

**Alteration to Application Form (B52)  
(for Singlife Shield/Singlife Health Plus/  
Singlife Cancer Cover Plus)**



# APPLICATION FORM

Warning: Pursuant to Section 23(5) of the Insurance Act 1966, 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.

This policy is underwritten by Singapore Life Ltd. ("Singlife") and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

Name of proposer:		Contract No.:	
Name of Dependant 1:		Contract No.:	
Name of Dependant 2:		Contract No.:	
Name of Dependant 3:		Contract No.:	
Name of Dependant 4:		Contract No.:	
Name of Dependant 5:		Contract No.:	

## ALTERATION REQUEST

I/We hereby request that my/our Application(s) to be altered as indicated below with the understanding and agreement that the change when effected shall be an amendment to and will form part of the original Policy issued and also be binding on any person who shall have or claim any interest under the above Policy(ies).

### Important Notes

Please complete only the required fields that you wish to make amendments.

## SECTION A: ALTERATION ON PERSONAL PARTICULARS

### Important Notes

1. For alteration to personal particulars, e.g. Name, NRIC/FIN No. and Date of Birth, please submit Singapore Identity Card or an eligible Valid Pass issued by Immigration & Checkpoint Authority (ICA) Singapore.
2. If address is not available in the Identity Card, copy of fixed line telephone, utility, tax bill or any documents issued by a local government body.

**SECTION A: ALTERATION ON PERSONAL PARTICULARS** *(continued)*

**Proposer (Assured)**

<b>Full Name as shown in Identity Card:</b>		Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Dr			
Family Name		<input style="width: 100%;" type="text"/>			
Given Name		<input style="width: 100%;" type="text"/>			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				
Identity Card No.	Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others		<input style="width: 100%;" type="text"/>		
CPF Account No.	Date of Birth (DD/MM/YY)		<input style="width: 100%;" type="text"/>		
Nationality ID Type <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR	Nationality		<input style="width: 100%;" type="text"/>		
Contact No. <input type="checkbox"/> Handphone	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Office	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Home	<input style="width: 100%;" type="text"/>
Email Address		<input style="width: 100%;" type="text"/>			
Occupation	<input style="width: 100%;" type="text"/>	Name of Employer	<input style="width: 100%;" type="text"/>		
Exact Duties	<input style="width: 100%;" type="text"/>	Nature of Business	<input style="width: 100%;" type="text"/>		
<b>Alteration to Address on Application Form</b>					
<input type="checkbox"/> Residential Address:			<input type="checkbox"/> Correspondence Address: <i>(if different from residential address)</i>		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		Postal Code	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		Postal Code	<input style="width: 100%;" type="text"/>		
For existing policyholder with Singapore Life Ltd.:					
(Not applicable to MINDEF/MHA/POGIS)					
If the correspondence address differs from our existing records, do you wish to update the correspondence address for all your life and health policy(ies)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

**Dependant 1**

<b>Full Name as shown in Identity Card/Eligible Valid Pass:</b>		Salutation <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Dr				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Family Name		<input style="width: 100%;" type="text"/>					
Given Name		<input style="width: 100%;" type="text"/>					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced							
Identity Card/FIN No.	Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others		<input style="width: 100%;" type="text"/>				
Date of Birth (DD/MM/YY)	Nationality		<input style="width: 100%;" type="text"/>				
Nationality ID Type <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others	<input style="width: 100%;" type="text"/>						
Relationship to Proposer <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandparent* <input type="checkbox"/> Sibling*							
<b>*Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.</b>							
Occupation	<input style="width: 100%;" type="text"/>	Name of Employer	<input style="width: 100%;" type="text"/>				
Exact Duties	<input style="width: 100%;" type="text"/>	Nature of Business	<input style="width: 100%;" type="text"/>				

