



# REQUEST FOR CHANGES TO INDIVIDUAL HEALTH POLICIES

**IMPORTANT NOTE:** PURSUANT TO SECTION 23(5) INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE INSURANCE EFFECTED MAY BE VOID.

Policy Number(s)  
 (Singlife Shield / Singlife Health Plus)  (Singlife Cancer Cover Plus)

Name of Assured / Policyholder (Owner)  NRIC / FIN No.

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

**WARNING:**

Anyone who pays for, or is insured under Singlife Shield / Singlife Health Plus is not eligible for Additional Premium Support (APS) from the Government.\*

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this Singlife Shield / Singlife Health Plus policy, you will stop receiving APS. This applies even if you are not the person paying for this Singlife Shield / Singlife Health Plus policy.

In addition, if you choose to be insured under this Singlife Shield / Singlife Health Plus policy, the policy paying for Singlife Shield / Singlife Health Plus will stop receiving APS, if he or she is currently receiving APS.

\*APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

## SECTION A: CHANGE OF MAIN PLAN / RIDER OPTION

If applicable, please complete the following for our processing:

### Free Cover for Child(ren) / Family Discount for Child(ren) - (FDC)

Other parent's name  NRIC / FIN No.

- 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, we 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.
- The dependant child (subject to a maximum of four (4) children), up to age 20 years old at age next birthday will be eligible for Family Discount for Child(ren) (FDC) under Singlife Shield Plan 2 if both parents are covered under Singlife Shield Plan 1 or Plan 2.
- The dependant child will be eligible for Free Cover for Child(ren) (FCC) under Singlife Health Plus Public (Plan 2) if both parents are covered under Singlife Shield Plan 1 or Plan 2, and Singlife Health Plus Private, Lite, Private Cover, Private Prime, Public, Lite or Public Prime.
- 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.
- For change of plan to Singlife Shield Standard Plan, any existing Singlife Health Plus will be terminated and unused premium will be refunded.

## SECTION A1: CHANGE OF MAIN PLAN ONLY

### Important Notes:

- Singlife Shield is your main plan, and Singlife Health Plus is an attached rider. If any changes are made to your Singlife Shield plan, your existing Singlife Health Plus rider will be updated to the corresponding new rider (Singlife Health Plus Private or Singlife Health Plus Public) aligned with your selected Singlife Shield plan type.
- If you wish to make changes to your Singlife Health Plus rider, please complete Section A2.

### Documents to be submitted:

#### 1. Policy Services Health Declaration Form required

- If you are upgrading your plan for Singlife Shield.
- If you request to upgrade the Life Assured's plan and your policy is under the moratorium underwriting option, the moratorium underwriting option will no longer apply and your policy will be assessed under the full medical underwriting option.
- Your request may be subjected to new counter-offer terms by Singapore Life Ltd. after underwriting.

Current Plan Type	Upgrade	Downgrade
Singlife Shield Plan 1		<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Singlife Shield Plan 2	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Singlife Shield Plan 3*	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2	<input type="checkbox"/> Standard Plan*
Singlife Shield Standard Plan*	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3*	

\* Applicable for Singaporeans or Singapore PRs only.

## SECTION A2: CHANGE OF HEALTH PLUS (RIDER)

### Important Notes:

The below rider option covers only Co-insurance and NOT Deductible. Please select this checkbox if you wish to have your rider coverage changed.

- Yes, I wish to change my rider to Singlife Health Plus Private (for Shield Plan 1) or Singlife Health Plus Public (for Shield Plan 2 & 3\*).

\* Applicable for Singaporeans or Singapore PRs only.

