



# APPLICATION FOR MINDEF & MHA GROUP INSURANCE

## 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**  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

Address

S  Contact no.

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 (\$\$)							
		100,000	200,000	300,000	350,000	600,000	800,000	1,000,000	
<b>Main</b>	<input type="checkbox"/> Group Term Life								Other Sum Assured [ (\$\$)___0,000 ]
	<input type="checkbox"/> Group Personal Accident								Other Sum Assured [ (\$\$)___0,000 ]
<b>Riders</b>	<input type="checkbox"/> Group Living Care								Other Sum Assured [ (\$\$)___0,000 ]
	<input type="checkbox"/> Group Living Care Plus								Other Sum Assured [ (\$\$)___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.							Other Sum Assured [ (\$\$)___0,000 ]
	<input type="checkbox"/> Outpatient Medicare	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>							

# Refer to NS volunteers, SAF Volunteer and Corps volunteers

1. Application for coverage under Group Term Life and Group Personal Accident may be made independently of each other.

2. 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.

**E. Health Questionnaire**

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 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?			

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

#### 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 Mail or E-Mail  By SMS  By Telephone Call

I/We consent to the collection, use and disclosure of my 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.

For more information on Aviva's data protection policy, please visit <http://www.aviva.com.sg/pdpa.html>.

- 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/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 serviceman/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](http://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 Dependant (Age 16 and above)  
(If applicable)

Date



**APPLICATION FOR INTERBANK GIRO  
MINDEF & MHA GROUP INSURANCE**

**FOR APPLICANT'S COMPLETION**

Date (dd/mm/yyyy) :

To : Name of Bank

Branch :

Name of Billing Organisation ("BO"):

Particulars of Person Applying for Group Insurance :

Name :
NRIC :

Payment for Applicant's Group Insurance Scheme

- a) I/We hereby instruct you to process the Billing Organisation'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 upon receipt of my/our written revocation through the BO.

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

My/Our Bank Account Number :

My/Our Residential Address :

My/Our Contact Number(s) :

(Home)	(Office)	(Handphone)
<input type="text"/>	<input type="text"/>	<input type="text"/>

My/Our Company Stamp/Signature(s)/Thumbprint(s)\*:



(as in Bank's record)

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

**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), my/our insurance coverage 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/SAF 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>

**FOR BILLING ORGANISATION'S COMPLETION**

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

Bank	Branch	Account No. of Applicant To Be Debited
<input type="text"/>	<input type="text"/>	<input type="text"/>

  


**FOR FINANCIAL INSTITUTION'S COMPLETION**

**To: Billing Organisation**

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

- Signature/Thumbprint\*\* differs from Financial Institution's records
- Signature/Thumbprint\*\* is incomplete/unclear
- Account operated by Signature/Thumbprint\*\*
- Wrong account number
- Amendments not countersigned by customer
- Others : \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Approving Officer

Authorised Signature

Date

\*\*Please delete where applicable.



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

**BUSINESS REPLY SERVICE  
PERMIT No. 00645**



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

**Payment of Monthly Premium**

1. An advance cheque payment of 3 months' premium is to be paid while waiting for your bank to approve your Interbank GYRO application. The cheque should be made payable to 'Aviva Ltd' with your **NRIC number, Name and Telephone Number** on its reverse side.
2. For spouse and children, the premium will be deducted from the insured serviceman's GYRO 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 GYRO, your monthly premium will be deducted from the same GYRO arrangement.

**Payment through Interbank GYRO for MINDEF & MHA Group Insurance Voluntary Scheme**

1. You are required to complete this Interbank GYRO 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 already paying your insurance premium by GYRO, you are not required to complete this GYRO form again.
  3. For DBS/POSB accountholders, you can avoid the hassle of completing the Interbank GYRO form by applying for GYRO via iBanking.
- Go to iBanking and select:

Payment → GYRO: Manage GYRO Arrangements → Add GYRO Arrangements → Select **Aviva IND HEALTH INS** as Billing Organisation → enter '0686xxxxxxxx' as the reference number, 'xxxxxxxx' denotes your NRIC number without prefix 5.

**Change of Interbank GYRO Account**

1. You are advised not to terminate your existing bank GYRO account, until your new bank had validated and approved the new GYRO arrangement. If you have to terminate your current bank GYRO account, you would have to submit a cheque for 4 months advance premium together with this fresh GYRO 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.
4. When your GYRO 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.
  5. **The first deduction will be made from your bank account on the 10<sup>th</sup> day of each month. If the first deduction fails, a second deduction will be made on the 25<sup>th</sup> day of the same month.** If the 10<sup>th</sup> or 25<sup>th</sup> falls on a Saturday, Sunday or Public Holiday, deduction will be advanced to 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.
  6. You may arrange for another party to pay for your insurance premium using his/her valid bank account by completing and signing this GYRO application.
  7. The completed GYRO 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.**
  8. For assistance, please contact our Customer Service Executives on hotline number (65) 6827 8000. Our operating hours are from 8.45a.m. to 5.30p.m., Mondays to Fridays, excluding Singapore Public Holidays.