IncomeShield payment alteration (change policyholder) form

Warning: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Instructions on how to fill in this form.

1. Section A and B: Please fill in all the details, if applicable.

2. Section B: Give details of the people (dependants, including policyholder) that you want to apply the changes to.

3. If you have more than one policy and the change you want to make is not the same for all policies, please fill in a separate form for each policy.

4. This form is only for change of policyholder together with change payment method(s) request. For changes to payment method(s) only, you may submit your request via My Income customer portal (me.income.com.sg).

Important notes

1. The new policyholder will be the payor by default.

2. The change will only apply from renewal or, when we upgrade or downgrade a plan (if this applies).

3. You must fill in and send us the signed form at least 30 days before renewal. If we do not receive the form on time, the change may not be reflected in the renewal.

4. We must approve all requests for changes before any changes are effective.

5. The payment method by MediSave is only applicable for an insured, who has a valid foreign identification number (FIN) or Singapore National Registration Identification Card number (NRIC) issued by Immigration & Checkpoint Authority (ICA). For MediSave payor below 21 years old, parental consent is required. Please fill in the 'Authorisation form for deduction of IncomeShield premiums from minor's CPF MediSave Account' and submit together with this application. Only a parent or legal guardian aged 21 years old and above can provide authorisation for usage of a minor's MediSave funds.

6. For Insured who is not a Singapore Citizen/Permanent Resident, payment using sibling's MediSave will not be allowed.

7. If we receive multiple requests for the same type of change(s), we will only process the latest instruction.

8. Anyone who pays for, or is insured under IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield is not eligible for Additional Premium Support (APS) from the Government.*

   If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield, you will stop receiving APS. This applies even if you are not the person paying for this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield.

   In addition, if you choose to be insured under this IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield, the person paying for IncomeShield/IncomeShield Standard Plan/Enhanced IncomeShield will stop receiving APS, if he or she is currently receiving APS.

   * APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

9. Your advisor is not allowed to collect any cash from you. All references to 'cash' payment in this and subsequent forms/notices refer to payments to be made to us via our ePayment services. Please make payment using these ePayment services. We will be sending you an SMS acknowledgement or official receipt once we have processed your application. Please call our hotline at 6788 1777 or send an email to csquery@income.com.sg if you did not receive any SMS acknowledgement or official receipt within five working days. For future payments we encourage you to pay via e-GIRO where you can log in to My Income customer portal (me.income.com.sg) to apply with instant approval if your bank is a participating bank. You may refer to income.com.sg/ppm for the full list of payment methods accepted by us.

10. All pages of this application form need to be submitted.

Section A: Details of existing policyholder (This section must be completed)

Important notes

1. You may update your contact details and access your policy information via My Income customer portal at income.com.sg/account. If your contact details are not updated prior to the submission of this application, any correspondences will be sent to your address, contact number and/or email address in our records.

2. **Electronic Documents:** All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

   Notes:

   a. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.

   b. You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via income.com.sg/enquiry.

Full name (as in NRIC/Long-Term Pass)	NRIC number/FIN

Section B: Details of people (including policyholder or dependants) affected by this change (This section must be completed)

Note: Payor can only pay for self, children, husband, wife, parents and siblings.

Policy Number	Full name of insured (as in NRIC/BC/Long-Term Pass)	NRIC/BC number/FIN	Relationship to new policyholder

Section C: Details of new policyholder (This section must be completed)

Important notes

1. Once we approved the request to change policyholder, existing arrangement (if any) to deduct premium from the minor's MediSave account will stop. To continue with the arrangement, please complete and send us the 'Authorisation form for deduction of IncomeShield premiums from minor's CPF MediSave account form'.

2. Please submit with this form any of the following documents which shows the mailing address that you had filled in in this form. Clear front and back copy of NRIC/FIN card or other identification document, or clear copy of a proof of address showing your name, address and date (e.g. Telephone/Utility Bills, Bank Statement, Rental Agreement, or Government Agency Letter e.g HDB, LTA, IRAS, CPFB etc.). (Dated within past 6 months)

3. Mobile number and email address are mandatory. If your mobile number or email address is different from our records, we will use what you have provided in this form to process your application.

4. **Electronic Documents:** All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

    Notes:

    a. If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.

    b. You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via income.com.sg/enquiry.

