AVIVA

ElderShield

APPLICATION FORM

WARNING: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP. 142), YOU ARE TO DISCLOSE IN THIS FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY NOT RECEIVE ANY BENEFIT FROM YOUR POLICY.

This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

SECTION A: PERSONAL PARTICULARS

Name as in NRIC/Passport (in BLOCK LETTERS) Mr/Mrs/Mdm/Ms/Miss/Dr#	NRIC No. (Pls submit a copy of your NRIC)	Gender Male / Female#
Address	Date of Birth (dd/mm/yyyy)	Nationality
Contact No. (H) (O) (HP)	Email	
Occupation	Exact duties involved	

SECTION B: REPLACEMENT OF EXISTING POLICY(IES)

Are you currently insured under ElderShield by any of the following insurers?

a) Great Eastern Yes ☐ No ☐ b) NTUC Income Yes ☐ No ☐

Note: If you are replacing your existing ElderShield policy with this new application, you may incur penalties for terminating your existing policy, not be insurable on standard terms, have to pay a different premium based in view of older age, and/or lose any financial benefit accumulated over the years. In your own interest, we advise that you speak with your financial adviser before making a final decision.

SECTION C: MEDICAL AND UNDERWRITING QUESTIONS

Q1 Please state your: Height ____________ (m) Weight ____________ (kg)

Q2 Have you ever had or been told you have or been treated for any of the conditions below? Please tick.

	Yes	No	If "Yes", please provide details		Yes	No	If "Yes", please provide details
(a) Cancer				(h) Dementia			
(b) Diabetes				(i) Parkinson's disease			
(c) Stroke				(j) Multiple sclerosis			
(d) Heart disease				(k) Motor neurone disease			
(e) Kidney disease				(l) AIDS or HIV infection			
(f) Liver disease				(m) Arthritis/Paralysis			
(g) Lung disease				(n) Any other condition(s) not listed here?			

Q3 Do you need any assistance of another person or mechanical aids such as a cane, crutches, wheelchair or walker in the performance of the activities of daily living such as washing (bathing), dressing, feeding (eating), walking, transferring from bed to chair, and maintaining continence (toileting)? If "Yes", please provide details.

(cont'd...)

#Please delete accordingly

Q4 Are there any day to day activities such as doing housework, preparing meals, shopping, using public transport, or any hobby which you have stopped doing in the last year due to your health or disability conditions? If "Yes", please provide details.

SECTION D: PREMIUM PAYMENT METHOD

I wish to arrange for premium payment method for my current and future premiums as ticked below:

☐ Own / spouse's / children's / grandchildren's / parents' CPF Medisave Account *(Please complete Section E)*

☐ Interbank GIRO *(Please complete GIRO form)*

☐ Cheque *(Please make cheque payable to* Aviva Ltd *and write your Name, NRIC and Policy Number on the reverse side of your cheque)*

SECTION E: AUTHORISATION BY CPF ACCOUNT HOLDER(S) *(For payment using CPF Medisave Account only)*

1. I authorise the Central Provident Fund Board to deduct premium(s) due for the Policyholder to be covered under this ElderShield Policy from my Medisave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the Central Provident Fund (Withdrawals for ElderShield Scheme) Regulations 2002 made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by Central Provident Fund Board from time to time.
2. I authorise the Central Provident Fund Board to deduct the available amount in my Medisave Account in the event that the balance in my Medisave Account is not sufficient to pay for an amount up to the premium due.
3. I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my Medisave Account as Central Provident Fund Board shall reasonably consider appropriate.

For payment through own/spouse's/children's/grandchildren's/parent's CPF Medisave Account, please complete the following:

CPF A/C Holder's Name	Date of Birth (dd/mm/yyyy)	CPF A/C No.	Relationship	% of Premium*	Signature of A/C Holder & Date

**Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%.*

SECTION F: DECLARATION

1. I understand that the insurance shall not take effect until it has been accepted by Aviva Ltd and the full premium has been received by the Company.
2. I hereby declare that the foregoing information is true and correct and I have not withheld any material information, whether written by me or by anyone else on my behalf and I accept full responsibility for them.
3. I hereby agree to purchase only one ElderShield Policy using Medisave with any insurer.
4. I agree and authorise any medical source, insurance office or organisation to release to Aviva Ltd, and Aviva Ltd to release to any of the prior mentioned organisations relevant information concerning me at any time, irrespective of whether the proposal is accepted by Aviva Ltd.
5. I agree to take sole responsibility to ensure this product is appropriate to my financial needs and insurance objectives.
6. I am aware that the product I am applying for is authorised for sale in Singapore and I acknowledge that the laws and regulations applicable to my nationality and country of residence allows my purchase of this product. I understand that no liability can be accepted by Aviva for any legal consequences under the laws of any other country or any tax implications that may arise in connection with my purchase of this product.

Declared on ______________________ (Date) Signature of Applicant ______________________

Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7988 Fax: (65) 6827 7900 www.aviva.com.sg
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date (dd/mm/yy)

Name of billing organisation ("BO"): **Aviva Ltd**

To: Name of Financial Institution

Name of Policyholder

Branch

Life Insurance Policy Number

a) I/We hereby instruct you to process the BO's instruction to debit my/our account.

b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s)

Mr/Mdm/Ms/Mrs/Dr#

Mr/Mdm/Ms/Mrs/Dr#

My/Our NRIC Number(s)

My/Our Account Number

My/Our Residential Address

My/Our Contact Number(s)

Office Tel No.

Home Tel No.

My/Our Signature(s)/Thumbprint(s)*

(As in Financial Institution's Records)

*For thumbprints, please go to the branch with your identification

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number	Billing Organisation's Customer Reference Number
7 1 7 1	0 2 7	0 2 7 0 0 0 7 5 9 7	

Bank	Branch	Account Number to be debited	Life Insurance Policy Number

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

- ☐ Signature/Thumbprint# differs from Financial Institution's records
- ☐ Wrong account number
- ☐ Amendments not countersigned by customer
- ☐ Signature/Thumbprint# is incomplete/unclear
- ☐ Account operated by Signature/Thumbprint#
- ☐ Others

Name of Approving Officer

Authorised Signature

Date

#Please delete where applicable

ElderShield Jan 2011

ELDERSHIELD PREMIUM TABLE
for Policyholders turning age 40 after 30 September 2007

Entry Age	No. of Premium Payments	Annual Premiums (S$)	
		Male	Female
40	26	174.96	217.76
41	25	182.03	227.11
42	24	189.71	237.29
43	23	198.12	248.41
44	22	207.36	260.60
45	21	217.53	274.03
46	20	228.78	288.87
47	19	241.27	305.32
48	18	255.21	323.68
49	17	270.83	344.23
50	16	288.44	367.40
51	15	308.44	393.70
52	14	331.34	423.79
53	13	357.79	458.55
54	12	388.67	499.13
55	11	425.19	547.10
56	10	469.03	604.68
57	9	522.60	675.03
58	8	589.48	762.94
59	7	675.36	875.94
60	6	789.68	1026.56
61	5	949.43	1237.34
62	4	1188.56	1553.35
63	3	1586.26	2079.69
64	2	2380.17	3131.62

1. Premiums quoted in this schedule are applicable to:
    a) New Policyholders who join the revised ElderShield Scheme from the Scheme Commencement Date under the Auto-Coverage Arrangement or the Opt-In Arrangement; and
    b) Existing Policyholders who join the revised ElderShield Scheme (with underwriting) from the Scheme Commencement Date.

2. Regular premiums shall be based on the age at which the Policyholder joined Eldershield.

3. Premiums quoted are inclusive of 7% GST.