be insured with the Group Term Life Insurance plan and sum assured must not be more than the Group Term Life Insurance plan.

E. Health Questionnaire (New regulars and enlistees with PES A/B medical status and applying for the first time for increase of coverage above \$5100,000 within the first 3 days of enlistment/employment for the Group Term Life Insurance is exempted. For others, this must be completed as a condition of granting insurance)

Height: m Weight: kg
 Have you smoked in the last 12 months? Yes / No No. of Years: No. of cigarettes per day:
 Do you consume alcohol? Yes / No (If 'Yes', please state the type, quantity and frequency.)
 Type of alcohol: Quantity: Frequency (per week):

If you are unsure whether any information is material or not, you are advised to disclose it.		Yes/ No	If 'Yes', please indicate and provide the relevant details.
1.	Have you ever had or been told to have or been treated for:		
a)	epilepsy, stroke, neurological disorders, disorders of the eyes, ears, nose or throat, asthma, blood pressure problem, heart disorders, diabetes, high cholesterol, thyroid disorders, hepatitis, liver disorders, bladder disorders, intestinal or bowel disorders, blood or protein in urine, kidney disorders, prostate disorders or genito-urinary disorders, cancer, tumours, cysts or growths of any kind, slipped disc, gout, arthritis, disorders of the muscles, spine, limbs or joints, depression, anxiety, mental or nervous disorders, anaemia or any other disorders of the blood, AIDS, HIV or venereal disease, drug addiction, alcoholism or any other illness, physical injuries or abnormalities not listed above?		
b)	For Female Applicant only: breast lumps, fibroadenoma, cysts, fibroids, ovarian cysts, endometriosis, adenomyosis or any disorders of the female reproductive system?		
2.	Have you ever been admitted to any hospital and/or had any surgery, accident, illness or injury in the last 5 years?		
3.	Have you ever been recommended by a doctor to receive any medical treatment, undergo any medical tests, investigations (excluding voluntary health check-up) or any intention to consult any doctor for any reason, seek further treatment or alternative medicine?		
4.	Have you ever been consulted by any specialist/ doctor and/or investigations done and/or prescriptions provided for any drugs or medications for any medical conditions other than common illness e.g. Flu, Cough, etc?		
5.	Have you ever engage in activities that will increase the likelihood of exposure to any immunity disorder such as AIDS or AIDS-related conditions or in the last 3 months had experienced the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea or unusual skin lesions?		
6.	Have you ever engage in hazardous activity such as aviation (other than as a private paying passenger), scuba diving, motor racing, mountaineering etc? (SAF occupations and training are exempted)		
7.	Have you ever been rejected or accepted at special terms for any application, renewal or reinstatement of life, health or any other insurance policies?		

Are you currently insured by Aviva Ltd? Yes / No (If 'Yes', please indicate the type of policy and insured amount.)

Type of Policy: Insured Amount:

Declaration

- I declare that the information given above is true and complete to the best of my knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued null and void. I agree that this application shall be the basis of the contract of insurance to be issued under the said Group Insurance Policy. I understand that the insurance shall not become effective until it is accepted and confirmed in writing by Aviva Ltd.
- I agree to inform Aviva Ltd if there is any change in the state of my and/or my dependant(s)'s health or my/or my dependant(s)'s activities between the date of this Health Declaration and the date full insurance coverage is provided by Aviva Ltd to me and/or my dependant(s). I understand that the terms of accepting me and/or my dependant(s) as a risk for insurance coverage may vary according to such information received.
- I consent to Aviva Ltd seeking information from my doctor who has attended to me or from other insurance company to which I have at any time made a proposal for insurance and I authorize the giving of such information. I further authorize Aviva Ltd to give such information obtained or information contained herein for the purpose of obtaining insurance cover under the said Group Policy to the insurance intermediary / administrator of the said Group Insurance Policy.
- For SAF Regular/NSF/DXO, by signing the application form, I consent to SAF or its appointed agency / administrator to release my personal particulars and bank information to Aviva Ltd to update my insurance record and also to deduct the premium(s) from my monthly SAF salary or allowance for payment of such group insurance schemes until such time a GIRO account is ready.
- I hereby consent the use of my bank account's information with DBS Bank or POSB, provided by SAF or its appointed agency administrator, to Aviva Ltd for my Interbank GIRO application of such group insurance schemes to DBS Bank or POSB (where applicable). However, should I choose to use another bank account to pay for my policy(ies), I shall inform Aviva Ltd accordingly and put up the necessary GIRO application form.

Applicant's Signature or Name & Signature of Parent (mandatory for child below 16 years old)

Date

PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yyyy):

Name of Billing Organisation ("BO"):

AVIVA LTD

To: Name of Bank

Particulars of Person Applying for Group Insurance:

Name:

NRIC no.:

Branch:

- a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or you receive my/our written revocation through the BO.

My/Our Name(s) (as in the bank account):

My/Our Contact Number(s)

(HP) (O) (H)

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My/Our Bank Account Number:

My/Our Signature(s)/Thumbprint(s)*:

Sign here

My/Our Residence Address:

(as in Bank's record)

* If your account is operated by thumbprint, your thumbprint needs to be verified by the bank's staff.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7171	003	0039001886

Batch

Bank	Branch	Account Number to be Debited

Reference Number (NRIC)

0686

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

This application is hereby **REJECTED** (please tick) for the following reason(s):

- | | |
|--|--|
| <input type="checkbox"/> Signature/Thumbprint* differs from Financial Institution's records
<input type="checkbox"/> Signature/Thumbprint* incomplete/unclear
<input type="checkbox"/> Account operated by Signature/Thumbprint* | <input type="checkbox"/> Wrong account number
<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Others: _____ |
|--|--|

*Please delete where applicable

Name of Approving Officer:

Authorised Signature:

Date:

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Payment through Interbank GIRO for SAF Group Insurance Scheme:

1. You are required to complete this Interbank GIRO application form with a valid bank account. Upon receipt of your application form, we will send it to your bank for verification.
2. If you are already insured and paying your insurance premium by GIRO, you are not required to complete this GIRO form again.
3. **The first deduction will be made from your bank account on the 10th day of each month. If the first deduction fails, a second deduction will be made on the 25th day of the same month.** If the 10th or 25th falls on a public holiday, Saturday or Sunday, deduction will be made on an earlier working day. Some banks may levy a surcharge for unsuccessful deduction. You are, therefore, advised to keep sufficient fund on the 2 dates mentioned above.
4. You may arrange for another party to pay insurance premium using his/her valid bank account by completing and signing this GIRO application.
5. The completed GIRO application form will have to be submitted together with the insurance application. Please mail to:
Aviva Ltd, 4 Shenton Way #01-01, SGX Centre 2, Singapore 068807.
6. For clarification, please contact Aviva at **6827 8000** or email **saf_insurance@aviva-asia.com**

Change of Interbank GIRO Account

1. You are advised not to terminate your existing bank GIRO account until your new bank has validated and approved the new GIRO arrangement. If you need to terminate your current bank GIRO account, you have to submit a cheque for 4 months' advance premium together with this fresh GIRO application form.
2. Cheques must be crossed and made payable to "**Aviva Ltd**". Please write your NRIC, full name, SAF Group Insurance and contact number on the reverse side of your cheque. **PLEASE DO NOT POST-DATE YOUR CHEQUE.** No receipt will be issued for cheque payments.