

i-MediCare Card Replacement Form

Details of policyholder

Company name

Details of employee

Name (as shown in NRIC or work pass)

NRIC number or FIN

Details of insured member

Name (as shown in NRIC or work pass)

NRIC number or FIN

Address

Contact number

(Hand phone)

(Office)

(House)

Reason for requiring replacement

Authorisation

Signature of employee

Date (dd/mm/yyyy)

Signature of insured member
(Insured member 16 years old and above needs to sign)

Date (dd/mm/yyyy)

Note: Please enclose a cheque of S\$10.00, made payable to "NTUC Income", being the replacement fee for the i-MediCare card. Thank you.

For official use

Staff name

Staff code

Receipt of replacement fee

No Yes

Amount (S\$) : _____

Cheque number : _____

Date (dd/mm/yyyy)

Staff signature