



# APPLICATION FOR MINDEF & MHA GROUP INSURANCE

GROUP POLICY NO. G007500 (FOR MINDEF PERSONNEL)

**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)  NSF  SAF Volunteer Corps  Public Officer working in MINDEF  NSman\*

\* Your eligibility to apply for coverage under this scheme as an NSman will depend on the statutory age of your NS liability

i. Specialist rank and below: 90 days from age 40

ii. Officers and key appointment holders: 90 days from age 50

**Affiliate Member**  DSTA/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:

**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**

**Nationality**  **Contact no.**

**Mailing Address**

S

**Residential Address (if different from mailing address)**

S

**Email**  **Occupation**

**Employer**  **Nature of Job Duties**

**C. To be completed by Regular or NSF.** Date of Enlistment/Employment

**D.** Please put a tick  below to indicate your choice of policy(ies) and sum assured. For other preferred sum assured, please use the box(es) provided.

	Type of Insurance Policy	Sum Assured (S\$)							
		100,000	200,000	300,000	350,000	600,000	800,000	1,000,000	
<b>Main</b>	<input type="checkbox"/> Group Term Life <sup>1</sup>								Other Sum Assured [ (S\$) ___ 0,000 ]
	<input type="checkbox"/> Group Personal Accident <sup>1</sup>								Other Sum Assured [ (S\$) ___ 0,000 ]
<b>Riders</b>	<input type="checkbox"/> Group Living Care (Severe CI) <sup>2</sup>								Other Sum Assured [ (S\$) ___ 0,000 ]
	<input type="checkbox"/> Group Living Care Plus (Early CI) <sup>2</sup>								Other Sum Assured [ (S\$) ___ 0,000 ]
	<input type="checkbox"/> Group Disability Income	Sum Assured is based on 12 times 50% of the monthly salary. Regulars to submit latest pay slip. Non Regulars to submit latest pay slip or 3 years IRAS statement.							
	<input type="checkbox"/> Outpatient Medicare <sup>3</sup>	To apply for Outpatient Medicare, get the form from <a href="http://www.aviva.com.sg">www.aviva.com.sg</a> or email <a href="mailto:MINDEF_insurance@aviva-asia.com">MINDEF_insurance@aviva-asia.com</a>							

- Application for coverage under Group Term Life and Group Personal Accident may be made independently of each other. No medical checkup and underwriting required for up to first \$250,000 Term Life and \$600,000 Personal Accident. Riders are applicable for members insured with or applying for the Group Term Life or Group Personal Accident main policy, and must not exceed the higher value of either main plan.
- Living care covers for Critical Illness (CI) diagnosed during severe stage and Living Care Plus covers for CI diagnosed during early stage. For more information, please refer to the product summary.
- Outpatient Medicare (OPMC): Insured needs to have a main plan (Term life or PA) / Main assured needs to sign up for OPMC before dependant can sign up for it.

**E. 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
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 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?		

(continue next page)

**E. Health Questionnaire (continued)**

Sub Qn (eg. 1a, 2)	Details of Diagnosis / Treatment / Operation	Date		Name & Address of Doctor / Hospital
		From	To	

**PERSONAL DATA CONSENT**

- I/We agree to be contacted by Aviva (and/or Aviva group of companies or their service providers) for special marketing offers, promotions, information about Aviva’s products and services which may be of interest.

Please tick to provide your consent:

By Telephone Call    
  By SMS    
  By Mail    
  E-Mail

I/We consent to the collection, use and disclosure of my/our personal data by Aviva and Aviva group of companies for the above purpose.

Note: This is for Insured Member only, not applicable to Dependant(s). If you are an existing Insured Member, we will update your preference accordingly if you tick one or more of the above options. Your preference in record will remain unchanged if you do not tick any option.

- 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 more information on Aviva’s data protection policy and 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/our 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/our 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 MINDEF or its appointed agency/administrator releasing my personal particulars and bank information to Aviva Ltd to update my insurance record.
- I hereby consent to 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 and have read and understood the Product Summary(ies), Your Guide to Life Insurance and Your Guide to Health Insurance together with Infographic “Evaluating My Health Insurance Coverage” May 2016 (if applicable).
- I am aware that I can seek advice from a qualified financial adviser representative 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 Dependant (Age 16 and above) (If applicable)**

**Date**



# APPLICATION FOR INTERBANK GIRO (MINDEF & MHA GROUP INSURANCE SCHEME)



## Important Notes:

- All fields are mandatory. Amendments made must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
- Please provide relationship and reason if Account Holder is different from Policy Owner and submit the Account Holder's identification.
- The approval process for the GIRO application will take approximately one month by bank.
- For POSB/DBS Account Holders, you can apply for GIRO via iBanking. Go to Pay (Bills and Card) → Add GIRO Arrangement → Select Billing Organisation as *Aviva IND HEALTH INS* → enter '0686xxxxxxx' as the reference number, 'xxxxxxx' denotes your NRIC number without prefix S or T.
- Before you receive our notification on GIRO approval, please continue to pay your premium in the usual manner.