**SECTION A: ALTERATION ON PERSONAL PARTICULARS (continued)****Dependant 2**

**Full Name as shown in Identity Card/Eligible Valid Pass:**

Salutation  Mr  Mrs  Mdm  Miss  Dr Gender  Male  Female

Family Name

Given Name

Marital Status  Single  Married  Widowed  Divorced

Identity Card/FIN No.  Race  Chinese  Malay  Indian  Others

Date of Birth (DD/MM/YY)  Nationality

Nationality ID Type  Singaporean  Singapore PR  Others

Relationship to Proposer  Spouse  Parent  Child  Grandparent\*  Sibling\*

**\*Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.**

Occupation  Name of Employer

Exact Duties  Nature of Business

**Dependant 3**

**Full Name as shown in Identity Card/Eligible Valid Pass:**

Salutation  Mr  Mrs  Mdm  Miss  Dr Gender  Male  Female

Family Name

Given Name

Marital Status  Single  Married  Widowed  Divorced

Identity Card/FIN No.  Race  Chinese  Malay  Indian  Others

Date of Birth (DD/MM/YY)  Nationality

Nationality ID Type  Singaporean  Singapore PR  Others

Relationship to Proposer  Spouse  Parent  Child  Grandparent\*  Sibling\*

**\*Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.**

Occupation  Name of Employer

Exact Duties  Nature of Business

**Dependant 4**

**Full Name as shown in Identity Card/Eligible Valid Pass:**

Salutation  Mr  Mrs  Mdm  Miss  Dr Gender  Male  Female

Family Name

Given Name

Marital Status  Single  Married  Widowed  Divorced

Identity Card/FIN No.  Race  Chinese  Malay  Indian  Others

Date of Birth (DD/MM/YY)  Nationality

Nationality ID Type  Singaporean  Singapore PR  Others

Relationship to Proposer  Spouse  Parent  Child  Grandparent\*  Sibling\*

**\*Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.**

Occupation  Name of Employer

Exact Duties  Nature of Business

**SECTION A: ALTERATION ON PERSONAL PARTICULARS (continued)**

**Dependant 5**

**Full Name as shown in Identity Card/Eligible Valid Pass:**

Salutation  Mr  Mrs  Mdm  Miss  Dr Gender  Male  Female

Family Name

Given Name

Marital Status  Single  Married  Widowed  Divorced

Identity Card/FIN No.  Race  Chinese  Malay  Indian  Others

Date of Birth (DD/MM/YY)  Nationality

Nationality ID Type  Singaporean  Singapore PR  Others

Relationship to Proposer  Spouse  Parent  Child  Grandparent\*  Sibling\*

**\*Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.**

Occupation  Name of Employer

Exact Duties  Nature of Business

**SECTION B: ALTERATION ON DECLARATION OF OCCUPATION  
(Applicable for Singlife Health Plus only)**

If the answer to the following question on occupation is “Yes”, only Singlife Shield will be offered and Singlife Health Plus will be declined. Does your occupation involve any of the following:

- work in heights above 15 metres (excluding those who work indoors of completed buildings, military and commercial aircrew and pilot);
- professional diving;
- use of armed weapons (excluding military personnel);
- offshore oil and gas environment;
- motorcycle dispatch;
- scaffolding; or
- welding?

Proposer		Dependant 1		Dependant 2		Dependant 3		Dependant 4		Dependant 5	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION C: ALTERATION ON PLAN TYPE/OPTION**  
(Applicable for Singlife Shield and Singlife Health Plus only)

**Important Notes:**

**Singlife Shield:**

1. A dependant child up to age 20 years old at age next birthday will be eligible for Family Discount for Child(ren) (FDC) under Singlife Shield Plan 2 if both parents are covered under Singlife Shield Plan 1 or Plan 2. This benefit is applicable to a maximum of four (4) children, including children that enjoy existing coverage under Free Cover for Children (FCC).
2. If any applicant crosses the age band while this form is being processed, we will charge the higher premium according to the age next birthday.
3. For amendments on Plan Type from Singlife Shield Standard Plan to Plan 1, Plan 2 or Plan 3, please submit Singlife Shield/Singlife Health Plus application form.
4. For amendments on Plan Type from Singlife Shield Plan 1, Plan 2 or Plan 3 to Singlife Shield Standard Plan, please submit Singlife Shield Standard Plan application form.

Please tick ✓ the box according to your plan selection.

