

APPLICATION FOR GROUP OUTPATIENT MEDICARE POLICY (FOR MINDEF/SAF PERSONNEL)

GROUP POLICY No. G007500



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 to be insured *(Tick ✓ where appropriate)*

Member Regular (Includes DXOs and MEs) NSman NSF SAF Volunteers# Public Officer working in MINDEF
Affiliate Member DSTAV/DSTA - affiliated entities employee MINDEF - related organisations employee

Dependant Spouse Child (Please use a separate application form for each insured member)
 If the applicant is a dependant, please complete the NRIC No. of the Insured Serviceman:

Refer to NS Volunteers, SAF Volunteers and Corps Volunteers

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

NRIC^ No. Date of Birth (dd/mm/yy) Gender Male Female
 Name

^ or birth certificate / passport number

C. I am insured under the MINDEF & MHA Group Term Life and/or Group Personal Accident and wish to apply for: *(Please tick ✓ your preferred plan)*

Plan Type: PLAN A (Superior) PLAN B (Deluxe)

D. Health Questionnaire:

Height: m Weight: kg
 Have you smoked in the last 12 months? No Yes No. of Years: No. of cigarettes per day:
 Do you consume alcohol? No Yes (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 problems, 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 consulted any specialist/doctor and/or had 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 engaged 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 engaged 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?		

PERSONAL DATA CONSENT

- On behalf of myself and all proposed insured lives, I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data (whether contained in this form or from other sources; existing data in our record or to be collected in future) to issue and administer my existing and/or new cover(s), policy(ies) and/or account(s) with Aviva, including the processing of my/our personal data for underwriting purposes, payment of premiums and/or claims purposes; for statistical, research, compliance, audit and regulatory purposes; to provide general information on product enhancements and services relevant to my needs, cover(s) or policies (including increasing benefits, adding riders/supplements and/or insured lives) as well as to provide financial advice or product recommendations to me, where applicable.
- On behalf of myself and all proposed insured lives, I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data to enrol me/us in membership, promotional, discount or rewards programs relating to the policy.
- On behalf of myself and all proposed insured lives, I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
- On behalf of myself and all proposed insured lives, I/We consent to Aviva disclosing and transferring my/our personal data to a new insurer selected by MINDEF for the purpose of facilitating and/or administering insurance coverage with the new insurer.
- For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

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 my/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 authorise the giving of such information. I further authorise 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 Regular servicemen/NSF, 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.
- I hereby consent the use of my bank account's information with DBS Bank or POSB, provided by MINDEF/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.
- I acknowledge that I have access to a copy of the Product Summary, "Your Guide to Life Insurance" and "Your Guide to Health Insurance" (if applicable) via Aviva website www.aviva.com.sg and have read and understood the content.
- I am aware that I can seek advice from a qualified adviser before I sign on this application form. Should I choose not to, I take sole responsibility to ensure that this product is appropriate to meet my financial needs and insurance objectives.
- I understand that if I decide that this policy is not suitable for my needs, a full refund of the premiums less any expenses incurred will be made to me upon receipt of my written notification of cancellation to Aviva at its Registered Office within 14 days from the date I receive my policy.

**Name & Signature of Member/Affiliate Member
(Mandatory)**

**Signature of Dependand (Age 16 and above)
(If applicable)**

Date

