

Application Form for MyGlobalBenefits



Particulars of Adviser

Name

Source Code

Name of Firm

Contact No. (HP)

For Official Use Only

Group Policy No.

Date

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

H jg'dc`jWnjgi bXYfk f]HbVmiGjb[UdcfY`@Z'`@X'UbX'k j`VY'YbHfYX'j]b]c`h`Y'fY[jghf`cZG]b[UdcfY'dc`jMYg"

Checklist of required documents:

Application Form

Quotation Acceptance Form

Health Declaration Form for all members

List of directors with executive authority within the company

List of names & identification no. of authorised personnel to sign on the insurance acceptance

Business Profile from the Accounting & Corporate Regulatory Authority (ACRA) website [OR](#) Copy of Certificate of Incorporation

A) PARTICULARS OF GROUP POLICYHOLDER

Completed as a condition to the granting of insurance under Group Policy proposed by:

Name of Company

Company Address

Nature of Business

No. of Employees in the Company No. of Employees to be Insured

Period of Insurance to

Commencement of Insurance From date of employment
 After probationary period of months

Name of Authorised Personnel

Designation NRIC/Passport No.

Email Address Contact No. Fax No.

B) BASIS OF COVERAGE

Please circle the plan option in each product line:

Category of Employee	Basic Plan					Supplementary Plan	
	Group Global Health			Group Personal Accident ¹	Group Term Life ¹	Group Disability Income ²	Group Critical Illness ³
	Plan type	Optional Benefits					
		Maternity	Dental				
	Essential / Classic / Supreme / Elite	Yes / No	Yes / No	Yes / No			
	Essential / Classic / Supreme / Elite			Yes / No			
	Essential / Classic / Supreme / Elite			Yes / No			
	Essential / Classic / Supreme / Elite			Yes / No			
	Essential / Classic / Supreme / Elite			Yes / No			

¹ Either flat sum assured in multiples of USD10,000 [OR](#) multiples of salary, subject to a maximum of USD1 million
² Multiples of salary, subject to a maximum of USD75,000
³ Same sum assured as Group Term Life, up to a maximum sum assured of USD500,000

Important Notes

- Please indicate the category of employees to be insured, e.g. Management Staff, Executives & above, All Others
- Eligible dependents include spouse or co-habitant below 65 years of age, unmarried or unemployed children who are between a day old and 24 years of age. A dependent's cover shall be the same or lower than the employee's cover. Once taken up, it will apply to all eligible employees in the same category/classification.

C) PARTICULARS OF EXISTING COVERAGE

Do you currently have an existing employee benefit plan? Yes No
If 'Yes', please state the insurance company and benefits provided.

D) COMPANY CENSUS DATA

Please complete Census Data Form.

E) DECLARATION

I declare that the information given above is true and complete. 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 contract of insurance shall not become effective until is it accepted and confirmed in writing by Singapore Life Ltd.

Name & Signature of Authorised Signatory

Company Stamp & Date

Name & Signature of Witness

Date