

## CHANGE OF PREMIUM PAYMENT METHOD FOR BASIC ELDERSHIELD/ELDERSHIELD SUPPLEMENT

Policy No.	Name (as shown in NRIC)	NRIC No.
Contact No. (O)	(H)	Email

**Please note:- The following premium payment method shall override any previously submitted premium payment method and will be used for future premium payments and premium adjustments (if any) unless otherwise advised in writing.**

I wish to arrange for the following premium payment method (Please tick against the option you wish to select):

1.1  To be deducted from my own CPF Medisave Account.

1.2  To be deducted from the CPF Medisave Account(s) of my spouse/children/grandchildren/parents:

CPF Account Holder's Name	Date of Birth (dd/mm/yyyy)	CPF Account No.	Relationship	<sup>1</sup> Percentage (%) of Premium	<sup>2</sup> Signature of Account Holder/Date (dd/mm/yyyy)

<sup>1</sup> **Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%.**

<sup>2</sup> **Authorisation by the CPF Account Holder(s)**

**Please note:** For premium payment for ElderShield Supplement, the maximum Medisave deduction is \$600 per life to be insured per calendar year only. Any excess over this limit has to be paid by cash.

I authorise the CPF Board to deduct premium(s) due for the Policyholder to be covered under this ElderShield policy from my Medisave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by CPF Board from time to time.

I authorise the CPF Board to deduct the available amount in my Medisave Account in the event that the balance in my Medisave Account is not sufficient to pay for the full premium amount and premium adjustments (if any).

I authorise the CPF Board to disclose/seek information on confidential basis to/from any insurer(s) such information relating to the deduction from my Medisave Account as CPF Board shall reasonably consider appropriate.

1.3  By Interbank GIRO. (Please note that GIRO will only take effect from next year.) I do not have any existing GIRO arrangement with NTUC Income.

1.4  Please deduct from my following bank account currently used to pay premium(s) for my other policy(ies) with NTUC Income

Name of Bank: \_\_\_\_\_ Bank Account No: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

1.5  By Cheque. I enclose my cheque of \$ \_\_\_\_\_ Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_  
(Please make cheque payable to NTUC Income and write your Name, NRIC and Policy Number on the reverse side of your cheque)

1.6  By Cash. Please make payment at any of our NTUC Income Branches before the deadline stated in the Premium Notice. Please do not mail cash to us.

\_\_\_\_\_  
Signature / Thumbprint of Insured

\_\_\_\_\_  
Date (dd/mm/yyyy)

### For Official Use

Approved       Pending       Rejected (reason):