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

### Important Notes:

- If you are also the Assured / Policyholder (Owner) of an existing Singlife Shield and Singlife Health Plus, please note that the Owner for Singlife Shield and Singlife Health Plus 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 Singlife Shield only with effect from the next premium due date.
- Your existing payment method for Singlife Shield's premium amount in excess of the Medisave Withdrawal Limit or Singlife Health Plus premium will remain.
- If the new payer is a child/ward below 16, the owner of the policy will not be changed.
- You will receive your policy, any endorsements and communications electronically once they are ready. This will apply to all your individual life and health policies with Singapore Life Ltd. You may log on to MySinglife to opt for your preferred document option and may switch between e-documents and printed documents.

### Documents to be submitted:

#### 1. Copy of NRIC of the New Assured/ Policyholder (Owner)

#### 2. 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.singlife.com](http://www.singlife.com).

#### 3. For use of Child/Ward CPF Medisave account, Authorisation Form for Deduction of Premium from Child's/Ward's CPF Medisave Account – Singlife Shield is required.

Details of New Assured / Policyholder (Owner) and Payer	
Name <input style="width: 90%;" type="text"/>	NRIC No. <input style="width: 90%;" type="text"/>
Date of Birth (DD/MM/YYYY) <input style="width: 90%;" type="text"/>	CPF Account No. <input style="width: 90%;" type="text"/>
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 <input type="checkbox"/> Sibling
Address and Contact Details	
<i>You can log on to MySinglife to update your address, mobile number and email address: <a href="http://www.singlife.com/mysinglife">www.singlife.com/mysinglife</a></i>	
Residential Address	Mailing Address (if different from Residential Address)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 60%;" type="text"/> Postal Code <input style="width: 30%;" type="text"/>	<input style="width: 60%;" type="text"/> Postal Code <input style="width: 30%;" type="text"/>
Your correspondences for all policies / accounts with Singapore Life Ltd. 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 all Life and Health Insurance policy(ies)
	<input type="checkbox"/> Update the following policy(ies) only:
	Please list policy numbers <input style="width: 80%;" type="text"/>
MINDEF / MHA / POGIS	
<input type="checkbox"/> Please also update the above new address for MINDEF / MHA / POGIS plan(s) of the New Assured	
Mobile <input style="width: 60%;" type="text"/>	Office <input style="width: 60%;" type="text"/>
	Home <input style="width: 60%;" type="text"/>
	Fax <input style="width: 60%;" type="text"/>
Email <input style="width: 95%;" type="text"/>	

## SECTION B: CHANGE OF ASSURED/POLICYHOLDER (OWNER) AND PAYER *(continued)*

### 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 [www.singlife.com/fatca/resources-downloads](http://www.singlife.com/fatca/resources-downloads)) and return to Singapore Life Ltd.

\*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 Singapore Life 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 [www.singlife.com/CRS/resources-downloads](http://www.singlife.com/CRS/resources-downloads) and return to Singapore Life Ltd.

## SECTION C: AUTHORISATION AND DECLARATION

1. I/We, 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/We understand and agree that if my/our request is accepted, Singapore Life Ltd. ("Singlife") 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 Singlife and be binding on any person who shall have or claim an interest under the Policy.
2. I/We authorise the Central Provident Fund Board (the "CPF Board") to deduct premium(s) due for the Life Assured as named under this policy (the "Life Assured") from my/our Medisave account (including any new Medisave account(s) which I/We may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act 1953, the MediShield Life Scheme Act 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 CPF Board 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/We 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/our Medisave account and my/our 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. (Applicable if Life Assured is the sibling of the Assured/Policyholder) I/We confirm, warrant and represent that I/We am/are responsible for bearing the healthcare costs, including the costs to be covered in respect of the Life/Lives to be insured named under this application and I/We will suffer direct financial loss if any of the events to be insured under this application occurs. Accordingly, I/We acknowledge and agree that I/We have an interest in the subject matter and events to be insured.
5. I/We, the Life Assured named under this policy, hereby consent to the transfer and disclosure, at any time and without notice to me/us of any medical information on me/us, 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/us and/or the making of a claim under the PMIS.
6. I/We 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). Singlife will not make any payment in respect of any claim incurred unless full premium has been received by Singlife. I/We can contact my Financial Adviser Representative or visit the FAQs section in [www.singlife.com](http://www.singlife.com) for claim procedures.

