



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 No.	
Name of Life Assured / Insured Person		NRIC / FIN No.	

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

► Important Notes:

- When you change your plan for MyShield policy, your plan for any existing MyHealthPlus policy will also change to follow the new plan for MyShield.
- For change of plan to MyShield Standard Plan, any existing MyHealthPlus will be terminated and unused premium will be refunded.
- 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.
- Change of plan is not allowed 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.
- Any successful change of plan is subject to the definition of pre-existing conditions as stated in the policy contract.
- Once your policy is under Full Medical Underwriting, you will not be eligible for Moratorium Underwriting.

► Documents to be submitted:

- Policy Services Health Declaration Form is required, if:
 - there is a downgrade from any existing plan to MyShield Standard Plan; or
 - there is an upgrade of MyShield under Full Medical Underwriting.
 - there is an upgrade of MyHealthPlus Options under Full Medical Underwriting
- For change of plan to MyShield Plan 3/MyShield Standard Plan: copy of NRIC of the Assured/ Policyholder (Owner) is required.

► UPGRADE OR DOWNGRADE

For MyShield: **Please tick one PLAN**

Upgrade MyShield		Downgrade MyShield	
Current Plan	New Plan	Current Plan	New Plan
Plan 2	<input type="checkbox"/> Plan 1	Plan 1	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Plan 3	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2	Plan 2	<input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Standard Plan	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3*	Plan 3	<input type="checkbox"/> Standard Plan*

OR

**For Singaporean/PRs only*
Any existing MyHealthPlus options will be changed to the new option type (eg: Option C to C-II)

**For Singaporean/PRs only*
Any existing MyHealthPlus options will remain unless you have chosen to change the option type

For MyHealthPlus: **Please tick one OPTION**

Upgrade MyHealthPlus		Downgrade MyHealthPlus	
Current Option	New Option	Current Option	New Option
Option A	<input type="checkbox"/> Option C-II	Option A	<input type="checkbox"/> Option A-II
Option A-II		Option B-II	
Option B		Option C-II	
Option B-II		Option A & B	<input type="checkbox"/> Option A-II & B-II
		Option B	<input type="checkbox"/> Option A# <input type="checkbox"/> Option A-II <input type="checkbox"/> Option B-II
		Option C	<input type="checkbox"/> Option A# <input type="checkbox"/> Option A-II <input type="checkbox"/> Option C-II

#Downgrade of MyHealthPlus to Option A is not applicable if you have chosen to upgrade your MyShield Plan

► Option A / A-II covers Co-Insurance

► Option B / B-II covers Deductible

► Option C / C-II covers Co-Insurance and Deductible

SECTION B: UNDERWRITING HISTORY

► Important Notes:

If your policy is under Moratorium Underwriting and you are upgrading your plan, please complete questions 1 & 2 below.

► Documents to be submitted:

If any of the question is answered '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/options may be subject to new counter-offer terms by Aviva after underwriting.

<p>1. Have you had an application of a Life, Critical Illness, Health, Accident, Disability policy deferred, declined or required to pay Additional Premiums for MediShield Life?</p> <p>If 'Yes', please provide details below</p> <p>Name of Insurer: <input type="text"/> Type of Policy: <input type="text"/></p> <p>Reason: <input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>► If you are required to pay Additional Premiums for MediShield Life, please also provide a copy of the CPF MediShield Life Additional Premium Letter.</p>
<p>2. Have you ever experienced symptoms or received medical advice or had treatment for any of the following conditions (whether diagnosed or not)?</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 • 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 • Systemic Lupus Erythematosus (SLE) • Thalassemia intermediate/major 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

► Important Notes:

- 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.
- 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.
- Your existing payment method for MyShield's premium amount in excess of the Medisave Withdrawal Limit or MyHealthPlus premium will remain.
- If the new payer is a child/ward below 16, the owner of the policy will not be changed.

► Documents to be submitted:

- Copy of NRIC of the New Assured/ Policyholder (Owner)
- Proof of address is required for residential address update
 - For Singaporean/ Singapore PR: copy of identity card
 - For Passholders: recent utility bills or letters issued by a statutory or government body (dated within past 6 months). For full list of acceptable documents, please refer to www.aviva.com.sg.
- For use of Child/Ward CPF Medisave account, Authorisation Form for Deduction of Premium from Child's/Ward's CPF Medisave Account – MyShield is required.

