

IncomeShield payment alteration form

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.

Instructions on how to fill in this form.

1. Section A, B and C: 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.



Important notes

1. The change will only apply from renewal or, when we upgrade or downgrade a plan (if this applies).
2. 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.
3. We must approve all requests for changes.
4. If you have completed Section A, you will become the policyholder if the request is approved.
5. The payment method by MediSave is only applicable for an insured, who has a valid foreign identification number (FIN) or Singapore identification number (NRIC) issued by Immigration & Checkpoint Authority (ICA).
6. If we approve any request to change the payer, you agree that any cash premium which has been paid for the policy, will be retained to ensure continuity of coverage and any refund of this cash premium, will be made to the applicant (payer) or policyholder named under Section A below.
7. Once we approve any request to change the policyholder (payer), existing arrangement (if any) to deduct premium from the child's MediSave account will stop. To continue with the arrangement, please fill in and send us the 'Authorisation form for deduction of IncomeShield premiums from child's CPF MediSave account form'.
8. If we receive multiple requests for the same type of change(s), we will only process the latest instruction.
9. 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.
10. 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 SGD\$2,000 per policy and we will be sending you an SMS acknowledgement or official receipt once we have processed your application.

Section A: Details of applicant (payer) or policyholder



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. If you want to maintain the existing policyholder, you do not need to complete this section.
3. **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	Date of birth (dd/mm/yyyy)
Contact number (Handphone) (Office) (Home)	MediSave account number (if different from NRIC)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Email (Please give only one email address)	Mailing address	

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 E: Declaration to Central Provident Fund Board (CPF)

1. Authorisation by CPF account holder (applicant)

I authorise the Central Provident Fund Board (the "CPF") 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 (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 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 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 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 CPF's possession, between the Insurer and the CPF 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 F: 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, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at <http://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/we are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data, for the purposes as set out in this Personal Data Use Statement.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a. The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b. Income to collect from and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
- c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/we authorise, consent and agree to NTUC Income Insurance Co-operative Limited disclosing my/our personal data to the Government of Singapore and statutory boards and organisations approved by the Government of Singapore, for the purpose of determining my suitability and eligibility for public schemes (including, without limitation, schemes relating to healthcare, aged care, disability, social assistance, financial assistance, retirement, savings, insurance and/or disability insurance) when required.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Section G: Declarations

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

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.

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.

Where a credit card is used for paying the cash portion of the main plan and/or rider and the cardholder is different from the applicant, I declare that the cardholder has authorised and consented to such use and that I am authorised to agree to the payment method and terms under the above credit card option on the cardholder's behalf.

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

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

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 that I/we understand and agree to the collection, use and disclosure of the personal data as stated in the "Personal Data Use Statement" above.

Signature of applicant (payer) or policyholder

Date (dd/mm/yyyy)

Name, signature and NRIC of previous policyholder

Date (dd/mm/yyyy)