Singlife Shield	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Plan 1						
Plan 2						
Plan 2 (FDC if applicable)	Not Eligible					
Plan 3 (For Singaporean & Singapore PR only)						

**Singlife Health Plus:**

1. The dependant child will be eligible for FCC under Singlife Health Plus Plan 2 Public Lite if both parents are covered under Singlife Shield Plan 1 or Plan 2 and Singlife Health Plus Private Lite, Public Lite, Private Cover, Private Prime or Public Prime.
2. The dependant child will be eligible for Preferred Rate for Children under Singlife Health Plus Plan 2 Public Prime if both parents are covered under Singlife Shield Plan 1 or Plan 2 and Singlife Health Plus Private Lite, Public Lite, Private Cover, Private Prime or Public Prime.
3. If any applicant crossed the age band while this form is being processed, we will charge the higher premium according to the age next birthday.
4. We will process as Private Prime or Public Prime if both Private Lite or Public Lite and Private Prime or Public Prime are ticked.
5. If any applicant has an existing Deductible Cover (Covers Deductible) and selects to add Private Lite or Public Lite (Covers Co-Insurance), we will process the application as change of option to Private Prime or Public Prime (Covers Co-Insurance & Deductible).

Note: Deductible Cover benefit is not available for new business application.

6. The same method of underwriting Singlife Shield will apply to your Singlife Health Plus unless there is new medical declaration which will be subjected to full medical underwriting.

Please tick ✓ the box according to your plan selection.

Singlife Health Plus Singlife Health Plus Plan Type will follow Singlife Shield	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Private Lite (Co-Insurance)						
Private Prime (Deductible and Co-Insurance)						
Public Lite (Co-Insurance)						
Public Prime (Deductible and Co-Insurance)						
Public Lite (Co-Insurance) (FCC if applicable)	Not Eligible					
Public Prime (Deductible and Co-Insurance) (Preferred Rate for child(ren) if applicable)	Not Eligible					

## SECTION D: ALTERATION ON PAYMENT DETAILS

### Important Notes:

- For payment by Interbank GIRO, please submit duly signed Application for Interbank GIRO form. For initial premium via GIRO, **the bank account must be a DBS or POSB account**, a single or joint/or account, not a trust/minor account, belongs to the payor of the policy (who is also the policyholder) and the payer's identification number (e.g. NRIC) in our record must be the same as the bank's record.
- For payment by Credit Card, please complete the section on Visa/Mastercard Authorisation.

#### Singlife Health Plus

**Payment Frequency:**  Yearly  Monthly (subsequent payment method must be on GIRO)

#### Singlife Cancer Cover Plus

**Payment Frequency:**  Yearly  Monthly (subsequent payment method must be on GIRO)

Please tick  ONE option for both initial and subsequent premium payments.

Payment Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Premium	Credit Card	Interbank GIRO	Cash/Cheque	Cash/Cheque
Subsequent Premium	Interbank GIRO	Interbank GIRO	Interbank GIRO	Cash/Cheque

### VISA/MASTERCARD AUTHORISATION

I authorise Singapore Life Ltd. to charge the initial premium(s) to my credit card account for this insurance policy.

Name of Cardholder (as shown in Identity Card/Eligible Valid Pass):

Identity Card/FIN No.:

Card Number:

Card Expiry Date (MM/YY):

Signature of Cardholder:

Visa  Mastercard

Issuing Bank:

## SECTION E: ALTERATION ON REPLACEMENT OF EXISTING PLAN(S)/DECLARATION

*(Applicable for Singlife Shield Standard/ Singlife Shield and Singlife Cancer Cover Plus only)*

- Is this application intended to replace an existing Integrated Shield Plan and/or any Health Plan(s) for yourself or your dependant(s)?

If 'Yes', please complete the table below.

<b>Proposer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Name of Plan:
<b>Dependant 1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Name of Plan:
<b>Dependant 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Name of Plan:
<b>Dependant 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Name of Plan:
<b>Dependant 4</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Name of Plan:
<b>Dependant 5</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Name of Plan:

**SECTION E: ALTERATION ON REPLACEMENT OF EXISTING PLAN(S)/DECLARATION***(Applicable for Singlife Shield Standard/ Singlife Shield and Singlife Cancer Cover Plus only) (continued)*

2. If you are replacing an existing Integrated Shield Plan for the proposer and/or any of the dependant(s), please tick to confirm the below declaration:

- I confirm that my Financial Adviser Representative has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replacement of my existing Integrated Shield Plan. I am aware that each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the Life Assured will be automatically terminated.
- My Financial Adviser Representative has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit(s) such as:
- The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.
  - If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.
  - If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions. *(Applicable for Singlife Shield Plan 1, Plan 2 and Plan 3)*

**Please Note:**

If you are switching/replacing your existing policy with this new application, please be inform that:

- a) You may incur transaction costs without gaining any real benefit from the switch/replacement.
- b) You may incur penalties for terminating the existing policies.
- c) You may not be insurable at standard terms.
- d) The switch/replacement policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at a higher cost.
- e) The switch/replacement policy may be less suitable and the terms and conditions may differ.
- f) There may be other options available besides switching/policy replacement.

