



REQUEST FOR CHANGES TO INDIVIDUAL HEALTH POLICIES (MyShield/MyHealthPlus)

IMPORTANT NOTE:

PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (Cap. 142), YOU ARE TO DISCLOSE IN THIS REQUEST FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE NOTHING MAY BE PAYABLE UNDER THE POLICY.

Policy Number			
Name of Assured / Policyholder (Owner)		NRIC / FIN Number	
Name of Life Assured / Insured Person		NRIC / FIN Number	

Warning: You must give all the facts truthfully when you make this request for change. If you fail to reveal any material information in this Form, you may not receive any benefits under your policy or we may declare your policy as void or add extra terms on your policy. If you are in doubt as to whether a fact is material, you should reveal it anyway. This includes any fact which you may have given to your Financial Adviser Representative but is not included in this Form. Please check to ensure you are fully satisfied with the information declared in this Form. You may not alter any of the wording in this Form. Any attempt to do so will be of no effect.

SECTION A: CHANGE OF PLAN / OPTION

MyShield / MyHealthPlus

Important Notes:

- Any successful change of plan is subject to the definition of pre-existing conditions as stated in the policy contract.
- Full Medical Underwriting is required and "Policy Services Health Declaration Form" has to be completed and received by Aviva, if:
 - there is a change of existing underwriting option from Moratorium to Full Medical Underwriting; or
 - there is an upgrade of MyShield and/or MyHealthPlus under Full Medical Underwriting. The following are considered as an upgrade:
 - MyShield Standard Plan to MyShield Plan 1, 2 or 3
 - MyShield Plan 3 to MyShield Plan 1 or 2
 - MyShield Plan 2 to MyShield Plan 1
 - MyHealthPlus Option A to MyHealthPlus Option C
- Once your policy is under Full Medical Underwriting, you will not be eligible for Moratorium Underwriting.
- After full premium is received and all conditions met, Aviva will proceed to process your request for change of plan/option and notify you on when it will take effect.
- Please note that you cannot change your plan for a period of 40 days from the cover Start Date of your new Integrated policy or Effective Date of your last change of plan (whichever is applicable).
- If we approve the request for change of plan and receive payment within 40 days before the Renewal Date, we will start the new plan cover on the Renewal Date. If premium is not paid or any conditions are not met, Aviva will proceed to renew your existing plan first.
- When you change your plan for your MyShield policy, your plan for any existing MyHealthPlus policy you have with us will also change to follow the new plan for MyShield.
- For change of MyHealthPlus Option from A to C, if there is a change of Financial Adviser Representative, please complete a new MyShield/MyHealthPlus Application form
- MyShield Plan 3/MyShield Standard Plan is only applicable for Singaporeans/Singapore Permanent Residents. A photocopy of the NRIC /Certificate of Singapore Citizenship/Original Permanent Resident (PR) NRIC/Original Re-Entry Permit has to be submitted.
- MyShield Standard Plan commences from 02 May 2016 onwards. This Plan is only available under Full Medical Underwriting. Upon issuance of MyShield Standard Plan, any existing MyHealthPlus will be terminated and unused premium will be refunded.

SECTION A: CHANGE OF PLAN / OPTION (continued)

Change from Current Plan to	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Standard Plan		
Change of Current Option to (for existing MyHealthPlus only)	<input type="checkbox"/> Option A (Covers Co-Insurance) <input type="checkbox"/> Option C (Covers Co-insurance and Deductibles)		
<p>If you are upgrading your plan (see meaning of "upgrade" in Important Notes 2 above) , please complete questions 1 to 3 below:</p> <p>1. Have you had an application, reinstatement or renewal of a Life, Critical Illness, Health, Accident or Disability policy deferred or declined before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", your underwriting option would have to be Full Medical Underwriting and you are required to complete the Policy Services Health Declaration Form. Change of plan may be subject to new counter-offer terms by Aviva after underwriting.</p>			
Name of Insurer: <input type="text"/> Type of Policy: <input type="text"/> Reason: <input type="text"/>			
<p>2. Are you required to pay Additional Premiums for MediShield Life? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", your underwriting option would have to be Full Medical Underwriting and you are required to complete the Policy Services Health Declaration Form. Change of plan may be subject to new counter-offer terms by Aviva after underwriting.</p> <p>3. Have you ever experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • AIDS or HIV infection • Alzheimer's disease • Angioplasty • Any form of Cancer • Atherosclerosis • Autism • Bipolar Disorder • Chronic cor pulmonale • Chronic Kidney disease • Chronic Obstructive lung disease • Coronary Artery Disease (CAD) • Dementia • Diabetes Mellitus / Impaired Glucose tolerance • Down syndrome • Heart attack • Heart bypass </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Hepatitis C/D • Ischaemic Heart Disease (IHD) • Kidney failure • Liver cirrhosis • Multiple sclerosis • Muscular Dystrophy • Organ transplant • Osteoporosis • Paralysis • Polycystic Kidney disease • Pulmonary hypertension • Schizophrenia • Stroke </td> </tr> </table> <p>If "Yes", your underwriting option would have to be Full Medical Underwriting and you are required to complete the Policy Services Health Declaration Form. Change of plan may be subject to new counter-offer terms by Aviva after underwriting.</p>		<ul style="list-style-type: none"> • AIDS or HIV infection • Alzheimer's disease • Angioplasty • Any form of Cancer • Atherosclerosis • Autism • Bipolar Disorder • Chronic cor pulmonale • Chronic Kidney disease • Chronic Obstructive lung disease • Coronary Artery Disease (CAD) • Dementia • Diabetes Mellitus / Impaired Glucose tolerance • Down syndrome • Heart attack • Heart bypass 	<ul style="list-style-type: none"> • Hepatitis C/D • Ischaemic Heart Disease (IHD) • Kidney failure • Liver cirrhosis • Multiple sclerosis • Muscular Dystrophy • Organ transplant • Osteoporosis • Paralysis • Polycystic Kidney disease • Pulmonary hypertension • Schizophrenia • Stroke
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SECTION B: CHANGE OF PAYMENT METHOD

