

USE OF MEDISAVE FROM NON-IMMEDIATE FAMILY MEMBERS TO PAY PREMIUM FOR ELDERSHIELD SUPPLEMENT / GREAT CARESHIELD

WARNING: IT IS AN OFFENCE TO MAKE ANY FALSE STATEMENT OR TO PRODUCE ANY DOCUMENT WHICH IS FALSE FOR ANY PURPOSE CONNECTED WITH THE CENTRAL PROVIDENT FUND ACT.

A DETAILS OF POLICY AND POLICYHOLDER

Plan Type	ElderShield Supplement	GREAT CareShield
Policy No.		
Full Name of Policyholder		
NRIC No.		
Singapore Citizen / Permanent Resident Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others, please specify: _____	
Email Address		
Contact No.	Mobile:	Home:

B DETAILS OF IMMEDIATE FAMILY MEMBERS

Notes
Please provide the details of all surviving immediate family member(s) below i.e. parents, spouse, children, grandchildren and siblings.

No.	Name	Date of Birth	NRIC No.	Relationship to the Policyholder
1				
2				
3				
4				

C REASON(S) FOR USE OF MEDISAVE FROM NON-IMMEDIATE FAMILY MEMBERS

Section I: Please delete accordingly. You may tick more than 1 box.*

I, the policyholder, hereby declare that

I have exhausted my CPF MediSave funds
 my *parents / spouse / children / grandchildren and/or siblings have exhausted their CPF MediSave funds
 my *parents / spouse / children / grandchildren and/or siblings are unable to afford the premium

Section II: You may tick more than 1 box.

I, the policyholder, hereby declare that

I am financially dependent on the Payer(s) indicated in Section D
 I am handicapped
 I am not working and have no regular income

- Please complete the next page -

Page 1 of 2

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D PAYMENT INSTRUCTIONS (Please note that the use of MediSave from Non-Immediate family members is subject to approval)

I would like to change the payment method and/or Payer(s) for the policy(ies) indicated in Section A as follows:

CPF MEDISAVE - To deduct from the following CPF MediSave Account(s) for my current and future premium payments:

	Payer (1)	Payer (2)	Payer (3)	Payer (4)
Name of CPF Account Holder				
Date of Birth				
NRIC No. / CPF Account No.				
Nationality				
Singapore Citizen / Permanent Resident Status ("Yes" or "No")				
Country of Birth				
Relationship to Policyholder				
% of Premium**	%	%	%	%
Signature of CPF Account Holder				

** Percentage in whole number. Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%. In the event when the deduction is unsuccessful or partial, balance premium will have to be paid by cash/cheque.

Authorisation by the CPF Account Holder(s)

- (a) I/We authorise the CPF Board to deduct the premium(s) due for the Policyholder to be covered under the policy(ies) from my/our MediSave Account(s) in accordance with the provisions of the Central Provident Fund Act 1953, 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/We authorise the CPF Board to deduct the available amount in my/our MediSave Account(s) in the event that the balance in my/our MediSave Account(s) is not sufficient to pay for the full premium(s) due.
- (c) I/We authorise the CPF Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my/our MediSave Account(s) as CPF Board shall reasonably consider appropriate.

E DECLARATION

1. I, the policyholder, declare that the particulars and information given in the application form are true and correct.
2. By providing the information set out above, I agree and consent to Great Eastern and its related corporations (collectively, the "Companies"), as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties (the Companies and all the other foregoing parties, collectively, "Great Eastern Persons") collecting, using, disclosing and sharing amongst themselves my personal data, for purposes reasonably required by the Companies to evaluate my proposal and to provide the products or services which I am applying for (including any policy renewals and policy upgrades, substitutions or replacements) and such other purposes as described in Great Eastern's Privacy Statement (collectively, the "Purposes"). These Purposes are set out in the Great Eastern's Privacy Statement, which is accessible at <http://www.greasternlife.com/sg/en/privacy-and-security-policy.html> and which I/we confirm I/we have read and understood.

Signature of Policyholder	Date