

Request for Changes to MyShield / Myshield Plus



To: INDIVIDUAL HEALTH SERVICES

Name of Policyholder : _____
NRIC No. : _____ **Policy No.** : _____ - _____

Please indicate your request for change(s) in the appropriate section below.

I am aware that insurance is a long-term commitment and I can seek advice from a licensed financial adviser representative before I sign this application. Should I choose not to, I take sole responsibility to ensure that this application is appropriate to meet my financial needs and insurance objectives. I understand that by making changes to my Policy, I may be losing valuable benefits and it may not be possible for me to obtain a similar level of protection on the same terms in the future.

I, the legal owner of this Policy, hereby request that this Policy to be changed as indicated below with the understanding and agreement that the change when effected shall be an amendment to and will form part of the Original Policy issued and also be binding on any person who shall have or claim any interest under the above Policy.

CHANGE OF PAYER

Note: 1) The change of payer is only effective at the next policy anniversary date. 2) A copy of the new payer's NRIC is required.

Name of New Payer : _____
NRIC of New Payer : _____ **Date of Birth of New Payer** : _____

<u>Name of Insured Person(s)</u>	<u>NRIC / Birth Certificate No.</u>	<u>Relationship to Payer</u> (Spouse/Child/Parent or Grandparent)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Declaration of New Payer

- a) I authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due to the Insured Person(s) to be covered as named under this application from my Medisave account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations 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.
- b) I authorise the CPF Board to deduct premium(s) due under this application from my new Medisave account should I be given a new Medisave account upon obtaining Singapore Permanent Residence status.

 Signature of New Payer _____
 Date (dd/mm/yyyy)

CHANGE OF PERSONAL PARTICULARS

Change of Address to _____

Change of Contact Details Res _____ Mobile _____ Office _____

Change of Signature

(Please ensure that the previous signature is signed) _____
Name of Signatory
Previous Signature
New Signature

OTHER CHANGES

(NOTE: FOR CHANGE OF PLAN, PLEASE USE THE "CHANGE OF PLAN (MYSHIELD/MYSHIELD PLUS" FORM)

 Signature of Policyholder Name & Signature of Insured Person Name & Signature of Insured Person Date (dd/mm/yyyy)
(if 16 years old & above) (if 16 years old & above)