Important Note:

1. Please continue to pay your premiums in the current method till you receive notifications on the new payment arrangement.

Change of Payment Method	<input type="checkbox"/> Interbank GIRO (Please download and complete the Interbank GIRO Application Form at www.aviva.com.sg and mail back to Aviva) <input type="checkbox"/> Cash / Cheque
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SECTION C: CHANGE OF ASSURED / POLICYHOLDER (OWNER) AND PAYER

Important Notes:

1. If you are also the Assured / Policyholder (Owner) of an existing MyShield and MyHealthPlus, please note that the Owner for MyShield and MyHealthPlus will be changed at the same time.
2. For premium deduction via Medisave account, Assured / Policyholder (Owner) and Payer must be the same person. We will change the Payer on the Medisave portion for MyShield only with effect from the next premium due date.
3. To change the payment method for the MyShield's premium amount in excess of the Medisave Withdrawal Limit or MyHealthPlus premium payable only by Cash/Cheque/GIRO, please complete Section B.
4. For use of Child/Ward CPF Medisave account, please download and submit the Authorisation Form for Deduction of Premium from Child's/Ward's CPF Medisave Account – MyShield at www.aviva.com.sg/pdf/Deduction_of_Premium_from_Child_CPF_Medisave_Account-MyShield.pdf. If the new payer is a child/ward below 16, the owner of the policy will not be changed.
5. Free Cover for Child(ren)/Family Discount for Child(ren) benefit will cease if any of the parents are not insured under Plan 1 or 2.
6. If you have an existing life insurance policy with Aviva Ltd and there is a change in your tax residency, please complete the CRS Self Certification Form for Individual under "For Individual Life" section at <http://www2.aviva.com.sg/crs/resources-downloads.html> and mail back to Aviva Ltd.

Relationship of Life Assured to New Assured/Policyholder (Owner): Self Spouse Child Parent
 Grandparent

Details of New Assured / Policyholder (Owner) and Payer	
Note: Please submit a copy of NRIC / relevant pass for new Assured / Policyholder (Owner).	
Name	NRIC / FIN No.
Date of Birth (DD/MM/YYYY)	CPF Account No.
<input type="checkbox"/> Residential Address _____ _____ _____ Postal Code _____	<input type="checkbox"/> Update of Mailing Address (if different from Residential Address) _____ _____ _____ Postal Code _____
Your correspondences for all policies / accounts with Aviva will be sent to this new residential address. If you are our existing policyholder and you wish to receive your correspondences at another address for any of your policies, please complete Update of Mailing Address portion.	<input type="checkbox"/> Update all my policies / accounts with Aviva <input type="checkbox"/> Update Life and Health Insurance plan(s) only <input type="checkbox"/> Update General Insurance plan(s) only <input type="checkbox"/> Update the following policy / policies / accounts only (Please list the policy numbers below) _____ _____
Note: Proof of address is required for overseas address.	
Contact Details:	(Home) (Office) (Mobile) (Email Address)
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Nationality:	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Declaration of U.S. Indicia (This portion needs to be completed by Assured / Policyholder (Owner)) Do you have one or more U.S. Indicia*? <input type="checkbox"/> Yes <input type="checkbox"/> No (*U.S. Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number / US "in-care-of" or "hold mail" address) Do you give standing instructions to transfer funds to an account maintained in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you give effective power of attorney or signatory granted to a person with a U.S. address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C: CHANGE OF ASSURED / POLICYHOLDER (OWNER) AND PAYER (continued)