Full name (as in NRIC/Long-Term Pass)	NRIC number/FIN	Date of birth (dd/mm/yyyy)

Contact number (Handphone) (Office) (Home) Email (Please give only one email address)	MediSave account number (if different from NRIC)	Gender ☐ Male ☐ Female
	Country of residence	Nationality ☐ Singaporean ☐ Singapore PR (please give details): _____ ☐ Others (please give details): _____

Mailing address

For existing Income Insurance policyholders, if your contact information on this form is different from those in our records, we will automatically update all your existing policies with the new information. If you **DO NOT** want us to update the mailing address for specific policies, please state the policy number(s) here:

Section D: Main plan payment method (This section must be completed)

Premium payment by (please tick only **one** option):

☐ **MediSave**

Parental consent is required for MediSave payor below 21 years old. Please fill in the 'Authorisation form for deduction of IncomeShield premiums from minor's CPF MediSave Account' and submit together with this application. Only a parent or legal guardian aged 21 years old and above can provide authorisation for usage of a minor's MediSave funds.

If your premium exceeds the applicable withdrawal limits from MediSave or if you have insufficient monies in your MediSave account, the balance will be payable in Cash*.

Age next birthday	Additional Withdrawal Limits (AWLs) for additional private insurance coverage
1 - 40	$300
41 - 70	$600
Over 70	$900

☐ **Full Cash*** (To pay by GIRO or credit card, please submit a GIRO application or fill in the credit card option in Section E.)

For insured who are Singapore Citizens and Permanent Residents, this Shield plan will be integrated with MediShield Life. Upon the start of this Integrated Shield Plan, any existing Integrated Shield Plan will be automatically terminated.

For insured who are Foreigners, this Shield plan will not be integrated with MediShield Life. For payment using MediSave, upon the start of this Shield plan, any existing Shield plan will be automatically terminated.

* For Cash payment, please make payment via ePayment services. You may refer to income.com.sg/ppm.

Section E: Payment method (This section must be completed)

Please complete your preferred method for paying the non-MediSave portion of main plan and/or rider(s). Please choose credit card, GIRO arrangement or cash* option below (please choose only one option).

This authorisation will remain in force until terminated by the policyholder or GIRO account holder.

If the non-MediSave portion of the main plan and/or rider(s) are fully paid, any change of payment method will only apply from the date of the next renewal of the policy.

☐ **Credit card option (for first and renewal premiums)**

Credit card authorisation

I authorise Income Insurance Limited ("Income Insurance") to deduct the first and renewal premiums from my credit card account provided below for this insurance application. By doing so, I consent and agree to Income Insurance's collection, use and disclosure of my personal data below for the purposes of processing this credit card transaction(s) and in the manner and for the relevant purposes described in its Privacy Policy (income.com.sg/privacy-policy).

I understand that any refund will be made to the policyholder.

Name of cardholder

Credit card number (VISA or MasterCard)	Card expiry date (mm/yy)
☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐	☐☐ / ☐☐

Relationship to new policyholder	Signature of cardholder (as shown on the credit card)
☐ Self ☐ Spouse ☐ Child ☐ Parent ☐ Sibling	

Deduction from this credit card account will only be made when this insurance application has been approved. Once approved, deduction will be made for any outstanding premiums in the policy, or once any subsequent request for change requiring premium payment is effected.

☐ **GIRO arrangement option**
   For payment by GIRO, once the policyholder is changed, please log in to me.income.com.sg to apply with instant approval.

☐ **Cash* option**

* For Cash payment, please make payment via ePayment services. You may refer to income.com.sg/ppm.

Section F: Declaration to Central Provident Fund Board (CPFB)

1. **Authorisation by CPF account holder (applicant)**
   I authorise the Central Provident Fund Board (the "CPFB") to deduct premium(s) due for the Life/Lives to be Insured as named under this application (the "Life/Lives to be Insured") from my MediSave account (including any new MediSave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 2015 and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).

   I authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:
   (i)   payment and amount of premiums due, including the deduction of premiums from my MediSave account and my MediSave account balance;
   (ii) the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
   (iii) the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.

