AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED
Group & Credit Insurance Dept : 1 Robinson Road, #11-00 AIA Tower, Singapore 048542
Fax : 65384340 / 65385603

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ENROLMENT FORM

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

Policy Number: 6 3 4 0 1 - _ _ _

Insured's Effective Date (mmddyyyy): _ _ _ _ _ _ _ _

Name of Organisation: SINGAPORE PROFESSIONALS' AND EXECUTIVES' CO-OPERATIVE

MEMBER'S INFORMATION

Name of Member (as in NRIC/Passport)

NRIC/Passport No. | Date of Birth (mmddyyyy) | Gender (M / F) | Nationality

Occupation | Marital Status | Height (m) | Weight (kg) | Monthly Salary (S$)

Home Telephone (6 _ _ _ _ _ _ _) | Office Telephone (6 _ _ _ _ _ _ _) | Handphone/Pager No. (9 _ _ _ _ _ _ _) | Employment Date (mmddyyyy)

Residental Address

Postal Code

MEDICAL COVERAGE OPTION(S)

Choice of GHS Plan : ☐ Standard ☐ Classic ☐ Gold ☐ Platinum

Including EMM — Coverage for : ☐ Member Only ☐ Member & Spouse or Children ☐ Member & Spouse & Children

Choice of Rider(s) :

☐ Clinical Outpatient; please indicate number of Insured(s) : _____

☐ Specialist Outpatient; please indicate :
(1) Choice of Plan ☐ Standard/Classic ☐ Gold ☐ Platinum
(2) Coverage for ☐ Member Only ☐ Member & Spouse or Children ☐ Member & Spouse & Children

☐ Group Personal Accident (For Members Only)
Sum Assured : ☐ S$225,000 ☐ S$360,000 ☐ S$400,000 ☐ S$500,000

☐ Dental PPO; please indicate number of Insured(s) : _____

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

Name of Spouse (Full name as shown in NRIC/Passport)

NRIC/Passport No. | Date of Birth (mmddyyyy) | Height (m) | Weight (kg) | Date of Marriage (mmddyyyy)

Occupation

Name of 1st Child (Full name as shown in NRIC/Passport/BC)

NRIC/Passport No./BC | Date of Birth (mmddyyyy) | Gender (M / F)

Name of 2nd Child (Full name as shown in NRIC/Passport/BC)

NRIC/Passport No./BC | Date of Birth (mmddyyyy) | Gender (M / F)

Name of 3rd Child (Full name as shown in NRIC/Passport/BC)

NRIC/Passport No./BC | Date of Birth (mmddyyyy) | Gender (M / F)

MEMBER'S DECLARATION / SIGNATURE

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

Dated at Singapore _ _ _ _ _ _ _ _ (mm dd yyyy)

Name of Member

Signature of Member