You are advised to consult your present Financial Adviser Representative and consider the possible disadvantages of switching/policy replacement such as fees and charges in level of benefits before making a final decision.

**SECTION F: ALTERATION ON UNDERWRITING HISTORY***(Applicable for Singlife Shield Standard/ Singlife Shield and Singlife Health Plus only)*

If you are applying for Singlife Health Plus and your existing Singlife Shield is under Moratorium underwriting, your Singlife Health Plus will be subjected to Moratorium underwriting if the selection is 'No' to Question 1 and 2 below.

1. Have you had an application of a Life, Critical Illness, Health, Accident, Disability policy deferred, declined or required to pay Additional Premiums for MediShield Life?

If 'Yes', please complete the table below and submit duly completed New Business Health Declaration Form (for Health Products).

Note: If you are required to pay Additional Premiums for MediShield Life, please also provide a copy of the CPF MediShield Life Additional Premium Letter.

<b>Proposer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Reason:	Type of Policy:
<b>Dependant 1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Reason:	Type of Policy:
<b>Dependant 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Reason:	Type of Policy:
<b>Dependant 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Reason:	Type of Policy:
<b>Dependant 4</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Reason:	Type of Policy:
<b>Dependant 5</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer: Reason:	Type of Policy:

**SECTION F: ALTERATION ON UNDERWRITING HISTORY***(Applicable for Singlife Shield Standard/ Singlife Shield and Singlife Health Plus only) (continued)*

2. Have you **ever** experienced **symptoms** or received **medical advice** or had **treatment** for any of the following conditions (**whether diagnosed or not**)? *(Not applicable for Singlife Shield Standard Plan)*

Proposer		Dependant 1		Dependant 2		Dependant 3		Dependant 4		Dependant 5	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• AIDS or HIV infection</li> <li>• Alzheimer's disease</li> <li>• Angioplasty</li> <li>• Any form of Cancer</li> <li>• Atherosclerosis</li> <li>• Autism</li> <li>• Bipolar Disorder</li> <li>• Chronic cor pulmonale</li> <li>• Chronic Kidney disease</li> <li>• Chronic Obstructive lung disease</li> <li>• Coronary Artery Disease (CAD)</li> <li>• Dementia</li> <li>• Diabetes Mellitus/Impaired Glucose tolerance</li> <li>• Down syndrome</li> <li>• Heart attack</li> <li>• Heart bypass</li> </ul> | <ul style="list-style-type: none"> <li>• Hepatitis C/D</li> <li>• Ischaemic Heart Disease (IHD)</li> <li>• Kidney failure</li> <li>• Liver cirrhosis</li> <li>• Multiple sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Organ transplant</li> <li>• Osteoporosis</li> <li>• Paralysis</li> <li>• Polycystic Kidney disease</li> <li>• Pulmonary hypertension</li> <li>• Schizophrenia</li> <li>• Stroke</li> <li>• Systemic Lupus Erythematosus (SLE)</li> <li>• Thalassaemia intermediate/major</li> </ul> |
|---|---|

**SECTION G: DECLARATION**

I/We agree to inform Singapore Life Ltd. if there is any change in my/our financial and/or health status between the date of this Declaration and the date the full insurance coverage is provided by Singapore Life Ltd. to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above alteration(s) and declaration(s) shall form part of my/our Application for the Insurance. I/We understand that any alteration is subject to the acceptance of Singapore Life Ltd. at its sole discretion. Except as amended by this Alteration to Application Form, all other information in my Singlife Shield/Singlife Health Plus Application Form remains valid and unchanged.

This Application will not be valid until I/We have been informed in writing that Singapore Life Ltd. has accepted this Application or issued the Policy Documents.

Signed and declared in SINGAPORE on (DD/MM/YYYY)

Signature of Proposer

Signature of Dependant 1  
(who is 16 years old and above)

Signature of Dependant 2  
(who is 16 years old and above)

Signature of Dependant 3  
(who is 16 years old and above)

Signature of Dependant 4  
(who is 16 years old and above)

Signature of Dependant 5  
(who is 16 years old and above)