DEPENDANTS' PROTECTION SCHEME
APPLICATION FOR REINSTATEMENT / TOP UP

Great Eastern
A member of the OCBC Group

Reinstating / Topping up Your Coverage

1. DPS is a term-life insurance plan that provides coverage of $70,000 up to the end of the policy year during which you turn 60 years old. From the policyanniversary in which you are 60 age last birthday up to the end of the policy year during which you turn 65 years old, the sum assured is $55,000.
2. The coverage offered is determined by the amount of premiums paid. If you noticed your coverage being lower than expected, you may have paid lesser premiums for the policy. We encourage you to top-up the shortfall to ensure that you receive the maximum cover for your policy.
3. We offer different payment methods such as AXS, cheque, local bank transfer via PayNow or fund deduction from your CPF savings. You can choose the payment method that best suits you.

Pay via PayNow	**Pay via AXS**	**Pay via fund deduction from CPF savings**	**Pay via Cheque**
1. Log in to eConnect with your GREAT ID or SingPass. 2. Select the DPS policy. 3. Enter the payment amount and select PayNow as the payment preference. 4. A unique PayNow QR code will be generated which you can either scan or upload it using any PayNow participating banking app.	1. Choose "Great Eastern Life". 2. Select DPS. 3. Enter your policy number, name, contact no. and payment amount. AXS payment is available at the physical machines, on the AXS m-Station app and on the AXS e-Station on their website.	1. Check your CPF savings to ensure that there are sufficient funds to pay the premiums. 2. Complete this form and email it to dps-sg@greateasternlife.com. Alternatively, you may choose to mail the form to us.	1. Send a crossed cheque payable to "The Great Eastern Life Assurance Co. Ltd". 2. Write your policy number on the back of the cheque.

4. Instructions for filling up this form
   a) Section A is compulsory.
   b) Complete Section B if (i) your top-up is done after 60 days from your renewal date; or (ii) if you wish to reinstate your lapsed policy. Please note that a lapsed policy can only be reinstated within 120 days from the renewal date, after which you will be required to complete the proposal form.
   c) Email the completed form to dps-sg@greateasternlife.com. Alternatively, you may choose to mail the form to us.

For more information regarding DPS, please visit www.greateasternlife.com/dps.

A DETAILS OF POLICY AND POLICYHOLDER

Policy No.	
Full Name of Policyholder	
NRIC No.	
Email Address	
Contact No.	Mobile: Home:

B MEDICAL UNDERWRITING QUESTIONS

Please only tick "Yes" or "No" to the questions below. If your answer is "Yes", please provide details accordingly. **Yes** **No**

1. Please ensure you provide your height and weight: Height: ☐ • ☐☐ m Weight: ☐☐☐ • ☐ kg

2. Have you ever had or been told to have or been treated for any of the following medical conditions? ☐ ☐
   Ischaemic heart disease/coronary heart disease, heart valve disorders or arrhythmia (irregular heartbeats), b) stroke/cerebrovascular disorders or arteriovenous malformation, c) renal failure or renal dialysis, d) diabetes with complications, e) chronic liver disorders, liver cirrhosis, hepatic encephalopathy, liver failure, f) dementia/Alzheimer's disease, g) severe psychiatric or mental illness, h) motor neuron disease, i) muscular dystrophy, j) paralysis (hemiplegia/paraplegia/quadriplegia), k) multiple sclerosis, l) rheumatoid arthritis with complications, m) systemic lupus erythematosus with complications, n) parkinson's disease with complications, o) pulmonary hypertension or chronic lung disease, p) aplastic anaemia, thalassaemia major or severe blood disorders, q) cancer, growth or tumour, r) drug addiction or alcoholism, s) AIDS/HIV infection or t) any other illness, disorder, injury, physical disability or abnormality not listed above?

Medical Condition	Date/ Symptoms/ Signs	Date of investigation/ Type of tests done/ Results/ Name of clinic/ hospital	Treatment (name of drug)/ Surgery (period of hospital admission)	Present condition:
				☐ Still on follow-up ☐ Receiving treatment or ☐ Fully recovered & discharged

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
Customer Service Department
1 Pickering Street #01-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: wecare-sg@greateasternlife.com Website: greateasternlife.com

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B MEDICAL UNDERWRITING QUESTIONS (CONTINUED)

Please only tick "Yes" or "No" to the questions below. If your answer is "Yes", please provide details accordingly. **Yes** **No**

Medical Condition	Date/ Symptoms/ Signs	Date of investigation/ Type of tests done/ Results/ Name of clinic/ hospital	Treatment (name of drug)/ Surgery (period of hospital admission)	Present condition:
				☐ Still on follow-up ☐ Receiving treatment or ☐ Fully recovered & discharged

3. Other than for the medical conditions or symptoms that you have already told us about, have you had or been advised by a doctor to have surgery or any medical tests / investigations (for example blood test, urine test, x-ray, ECG, ultrasound, imaging scan, biopsy, mammogram, pap smear, prostate check) during the past 5 years? Or do you have any surgery or tests or investigations in the coming year? ☐ ☐

Date	Type of test(s)/ surgery done	Reason for test(s)/ surgery done	Results	Name of clinic/ hospital	Follow up/ treatment required (please tick)
					☐ No follow-up/ treatment required ☐ Follow-up/ treatment required ☐ Type of treatment: _____ ☐ Name of drug: _____
					☐ No follow-up/ treatment required ☐ Follow-up/ treatment required ☐ Type of treatment: _____ ☐ Name of drug: _____

4. Have any of your applications or reinstatement of a life insurance or health insurance policy ever been declined, postponed or accepted with special conditions (for example loading or exclusions)? ☐ ☐

Name of insurer	Type of Policy/ Loading/ Exclusion	Reasons

5. Have you ever made any claims or are you intending to make any claims under any life, health or accident policies, whether individual or group plans, with us or any other insurer? ☐ ☐

Type of claim (e.g. critical illness, hospitalisation, disability, accident)	Details of claims	Date of claim	Name of insurer

C DECLARATION

- I declare that the information provided by me in this form is true and correct and I have not withheld any material information, whether entered in by me or on my behalf.
- I agree and authorise any medical source, insurance office or organisation to release to the Company, and the Company to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether the reinstatement or top-up is approved by the Company.
- I hereby consent to the transfer and disclosure, at any time and without notice or liability to me of any medical information on me in the insurer's possession to the CPFB for the purpose of making a claim under the DPS or any other insurance scheme referred to in the Central Provident Fund Act 1953, which I may be insured under; or any purpose connected with the administration or operation of the accounts maintained by the Board for me under the Central Provident Fund Act 1953.
- I hereby agree that this consent shall not be affected by any subsequent physical or mental disorder, disability or incapacitation which I may suffer from. In addition, I hereby agree that this consent shall remain valid notwithstanding my death.
- There is no change to my existing premium payment arrangement, unless otherwise instructed by me via the Change Payment Method & Authorisation Form (CS904).
  (Note: For existing payment method on CPF savings, a deduction will be made automatically upon approval of underwriting.)

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

Signature of Policyholder	**Date**

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