

Group GHS Plus Plans (Age Band Premium) Coverage 1st January to 31st December 2022		
APPLICANT INFORMATION (NEW/RENEWAL)		
Full Name (as in NRIC): (Please underline surname)		
Nationality:	NRIC:	Gender:
Address:		Postal Code:
Email:		Contact Number:
Date of Birth:	Occupation:	Marital Status:
Age Band based on last birthday Please tick:		
<input type="checkbox"/> Up to 29	<input type="checkbox"/> 30 to 34	<input type="checkbox"/> 35 to 39
<input type="checkbox"/> 40 to 44	<input type="checkbox"/> 45 to 49	<input type="checkbox"/> 50 to 54
<input type="checkbox"/> 55 to 59	<input type="checkbox"/> 60 to 64	<input type="checkbox"/> 65 to 69
<input type="checkbox"/> 70 to 74		
<input type="checkbox"/> SPEC GHS Plus Plan E1	<input type="checkbox"/> SPEC GHS Plus Plan M2	<input type="checkbox"/> SPEC GHS Plus Plan D3
My Bank Account for Claim Payment	Bank:	Account No:
* Premium Amount S\$ based on Age Band and GHS Plus Plan		
GHS Plus Plan Premium: \$	<input type="checkbox"/> Cheque Payable to 'SPEC'	
Pro-rated Premium \$	Cheque Number:	
Total amount: \$	PayNow UEN: T00CS0232k	
<input type="checkbox"/> Bank Transfer to DBS 001-073921-2 "SPEC GHS". Please attach a copy of bank transaction.		
I declare that the information provided above is true and correct. I agree that the personal data in this application form may be used for the processing, administration of the insurance services and support provided by the co-operative and insurer.		
Signature of applicant:		Date:
FOR OFFICIAL USE ONLY		
Membership Number:	Receipt No:	Checked By:

*Subject to underwriting approval