



AIA SINGAPORE ENROLMENT / HEALTH DECLARATION FORM

Corporate Solutions
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Important Note : Pursuant to Section 25(5) of the Insurance Act and replacement thereof, you are to disclose in this form, fully & faithfully, all the facts which you know, otherwise the policy issued hereunder may be void.

POLICY INFORMATION

Name of Policyholder/Institution

N A N Y A N G T E C H N O L O G I C A L U N I V E R S I T Y

BASIS OF COVERAGE

GROUP HOSPITAL & SURGICAL (GHS)	Coverage (Voluntary)
	Plan 1
Hospital Ward Entitlement	4 Bed Government Restructured Hospital
Annual Limit per Insured Member (Spouse & each Child)	\$50,000*
*Please refer to Product Summary for full list of Coverage & Limits	

GROUP SPECIALIST OUTPATIENT (SP)	Coverage (Voluntary)
	Plan 1
Annual Limit per Insured Member (Spouse & each Child)	\$1,000*
*Please refer to Product Summary for full list of Coverage & Limits	

PREMIUM RATES (SGD \$)

Policy no.: 0000084273	
Annual Premium (SGD \$) per dependent	GHS + SP
Per Insured Member (Spouse)	\$75.76 incl. GST
Per Insured Member (each individual Child)	\$75.76 incl. GST

Note: The above premium rate would be subject to prevailing GST (9%)

ENROLLMENT - TERMS AND CONDITIONS

1	Insured member who are currently covered under Nanyang Technological University (Policy number 0000084272) can apply to enrol their dependents (Spouse and/or Child) only.
2	<p>Enrolment</p> <p>(a) Enrolment for existing insured member: Once a year during enrolment period within 30 days from policy anniversary, re-enrolment required at every policy anniversary (1st July)</p> <p>(b) Enrolment for new insured member with a copy of supporting documents, within 30 days from the date of:</p> <ul style="list-style-type: none"> (i) marriage (marriage certificate and spouse NRIC or Dependent Pass) (ii) birth of new-born child (children birth certificate and NRIC or Dependent Pass) (iii) Insured Member policy commencement start date
3	Withdrawal: Once a year during enrolment period or if no re-enrolment notice received by AIA within 30 days from policy anniversary
4	Termination: There will be no refund of voluntary premium for mid-year termination
5	The enrolment form must be duly completed and dependent will be subjected to medical satisfactory underwriting prior to acceptance of cover by AIA Singapore Pte Ltd. Coverage will commence on the date of acceptance by AIA Singapore Pte Ltd
6	The voluntary group medical benefits plans is still in-force on the insured member's last day with the policyholder (Policy number 0000084272).
7	Rates are not guaranteed and subject to change on yearly review.
8	Rates are charged on individual basis accordingly.
9	The policy year starts on 1st July and ends on 30th June every year.
10	Applicant who enrolled into the voluntary scheme will be charged on pro-rated premium first year until the end of policy year.
11	Yearly re-enrolment is required and Insured member must be continuously active under the main policy Nanyang Technological University (Policy number 0000084272). Once excluded, dependents will ceases their eligibility to be enrolled in the future.
12	AIA Singapore Pte Ltd reserve the right to amend this terms & conditions at its sole discretion where necessary.

INSURED MEMBER'S INFORMATION (OF THE POLICY 000084272)

Name of Insured Member (as in NRIC)

Last Day of Course (If Applicable)

M M D D Y Y Y Y

NRIC/Passport No.

Date of birth

M M D D Y Y Y Y

Sex

 M / F

Nationality

Occupation

Marital Status

 Single Married

Height

 CM

Weight

 KG

Monthly Salary (if any)

 S\$

Telephone No

Email Address

Initial Enrollment Date

M M D D Y Y Y Y

Residential Address

 Postal Code **DEPENDENT'S INFORMATION (to complete only if spouse/children are covered)**

Name of spouse (Full as shown in NRIC)

NRIC/Passport No.

Date of birth

M M D D Y Y Y Y

Date of Marriage

M M D D Y Y Y Y

Occupation

Height(cm)

Weight(kg)

Sex

 M F

Name of 1st child (Full as shown in NRIC/Birth Certificate)

NRIC/Passport No./BC No.

Date of birth

M M D D Y Y Y Y

Sex

 M F

Height(cm)

Weight(kg)

Name of 2nd child (Full as shown in NRIC/Birth Certificate)

NRIC/Passport No./BC No.

Date of birth

M M D D Y Y Y Y

Sex

 M F

Height(cm)

Weight(kg)

Name of 3rd child (Full as shown in NRIC/Birth Certificate)

NRIC/Passport No./BC No.

Date of birth

M M D D Y Y Y Y

Sex

 M F

Height(cm)

Weight(kg)

Name of 4th child (Full as shown in NRIC/Birth Certificate)

NRIC/Passport No./BC No.

