



ElderShield Supplement or Care Secure Change of Premium Payment Method

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.

Section A: Policyholder's details (You must fill this in.)

Full Name (as in NRIC/Long-Term Pass)		NRIC number/FIN	Policy number
Contact number (Mobile)	(Work)	(Home)	Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (please give details): _____ <input type="checkbox"/> Others (please give details): _____
Email address	Occupation	Name of organisation	Country of residence

The contact number and email address are for us to use to contact you and check on any requests for changes (if needed). We will not add the details to our records. To change your address, contact number and email address, please fill in the 'Change of Personal Particulars Form' or update your particulars via me@income.

Section B: Payment method



Important Notes:

- This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.
- Anyone who pays for, or is insured under PrimeShield or Care Secure 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 PrimeShield or Care Secure, you will stop receiving APS. This applies even if you are not the person paying for PrimeShield or Care Secure.

In addition, if you choose to be insured under PrimeShield or Care Secure, the person paying for PrimeShield or Care Secure 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.

- Own CPF Medisave account
 Husband's or wife's, children's, grandchildren's, parent's, sibling's CPF Medisave account (Please fill in the details below.)

Premium payment using family member's CPF Medisave account

Name of CPF account holder	Date of birth (dd/mm/yyyy)	CPF account number	Relationship to you	Percentage of premium	Signature of account holder and date (dd/mm/yyyy)

Authorisation by CPF account holder for payment using CPF

I authorise the Central Provident Fund Board (the 'CPF Board') to use the moneys in my MediSave account to pay the premiums due for the Life to be Insured named under this application, in line with the Central Provident Fund Act (Chapter 36) (the 'CPF Act') and the CareShield Life and Long-Term Care Act 2019 including their respective subsidiary legislations, as well as any terms and conditions that may be imposed from time to time.

I authorise the CPF Board to use the moneys in my new MediSave account to pay for the premiums due under this application if I am given a new MediSave account when I achieve Singapore Permanent Residence status. (This applies to the applicant who is currently not a citizen or permanent resident of Singapore.)

I authorise the CPF Board, if they reasonably consider it appropriate, and on a confidential basis, to reveal information to, or ask for information from, any insurers relating to:

- payment of premiums due under this application, including the use of moneys from my MediSave account or my new MediSave account; and
- making of refunds under this application.

**Important Notes:**

A temporary e-receipt must be issued by your advisor if you are paying using cash, cheque, cashier order or money order. Your advisor is not allowed to collect cash of more than S\$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.

- Cash or cheque
(Please write your name, NRIC number and contact number on the back of the cheque.)

**Important Notes:**

We will send you a premium notice if we cannot collect the premium from your or any other authorised account through Interbank GIRO, in which case, you must pay us the first year premium by cash or cheque.

- New GIRO application
(Please fill in and attach a new application for Interbank GIRO form.)

Section C: Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income 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 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, conducting research and data analytics, and in the manner and for other purposes described in Income’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income 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.

Section D: Declaration

- (a) I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
- (b) I declare that the information provided in this form is true and correct and I have not withheld any material information, whether entered by me or on my behalf. This includes any facts I may not be sure is significant or material, and any information I have given to my advisor but was not included in this application
- (c) I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in “Personal Data Use Statement” above.

Signature of policyholder

Date (dd/mm/yyyy)