

Payment Method

A) To be deducted from the CPF Medisave accounts of my spouse/children/grandchildren/parents.

CPF A/C Holder Name	Date of Birth (dd/mm/yyyy)	CPF A/C No.	Relationship	Percentage of Premium (%)	Signature of A/C holder & Date ¹ (dd/mm/yyyy)

¹Authorisation by the CPF Account Holder(s).

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 make one or more deduction(s) from the available amount in my Medisave Account to pay for the premium due.

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

B) By cheque.

I enclose my cheque of \$ _____ Bank: _____ Cheque number: _____

(Please make cheque payable to NTUC Income and write your Name, NRIC and Policy Number on the reverse side of your cheque)

C) By cash. Please make payment at any of the NTUC Income branches. Please do not mail cash to us.

D) We would like to encourage the use of GIRO for future premium payments. However, the current outstanding must be paid by cash or cheque.

Yes, I would like to pay future premiums by GIRO, please send me an application form.

Declaration

1. I hereby declare that the foregoing information entered is true and correct and I have not withheld any material information, whether entered by me or on my behalf.

2. I agree and authorise any medical source, insurance office or organisation to release to NTUC Income, and NTUC Income to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether this proposal is accepted by NTUC Income.

If a material fact is not disclosed in this form, 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 agent but was not included in the form. Please check to ensure you are fully satisfied with the information declared in this form.

Signature / Thumbprint of Policyholder

Date (dd/mm/yyyy)

For Official Use Only

Approval

Yes No

Initial

Date (dd/mm/yyyy)