- Are you a US citizen or resident? Yes No
- Were you born in US? Yes No
- Do you have a US Taxpayer ID number? Yes No
- Do you have a US mailing or residential address (including a US post office box)? Yes No
- Do you have a US telephone number? Yes No
- Do you have a US "in-care-of" or "hold mail" address? Yes No

If **yes**, please complete the **United States of America (U.S) Person Declaration form** at <http://www.aviva.com.sg/fatca/resources-downloads.html> and mail back to Aviva).

SECTION D: CHANGE OF PERSONAL PARTICULARS

Important Notes:

- For change of personal particulars request, e.g. Name, NRIC/FIN No. and Date of Birth, please submit Singapore identification (Birth Certificate or NRIC) or a valid Foreign Identification Number (FIN) issued by the Immigration & Checkpoint Authority (ICA) of Singapore.
- As a precaution against unauthorized changes to addresses, acknowledgement letters will be sent to both new and previous addresses.
- If you're making changes to your nationality from a foreigner to a Singaporean/Singapore PR, please submit a copy of the Certificate of Singapore Citizenship/Original PR NRIC/Original Re-Entry Permit.
- If you have an existing life insurance policy with Aviva Ltd and there is a change in your tax residency, please complete the [CRS Self Certification Form for Individual](http://www2.aviva.com.sg/crs/resources-downloads.html) under "For Individual Life" section at <http://www2.aviva.com.sg/crs/resources-downloads.html> and mail back to Aviva Ltd.

New Name		
New NRIC / FIN No.		
New Date of Birth (DD/MM/YYYY)		
Change of Address Note: Proof of address is required for overseas address.	<input type="checkbox"/> Update of Residential Address _____ _____ _____ Postal Code _____ Your correspondences for all policies / accounts with Aviva will be sent to this new residential address. If you wish to receive your correspondences at another address for any of your policies, please complete Update of Mailing Address portion.	<input type="checkbox"/> Update of Mailing Address (if different from Residential Address) _____ _____ _____ Postal Code _____ <input type="checkbox"/> Update all my policies / accounts with Aviva <input type="checkbox"/> Update Life and Health Insurance plan(s) only <input type="checkbox"/> Update General Insurance plan(s) only <input type="checkbox"/> Update the following policy / policies accounts only (Please list the policy numbers below) _____

Declaration of U.S. Indicia (This portion needs to be completed by Assured / Policyholder (Owner))

- Do you have one or more U.S. Indicia*? Yes No
 (*U.S. Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number / US "in-care-of" or "hold mail" address)
- Do you give standing instructions to transfer funds to an account maintained in the U.S.? Yes No
- Do you give effective power of attorney or signatory granted to a person with a U.S. address? Yes No

SECTION D: CHANGE OF PERSONAL PARTICULARS (continued)

Are you a US citizen or resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you born in US?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a US Taxpayer ID number?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a US mailing or residential address (including a US post office box)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a US telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a US “in-care-of” or “hold mail” address?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Change of Contact Details	Residential No.:	Mobile No.:	Office No.:
	Email:		
Change of Signature *			
_____	_____	_____	
Name of Signatory	Previous Signature	New Signature	
* Please ensure that the previous signature is signed and it must be consistent with our record. Please come personally to Aviva if you are unable to sign the previous signature. If you are the Assured / Policyholder (Owner) of an existing MyShield and MyHealthPlus, please note that the change of signature will be applied for MyShield and MyHealthPlus			

SECTION E: TERMINATION**Important Notes:**

1. If you decide to cancel MyShield, your MyHealthPlus will also be cancelled.
2. You may cancel your policy during the policy year and after the free look period by giving us at least 30 days' written notice. We will refund you the pro-rated premium for the unexpired period of coverage.
3. You may cancel the policy with effect from the next Renewal Date by giving us at least 30 days' written notice of your intention not to renew your policy. The life assured's cover under your policy will end on the renewal date.

