

Authorisation form for deduction of IncomeShield premiums from child's CPF MediSave Account

Warning: Under Section 25(5) of the Insurance Act, Cap. 142 (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.



Important notes

1. For a new application or change of plan, please submit this form together with the application form.
2. For change of payer on MediSave deduction, the change will only apply from the date of the next renewal of the policy. You must fill in and send us this form at least 30 days before the date of renewal of the policy.
3. This authorisation is only for child who is aged below 16 years old. Funds from the child's MediSave Account can be used to pay the premium(s) for insured who is the child him/herself. For a child who has attained 16 years old, he/she can apply for cover as an applicant/policyholder and deduct the premium(s) from his/her own MediSave Account.
4. The applicant below must be the same person as the applicant in the application form or policyholder of the policy. The applicant must also be the parent or legal guardian of the child. For legal guardian, please submit a copy of the court order, for appointment as legal guardian.
5. If a child's MediSave Account is used to pay the premiums for an insured child, the payer will be switched to the back-up payer in the event that there are insufficient funds under the child's MediSave Account (the "Auto-switch") after more than 3 failed attempts.
6. For policies under Cash payment method, the usage of the child MediSave Account will change the policy payment method to deduction of premium from the MediSave Account, subject to the prevailing Additional Withdrawal Limits (AWLs).
7. 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.

Section A: Details of applicant or policyholder (back-up payer)



Important notes

1. Mobile number and email address are mandatory for this application. 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.
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 einco.me/enquiry.

Name (as in Identity Card)	NRIC number/FIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Contact number (Handphone)	(Office)	(Home)	Email (Please give only one email address)
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Relationship to the life to be insured Father Mother Legal Guardian

MediSave Account number

For existing Income 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 B: Details of life to be insured/payer (Child MediSave holder)

Name (as in BC/Identity Card)

BC/NRIC number/FIN	Date of birth (dd/mm/yyyy):	MediSave Account number
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Section C: Declarations

Where the declaration and authorisation below applies to Policyholder/Insured(s).

Please tick below accordingly.

I confirm that I have received the notification letter confirming the successful grant deposit into the child's MediSave Account.

If the grant has not been deposited into the child's MediSave Account, this Child MediSave application will not be processed.

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

I agree that Income will not be responsible to me (or any other person) if I fail to:

- a. provide Income my correct email address or mobile number;
- b. inform Income of any update or change to my email address or mobile number; or
- c. keep the password to access the policy e-documents confidential.

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

I agree that if I or any *Relevant Person is found to be a *Prohibited Person, you are entitled not to accept this application.

If any policy is issued, you can terminate or void the policy, or not make any transaction under the policy such as not pay any benefit. Your decision will be final. I will inform you immediately if there is any change in my or any Relevant Person's identity, status or identification documents.

* Relevant Person includes insured, trustee, assignee, beneficiary, beneficial owner or nominee and mortgagee or financier.

* Prohibited Person means a person or entity who is subject to laws, regulations or sanctions administered by any governmental or regulatory authorities or law enforcement in any country, which will prohibit you from providing insurance cover or paying any benefit.

I/We confirm my/our consent given in the policy Application Form submitted to Income for the collection, use and disclosure of my/our personal data and, where applicable, personal data of third party, such as payor for the policy, provided by me/us or any other source(s) for the purposes of processing, administering the insurance application or transaction and in the manner and for the purposes described in the Income's Privacy Policy (available at <http://www.income.com.sg/privacy-policy>). I/We further confirm that consent of the third party for the collection, use and disclosure of their personal data for the above purposes has been duly obtained.

Section D: Additional declaration to Central Provident Fund Board (CPF Board)

Authorisation by Parent/Legal Guardian of the CPF MediSave holder

I, on behalf of my child/ward, the payer named under this application (the "Payer"), authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the life to be insured from the Payer's MediSave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 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 CPF Board 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).

If the Payer is the life to be insured, I agree to pay the premium(s) due for the Payer under the policy in the event of unsuccessful premium deduction from the Payer's MediSave Account during the renewal of the policy. I authorise the Central Provident Fund Board (the "CPF Board") to deduct the premium(s) due for the Payer from my MediSave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 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 CPF Board 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 CPF Board 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 CPF Board shall reasonably consider appropriate; and
- (iii) the amount of premium subsidies for the life to be insured and the amount of additional premium applicable to the life to be Insured.

Automatic termination of existing integrated medical insurance plan(s) for life 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 to be insured shall automatically terminate; and
- (ii) Upon the commencement of another Integrated Shield Plan in favour of the life to be insured, this Enhanced IncomeShield/IncomeShield/IncomeShield Standard Plan cover of the life to be insured shall automatically terminate.

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

Signed in Singapore on (dd/mm/yyyy): _____

Signature of applicant/policyholder

Signature of witness

Name of witness: _____

NRIC of witness: _____