



REQUEST FORM

Policy Number
(for existing policy only)

Assured/Policyholder's NRIC Number
(required if policy number is not provided)

Name of Assured/Policyholder

Relationship to Life Assured

☐ Father ☐ Mother ☐ Legal Guardian

Name of Life Assured

Life Assured's Medisave Account Number

☐ Authorisation for Deduction of Singlife Shield Premiums from Child/Ward's Medisave Account (please tick)

- ☒ I confirm that the Life Assured is my Child/Ward's and is below 21 years of age.
- ☒ Please deduct the premium for the Life Assured from his/her Medisave Account.
- ☒ I confirm that I have received the notification letter from the Central Provident Fund Board ("CPFB") confirming the grant is successfully deposited into the Child/Ward's Medisave Account. If there is insufficient fund in the Child/Ward's Medisave Account, please deduct the premium for him/her from my Medisave Account.

Authorisation & Declaration by Parent/Legal Guardian of the Medisave Account Holder

1. I, on behalf of my child/ward, hereby authorise the Central Provident Fund Board (the "CPFB") to deduct premium(s) due for the Life/Lives to be Insured as named under this application/Policy (the "Life/Lives to be Insured") from my child/ward's 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 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 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).
2. I, on behalf of my child/ward, authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued under this application/Policy. Such information includes but is not limited to:
 - a. payment and amount of premiums due, including the deduction of premiums from my child/ward's Medisave Account and the Medisave Account balance;
 - b. the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
 - c. the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.
3. I/We consent to Singapore Life Ltd. ("Singlife") (and Singlife related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife.
4. I/We also consent to Singlife (and Singlife related group of companies) disclosing and transferring my/our personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.
5. I/We have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am/We are aware that I/we should visit your website regularly to ensure that I am/we are well informed of the updates.

Name of Parent/Legal Guardian of the Medisave Account Holder

Email address

Mobile number

Signature

Date (DD/MM/YYYY)

Mobile number and email address provided will replace our records accordingly.