<input type="checkbox"/> MyShield
<input type="checkbox"/> MyHealthPlus Option A <input type="checkbox"/> MyHealthPlus Option B <input type="checkbox"/> MyHealthPlus Option C

SECTION F: AUTHORISATION AND DECLARATION

<p>1. I, the legal owner of this Policy, hereby request that this Policy be changed as indicated above 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. For Change of Plan, I understand and agree that if my request is accepted, Aviva may change the terms and conditions of the Policy. Any such change shall take effect as an amendment to and form part of the Original Policy issued from the effective date of the Change of Plan as notified to me by Aviva and be binding on any person who shall have or claim an interest under the Policy.</p> <p>2. I authorise the Central Provident Fund Board (the “CPFB”) to deduct premium(s) due for the Life Assured as named under this policy (the “Life Assured”) 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 CPFB 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).</p>

SECTION F: AUTHORISATION AND DECLARATION (continued)

3. I authorise the CPF Board to disclose/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the policy. 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 Board shall reasonably consider appropriate; and
 - (iii) the amount of premium subsidies for the Life Assured and the amount of additional premium applicable to the Life Assured.
4. I, the Life Assured named under this policy, hereby consent to the transfer and disclosure, at any time and without notice to me of any medical information on me, in the Insurer's or the CPF Board's possession, between the Insurer and the CPF Board for the purpose of assessing the insurability of me and/or the making of a claim under the PMIS.
5. I understand that any benefits payable under the policy are made to me, my legal representative, the hospital or such other authorised parties (as the case may be). Aviva will not make any payment in respect of any claim incurred unless full premium has been received by Aviva. I can contact my Financial Adviser Representative or visit the FAQs section in www.aviva.com.sg/myshield for claim procedures.
6. I understand that I can contact my Financial Adviser Representative or view a copy of the MyShield Policy Contract at www.aviva.com.sg/myshield for what my policy does not cover. However, some of these exclusions may be covered under MediShield Life. For exclusions that are covered under MediShield Life, Aviva will deal with my claim according to the terms and conditions and benefit limits of MediShield Life. If Aviva says that because of an exclusion or any other term or condition of my policy, any loss, damage, cost or expense is not covered by my policy, the burden is on me to prove otherwise.
7. I further declare that I am not an undischarged bankrupt and that I have committed no act of bankruptcy within the last 12 months and no receiving order or adjudication order in bankruptcy has been made against me during that period.
8. I understand that the Policy will be reinstated and the insurance cover restored only when an official letter confirming reinstatement has been issued by Aviva Ltd. Aviva Ltd will not be liable for any claims arising between the date of lapsing the Policy and the reinstatement date of the Policy. In addition, treatment provided to the Insured Person within 30 days of the reinstatement date will also not be covered unless the treatment received as an Inpatient is for injuries caused by an accident occurring after the reinstatement date.
9. I declare that all the information on this Form and Policy Services Health Declaration Form is true and complete to the best of my knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued null and void.
10. I agree to inform Aviva Ltd if there is any change in the state of my and/or my dependent(s)'s health/activities between the date of this form/Policy Services Health Declaration Form and the date of acceptance of terms by Aviva. I understand the terms of accepting me and/or my dependent(s) as a risk for insurance coverage may vary accordingly to such information received.
11. I am aware that :
- (i) An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage provided by the Insurance Company. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my Medisave account to pay for MediShield Life premiums on an ongoing basis before I consider purchasing an Integrated Shield Plan.
 - (ii) Each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan under the PMIS in favour of the Life Assured will be automatically terminated and upon the commencement of another Integrated Shield Plan in favour of the Life Assured, this MyShield policy will automatically terminate.
 - (iii) Replacing an existing Integrated Shield Plan could outweigh any potential benefit such as:
 - a) The new plan may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new plan may be less suitable for me.
 - b) If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.
 - c) If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions.

SECTION F: AUTHORISATION AND DECLARATION (continued)

12. I authorise any medical source, insurance office, or organisation to release to Aviva Ltd and similarly Aviva Ltd to release to any of the prior mentioned organisations, relevant information concerning me at any time, regardless of whether the request/application is accepted by Aviva Ltd. A photographic copy of this authorisation shall be valid as the original.
13. I/We consent to Aviva Ltd (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above change request and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva Ltd.
14. I/We also consent to Aviva Ltd (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Important Note:

- Signature of new Assured / Policyholder (Owner) is required if you have requested for change of Assured / Policyholder (Owner).
- We will replace our current records with the new mobile number and email address provided accordingly.

Signature of Assured / Policyholder (Owner) ▶ Your signature must be consistent with our record	Signature of Life Assured / Insured Person ▶ For age 16 years old and above ▶ Your signature must be consistent with our record	Signature of New Assured / Policyholder (Owner)
Name ▶ As in NRIC	Name ▶ As in NRIC	Name ▶ As in NRIC
NRIC / FIN Number	NRIC / FIN Number	NRIC / FIN Number
Signed Date ▶ DD/MM/YYYY	Signed Date ▶ DD/MM/YYYY	Signed Date ▶ DD/MM/YYYY
Mobile Number	Mobile Number	
Email address	Email address	