Details of New Assured / Policyholder (Owner) and Payer	
Name	NRIC No.
Date of Birth (DD/MM/YYYY)	CPF Account No.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR
Relationship of Life Assured to New Assured/Policyholder (Owner): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent	

Address and Contact Details	
▶ You can now log on to MyAviva to update your address, mobile number and email address: www.aviva.com.sg/myaviva	
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.	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 policy numbers: _____ _____
MINDEF/MHA <input type="checkbox"/> Please also update the above new address for MINDEF/MHA plan(s) of the New Assured	
Mobile _____ Office _____ Home _____ Fax _____ Email _____	
Declaration of US Indicia Do you have one or more US Indicia*? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you give standing instructions to transfer funds to an account maintained in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you give effective power of attorney or signatory granted to a person with a US address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please complete the United States of America (US) Person Declaration form (available at http://www.aviva.com.sg/fatca/resources-downloads.html) and return to Aviva. <i>*US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address</i>	
Declaration of Tax Residency under the Common Reporting Standard Is there any change in the information that you have provided to Aviva Ltd that would result in a change in your tax residency status (for e.g. change in your residence/mailling/in-care of address, telephone number)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please complete the CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable) (available at http://www.aviva.com.sg/CRS/resources-downloads.html) and return to Aviva	

SECTION D: CHANGE OF PERSONAL PARTICULARS

- ▶ **Documents to be submitted:**
- a. 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.
 - b. 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.
 - c. Proof of address is required for residential address update
 - For Singaporean/ Singapore PR: copy of identity card
 - For Passholders: recent utility bills or letters issued by a statutory or government body (dated within past 6 months). For full list of acceptable documents, please refer to www.aviva.com.sg.

Change of personal particulars	
New Name	New NRIC / FIN No.
New Date of Birth (DD/MM/YYYY)	New CPF Account No.

Change of Address and Contact Details
► You can now log on to MyAviva to update your address, mobile number and email address: www.aviva.com.sg/myaviva

<p>Residential Address</p> <p>_____</p> <p>_____ Postal Code _____</p> <p>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.</p>	<p>Mailing Address (if different from Residential Address)</p> <p>_____</p> <p>_____ Postal Code _____</p> <p><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</p> <p>► Please list policy numbers: _____</p> <p>_____</p>
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MINDEF/MHA

Please also update the above new address for MINDEF/MHA plan(s) of the New Assured

Mobile _____ Office _____ Home _____ Fax _____

Email _____

Declaration of US Indicia

Do you have one or more US Indicia*? Yes No

Do you give standing instructions to transfer funds to an account maintained in the US? Yes No

Do you give effective power of attorney or signatory granted to a person with a US address? Yes No

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

**US Resident / Citizen / Place of Birth / Taxpayer ID number / Mailing or Residential Address / Contact Number/US "in-care-of" or "hold mail" address*

Declaration of Tax Residency under the Common Reporting Standard

Is there any change in the information that you have provided to Aviva Ltd that would result in a change in your tax residency status (for e.g. change in your residence/ mailing/in-care of address, telephone number)? Yes No

If **yes**, please complete the **CRS Self-Certification Form for Individual/Entity/Controlling Person (whichever is applicable)** (available at <http://www.aviva.com.sg/CRS/resources-downloads.html>) and return to Aviva

Change of Signature

Name of Signatory	Previous Signature	New Signature
<p>* 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</p>		

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.
4. For Singaporean/ Singapore PR, do note that MediShield Life coverage and premiums will continue even if you have cancelled MyShield policy.

► Please tick one of the plans/options below for termination:

- MyShield
 MyHealthPlus Option A/A-II
 MyHealthPlus Option B/B-II
 MyHealthPlus Option C/C-II

SECTION F: AUTHORISATION AND DECLARATION

► Important Notes:

1. Signature of new Assured / Policyholder (Owner) is required if you have requested for change of Assured / Policyholder (Owner).
2. Mobile number and email address provided will replace our records accordingly.

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.
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).
3. I authorise the CPFB 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 CPFB 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 CPFB's possession, between the Insurer and the CPFB 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.
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>.

Signature and Name of Assured / Policyholder (Owner) ► <i>Your signature must be consistent with our record ► Name as in NRIC</i>	Mobile number	Date ► DD/MM/YY
	Email address	

Signature and Name of New Assured / Policyholder (Owner) ► <i>Name as in NRIC</i>	Date ► DD/MM/YY
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