## By completing this Application Form, I/We am/are instructing and authorising:

- Aviva to debit my/our bank account to pay for my policy/policies.
- The Bank to reject Aviva's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at Aviva's discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through Aviva.

## Personal Data Consent

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

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 or MHA 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>.

## Please complete this form and return original form to Aviva Ltd ("Aviva")

<b>Date</b> (dd/mm/yyyy):		<b>Billing Organisation:</b> Aviva Ltd	
<b>Bank Name</b> (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> RHB <input type="checkbox"/> HSBC (Corporate) <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC (Personal) <input type="checkbox"/> <b>Others:</b> _____		<b>Signature(s) / Thumbprint(s)</b> ^ (as in Bank's Record):	
<b>Bank Account Number:</b>		^For thumbprint, please go to any branch of your bank with identification for verification.	
<b>Bank Account Holder's Name(s):</b> Mr/ Mdm/ Ms/ Dr		<b>Account Holder's NRIC(s):</b>	<b>Contact Number:</b>
<b>Name of Policy Owner:</b>	<b>Policy Owner's NRIC No.</b>	<b>Relationship to Account Holder</b>	<b>Reason if Account Holder is not Policy Owner</b>

## For Aviva's Completion

SWIFT BIC <b>DBSSSGSXXX</b>	Aviva's Bank Account No. <b>0039001886</b>	Aviva's Customer Reference No. <b>0686</b>
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## For Bank's Completion

### To : Aviva Ltd

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

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs/irregular# from bank's records | <input type="checkbox"/> Wrong account number                           |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear#                 | <input type="checkbox"/> Amendments not countersigned by Account Holder |
| <input type="checkbox"/> Account operated by Signature/Thumbprint#                    | <input type="checkbox"/> Others: _____                                  |
- # please delete where applicable

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

Singapore 068807  
SGX Centre 2  
4 Shenton Way #01-01  
**Aviva Ltd**  
ATTN: GROUP SALES



**BUSINESS REPLY SERVICE**  
**PERMIT NO. 00645**

Postage will be  
paid by addressee.  
For posting in  
Singapore only.



### Payment of Monthly Premium

1. For non-GIRO customers, Aviva will send you a premium notice once policy is accepted. For GIRO customers, deduction will take place once the GIRO is approved.
2. For spouse and children, the premium will be deducted from the insured serviceman's GIRO account.
3. Submission of this application does not constitute an acceptance for insurance. An insurance certificate will be issued to you once your application is underwritten and approved.
4. If you are currently insured and paying by GIRO, your monthly premium will be deducted from the same GIRO arrangement.

### Application for Premium Payment by GIRO

- When completing the application form, please provide all relevant information in full to avoid unnecessary delay in the processing of your application.
- Upon receipt of your application form, we will send it to your bank for verification and approval.
- It would take 1 to 3 weeks for your bank to approve your application.
- For DBS/POSB Account Holders, you can avoid the hassle of completing the INTERBANK GIRO FORM by applying for GIRO via iBanking. Go to ibanking and select:

*Pay (Bills and Cards) → Add GIRO Arrangements → Select **Aviva IND HEALTH INS** as Billing Organisation → enter **'0686xxxxxxx'** as the reference number, 'xxxxxxx' denotes your NRIC number without prefix S or T.*

- When your GIRO application has been approved, we will inform you of the start date of the premium deduction in writing. Before you receive our notification, please continue to pay your premium in the usual manner.
- **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 Saturday, Sunday or Singapore Public Holiday, deduction will be advanced to an earlier working day.
- Please note that for every unsuccessful debit due to insufficient fund, your bank may impose a service charge.
- For cancellation of GIRO arrangement, please inform Aviva in writing, three (3) weeks before the premium becomes due.
- For assistance, please contact our Customer Service Executives on hotline number (65) 6827 8000. Our Operating hours are from 8.45 a.m. to 5.30 p.m., Mondays to Fridays, excluding Singapore Public Holidays.

### Change of Interbank GIRO Account

1. You are advised not to terminate your existing bank GIRO account, until your new bank had validated and approved the new GIRO arrangement. If you have to terminate your current bank GIRO account, you would have to submit a cheque for 4 months advance premium together with this fresh GIRO application form.
2. Cheque must be crossed and made payable to **'Aviva Ltd'**. Please write your NRIC, full name, MINDEF & MHA 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.