



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

**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.



### Important notes

- For a new application or change of plan, please submit this form together with the application form.
- For change of payor 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.
- This authorisation is only for minor who is aged below 21 years old. Funds from the minor's MediSave Account can be used to pay the premium(s) for insured who is the minor him/herself, parental consent is required for usage of minor's MediSave funds. For a minor who is aged 16 and above but below 21 years old, he/she can apply for cover as a policyholder, with parental consent for the deduction of premium(s) from his/her own MediSave Account.
- The applicant must be the policyholder of the policy. The applicant can be the parent or legal guardian of the minor, or the minor him/herself if aged 16 and above but below 21 years old. For legal guardian, please submit a copy of the court order, for appointment as legal guardian.
- If a minor's MediSave Account is used to pay the premiums for an insured who is a minor aged below 21 years old, the payor will be switched to the back-up payor (parent or legal guardian) in the event that there are insufficient funds under the minor's MediSave Account (the "Auto-switch") after more than 3 failed attempts.
- For policies under Cash payment method, the usage of the minor's MediSave Account will change the policy payment method to deduction of premium from the MediSave Account, subject to the prevailing Additional Withdrawal Limits (AWLs).
- 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.
- All pages of this application form need to be submitted.

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



### Important notes

- You may update your contact details and access your policy information via My Income customer portal at [www.income.com.sg/account](http://www.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.
- 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:

- If your year of birth is 1955 or earlier, we will send you hardcopy documents by mail as a default.
- You can change your preference to receive electronic copy or hardcopy documents anytime by submitting a request via [www.income.com.sg/enquiry](http://www.income.com.sg/enquiry).

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

NRIC number/FIN

MediSave Account number

### Section B: Details of life to be insured/minor MediSave payor (This section must be completed)

Full name of insured (as in NRIC/BC/Long-Term Pass)

NRIC/BC number/FIN

Policy number

MediSave Account number

### Section C: Details of back-up payor (parent/legal guardian of the minor MediSave payor) (This section must be completed)



### Important notes

- The parent or legal guardian of the MediSave payor whom is a minor is to complete this section. For legal guardian, please submit a copy of the court order, for appointment as legal guardian.
- The parent or legal guardian will switch to be the MediSave payor (back-up payor) in the event there are insufficient funds under the minor's MediSave Account (the "Auto-switch") after more than 3 failed attempts.
- Please submit with this form a clear front and back copy of the National Registration Identification Card (NRIC) or a valid foreign identification number (FIN) document of the back-up payor.

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

NRIC number/FIN

Date of birth (dd/mm/yyyy)

Relationship to the life to be insured/minor MediSave payor

☐ Father

☐ Mother

☐ Legal Guardian

MediSave account number (if different from NRIC)

## Section D: Declarations

Please tick below accordingly.

☐ I/We confirm that I/we have received the notification letter confirming the successful grant deposit into the minor's MediSave Account.

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

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 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 will not be responsible to me/us (or any other person) if I/we fail to:

- provide Income my/our correct email address or mobile number;
- inform Income of any update or change to my/our email address or mobile number; or
- 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.

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

- Income is entitled not to accept this application; and
- if any policy is issued, Income 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's decision in every respect of the above will be final. I/We will inform Income 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:

- 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
- 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 my/our consent to the Personal Data Use Statement ("PDUS") given in the 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 <https://www.income.com.sg/privacy-policy>). I/We further confirm on the representation and warranty made in the PDUS.

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/insured name(s) and relevant policy(ies) information by Income to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

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.

## Section E: Additional declaration to Central Provident Fund Board (CPF) (This section must be completed)

### Authorisation by Parent/Legal Guardian of the CPF MediSave holder

I, on behalf of my child/ward, the payor named under this application (the "Payor"), authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the life to be insured from the Payor's MediSave Account 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 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 Payor is the life to be insured, I agree to pay the premium(s) due for the Payor under the policy in the event of unsuccessful premium deduction from the Payor'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 Payor from my MediSave Account 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 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:

- payment and amount of premiums due, including the deduction of premiums from my MediSave account and my MediSave account balance;
- the making of refunds under the PMIS, as the CPF Board shall reasonably consider appropriate; and
- 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:

- 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
- 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/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 declarations.

Signature of policyholder	Signed in Singapore on (dd/mm/yyyy)
Signature of parent/legal guardian of the minor MediSave payor	Signed in Singapore on (dd/mm/yyyy)