## SECTION C: AUTHORISATION AND DECLARATION *(continued)*

7. I/We understand that I/We can contact my Financial Adviser Representative or view a copy of the Singlife Shield Policy Contract at [www.singlife.com/en/insurance/life-and-health](http://www.singlife.com/en/insurance/life-and-health) 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, Singlife will deal with my claim according to the terms and conditions and benefit limits of MediShield Life. If Singlife 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.
8. I/We further declare that I/We am/are not an undischarged bankrupt and that I/We 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/us during that period.
9. I/We understand that the Policy will be reinstated and the insurance cover restored only when an official letter confirming reinstatement has been issued by Singlife. Singlife 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.
10. I/We declare that all the information on this Form and Policy Services Health Declaration Form is true and complete to the best of my/our knowledge and understand that any misrepresentation or concealment of facts shall render the policy to be issued null or void.
11. I/We agree to inform Singlife 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 Singlife. I/We understand the terms of accepting me and/or my dependent(s) as a risk for insurance coverage may vary accordingly to such information received.
12. I/We am/are 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/We 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 Singlife Shield 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/We am/are switching to this plan and I/We have existing medical conditions that are currently covered by my/our existing plan, I/We am/are aware that I/We may lose coverage for those conditions.
    - c. If I/We am/are replacing my/our existing plan by upgrading to this plan and I/We have existing medical conditions that are currently covered by my/our existing plan, I/We am/are aware that I/We may not be given the enhanced benefits for those conditions.
13. I/We authorise any medical source, insurance office, or organisation to release to Singlife and similarly Singlife to release to any of the prior mentioned organisations, relevant information concerning me/us at any time, regardless of whether the request/application is accepted by Singlife. A photographic copy of this authorisation shall be valid as the original.
14. I/We consent to Singlife collecting, using and/or disclosing my/our personal data for the processing of the above transaction as described in this form; statistical, research, compliance, audit and regulatory purposes; and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.
15. I/We also consent to Singlife disclosing and transferring my/our personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my financial adviser, where applicable); (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purposes, and managing my/our relationship with Singlife related group of companies.

**SECTION C: AUTHORISATION AND DECLARATION** *(continued)*

16. Where applicable, I/we confirm that for the personal data of other individuals (contained in this form) that I/we have disclosed to Singlife, that I/we have prior to disclosing such personal data to Singlife, obtained the appropriate consent from the individual(s) to:
- permit me/us to collect, use and/or disclose the individual's(s') personal data to Singlife for the above purposes;
  - permit Singlife to collect, use and/or disclose the individual's(s') personal data for the above purposes; and
  - permit Singlife to disclose and/or transfer the individual's(s') personal data to (i) Singlife related group of companies, third party service providers, reinsurers, suppliers and intermediaries (including my/our financial adviser, where applicable); (ii) the Government of Singapore; (iii) statutory boards; and (iv) organisations approved by the Government of Singapore, whether located in Singapore or elsewhere, for the above purposes, and managing my/our relationship with Singlife related group of companies.
17. I/We confirm that I/we have read, understood and agree to be bound by the terms of Singlife's Data Protection Notice (which may be found on <https://singlife.com/en/pdpa>) as may be amended, supplemented and/or substituted by Singlife from time to time, and confirm that I/we am/are aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on Singlife's website and such version shall bind me/us upon posting and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

**Warning:** You provide all facts truthfully when you submit this request for change. Should you fail to reveal any material information in this Form, you may not receive any benefit under your policy, or we may declare your policy as void or amend/add additional terms on your policy. When in doubt as to whether a fact is material, you should reveal it. This includes any fact which you may have provided to your Financial Adviser Representative and not included in this Form. Please check to ensure you are satisfied with the information declared in this Form. Details in this submitted form cannot be altered upon submission. Any attempt to do so will be voided.

**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.

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