Date of birth

Sex

 M F

Height(cm)

Weight(kg)

PAYMENT DETAILS via Credit Card

Bank

 VISA / MASTER (Please delete accordingly)

Card No.

Expiry Date

 (mm/yy)

I authorise AIA Singapore to charge to my credit card and issuer of the card the initial premium, including additional premiums levied (if any), and all subsequent premiums payable to AIA Singapore. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable for any non-inception, lapse or termination of the policy due to late or non-payment of premiums. This authorisation shall be binding and remain valid, notwithstanding death of the cardholder, irrespective of whether or not this application is accepted by AIA Singapore.

MEDICAL QUESTIONNAIRE (all 11 questions must be answered)		Complete ONLY IF to be insured									
		Spouse		1st Child		2nd Child		3rd Child		4th Child	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Are you a member of any military force (excluding National Reservist), do you contemplate to engage, or the past 5 years, have you engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular sheduled airline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you drink wine, beer or spirit? If so, please state type, quantity and frequency _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Has any application for or reinstatement of life or accident insurance ever been declined, postponed, rated or in any way modified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	To the best of your knowledge and belief, has any of your immediate family ever had tuberculosis, diabetes, heart disease, mental disease or any AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you EVER used any habit forming drugs or narcotics or alcohol excessively or treated for alcoholism or drug habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	In the past 12 months, a) have you smoked cigarettes? If so, how many per day? _____ b) did you previously smoke more than you do now? If so, how many did you smoke when you cut down, stop on whose advice? c) have you lost more than 3kgs (6.6lbs) of weight? If so, give reason for the loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Have you EVER had or been told you had or been treated for: a) asthma, tuberculosis, respiratory or lung disease? b) rheumatic fever, high blood pressure, stroke, chest pain, heart murmur, disease of the heart, blood or blood vessels? c) peptic ulcer or bowel, liver or gall bladder disease? d) renal stone, abnormal urinalysis or any disorder of the genito-urinary system? e) epilepsy, mental or nervous disorder? f) diabetes, venereal disease, cancer, tumour or any other disease, disorder or severe injury? g) hepatitis or found to be a carrier of hepatitis B? h) any form of eye, hearing or speech disorder or disease? i) any disease or disorder of muscles, spine, brain, joints and limbs including loss of sensation, tremor or giddiness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you received any medical advice, counselling or treatment in connection with AIDS Related Complex or any other AIDS related condition, or been told you had any of these or that you had a positive HIV blood test or in the last 3 months had any of the following symptoms for more than 1 week continuously: fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	In the past 5 years, have you had any: a) pre-employment/ annual check-up, health screening? If so, please state the result, date done and name and address of Clinic where tests are done in the space provide below. b) diagnostic tests such as X-ray, electrocardiogram or blood study? c) double vision, coughing with blood, nose bleeds, tarry stools or bleeding from the rectum or urinary tract? d) illness, operation, medical advice, hospital treatment not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATIONS

1) I hereby declare and confirm that I have read and understood the contents of "Your Guide to Health Insurance" and "Product Summary".

2) I/We hereby authorise, agree and consent to:

(a) persons and organizations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulator, dispute resolution centres and insurers, their associated persons/organizations, my/our or the insured person's Policyholder or financial service providers, or their third party service providers or representatives (collectively "Third Parties") disclosing and releasing to AIA Singapore, its associated persons/organizations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons"), any information concerning the policy owner and the insured person(s) at any time, including all personal data and information, medical information, medical history, consultation history and notes, prescriptions, treatments, descriptions of medical services rendered, and any employment and financial information, including the taking of copies of such records (collectively "Personal Data"), relevant for the Purpose (defined below);

(b) the AIA Persons sharing the scope of sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;

(c) the AIA Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);

(d) the AIA Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "Using"/"Use") the Personal Data for the Purpose; and

(e) waive any right (on my own behalf and on behalf of the insured person(s) where applicable, in respect of which I/We represent and warrant that the insured person(s) have granted me/use authority to so waive) to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose. Where I/we are not the insured person, I/we represent and warrant that I/we have obtained the consent of the insured person(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to the AIA Persons; and (iii) for the AIA Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. In this Clause, "Purpose" means any of the purposes described in the AIA Personal Data Policy, including but not limited to processing of this form, to provide subsequent advice or services to me/us or the insured person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorization shall be valid and effective as the original."

3) I/We understand and agree that should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.

4) I/We further agree that this form may be signed and delivered by facsimile, electronic mail or other electronic means, including via a website or electronic portal designated by AIA Singapore. A copy of such form received via any of the above means may be stored electronically or using other means by or under the authority of AIA Singapore and such copy shall have the same legal effect and validity as if it were the original.

WARNING: If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Services Consultant(s)/ Insurance Representative(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

Declared in SINGAPORE on:	Day:	Month:	Year:
NAME & SIGNATURE OF APPLICANT/INSURED MEMBER		SIGNATURE OF SPOUSE	