2. **Consent of the applicant and Life/Lives to be Insured**
   I/We, the Life/Lives to be Insured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPFB's possession, between the Insurer and the CPFB for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

3. **Automatic termination of existing integrated medical insurance plan(s) for Life/Lives to be Insured under certain circumstances**
   Subject to the relevant laws and terms and conditions, I understand that:
   (i)   Upon the commencement of this Enhanced IncomeShield/IncomeShield/IncomeShield Standard Plan cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Insured shall automatically terminate; and
   (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Insured, this Enhanced IncomeShield/IncomeShield/IncomeShield Standard Plan cover of the Life/Lives to be Insured shall automatically terminate.

Section G: Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income Insurance including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me/us with their respective products/services, and in the manner and for other purposes described in Income Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my/our family member, employee, payee/payor or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Insurance Parties, I/we represent and warrant that:
• I/we have obtained their consent for the collection, use and disclosure of their personal data; and
• I am/we are authorised to give any authorisation and approval on their behalf,
for the purposes as set out in this Personal Data Use Statement.

I/We agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/we consent to the use and disclosure of my/our relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I/We agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

Section H: Declarations (This section must be completed)

I/We cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I/We want to change the above policy according to the requests shown in this form. I/We have read and agreed to the important notes and declaration.

I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively "policy e-document"). I/We agree that Income Insurance can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.

I/We agree that Income Insurance will not be responsible to me/us (or any other person) if I/we fail to:

a.   provide Income Insurance my/our correct email address or mobile number;

b.   inform Income Insurance of any update or change to my/our email address or mobile number; or

c.   keep the password to access the policy e-documents confidential.

I/We understand that the policy e-documents are considered delivered and received, upon my/our receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

Where a credit card is used for paying the non-MediSave portion of the main plan and/or rider and if I am not the cardholder, I represent and warrant that I have obtained the cardholder's consent for the collection, use and disclosure of his/her personal data; and I am authorised to give any authorisation and approval on his/her behalf for the purposes of processing this credit card transaction(s) in accordance with the terms under Section E Payment method on credit card option and in the manner and for the relevant purposes described in its Privacy Policy (income.com.sg/privacy-policy).

This authorisation will continue in force until you receive a later 'Payment alteration form' from me/us changing this authorisation.

I/We declare that the information given in this form is true, correct and complete.

I/We agree that if I/we or any #Relevant Person is found to be a +Prohibited Person:

a.   Income Insurance is entitled not to accept this application; and

b.   if any policy is issued, Income Insurance is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. You will not refund any unutilised premium when this policy is ended.

Income Insurance's decision in every respect of the above will be final. I/We will inform Income Insurance immediately if there is any change in my/our or any Relevant Person's identity, status or identity documents.

Relevant Person includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

+ Prohibited Person means a person or entity who is, or who is ^Related to a person or entity:

i.   subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict you from providing insurance or carrying out any transaction under this policy, or

ii. who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

^ Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

I/We confirm:

a.   that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the "Personal Data Use Statement" (PDUS);

b.   on the representation and warranty made in the PDUS.

I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Declarations by existing policyholder

I, the existing policyholder, confirm that I would like to request for a change of ownership of the abovementioned policy(ies) to the new policyholder. I understand that the change to the ownership of the policy(ies) shall be an amendment and form part of the policy contract.

I agree that the ownership of the abovementioned policy(ies) will be transferred to the new policyholder as indicated in this form with effect from the renewal date of the policy(ies). I understand that the new policyholder will be the owner and payor of the above policy(ies) once the transfer is effective.

I understand and agree that any non-MediSave premium which has been paid for the policy(ies) will be retained to ensure continuity of coverage, and any refund of this non-MediSave premium will be made to the new policyholder.

Declarations by the new policyholder

I, the new policyholder as indicated in this form, agree to take ownership of the abovementioned policy(ies) and be the policyholder with effect from the renewal date of the policy(ies). I understand that the change to the ownership of the policy(ies) shall be an amendment and form part of the policy contract. I agree to be bound by the terms and conditions of the policy(ies).

I further agree that once the transfer is effective, the premium(s) due and payable under the policy(ies) will be deducted from my MediSave account if I have selected to pay the premium(s) with my MediSave account under the main plan payment method.

If I do not make any payment selection under this form and the existing payment method under the policy(ies) is made by MediSave deduction, I authorise CPFB to deduct the premiums as set out in the declaration section above.

I agree that a copy of this authorisation is valid and binding as an original copy.

Signature of existing policyholder	Date (dd/mm/yyyy)
Signature of new policyholder	Date (dd/mm/yyyy)