

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

**Statement under section 25(5) of Insurance Act, Cap. 142 (or any 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 24 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 the 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**"). The back-up payer will also take over as the policyholder, if he/she is not currently the policyholder. The Auto-switch will only be activated upon renewal of policies. When the child reaches 25 years old, the child will automatically become the policyholder of his own policy.
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).

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

Name (as shown in NRIC or FIN)	NRIC or FIN
Relationship to the life to be insured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
MediSave Account number	

### Section B: Details of payer (Child MediSave holder)

Name (as shown in BC or NRIC or FIN)	BC or NRIC or FIN
MediSave Account number	Date of birth (dd/mm/yyyy):
Is the payer the life to be insured under the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Section C: Details of life to be insured (if different from payer)

Name (as shown in BC or NRIC or FIN)	BC or NRIC or FIN
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### Section D: Declaration

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, please deduct premium from your own MediSave Account for the first policy year. After the grant has been deposited into the child's MediSave Account, this form may be submitted for premium deduction from the child's MediSave Account for the next policy year.

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

**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”) 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 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”) 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 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 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 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 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: \_\_\_\_\_