



## 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.

<b>Policy Number(s)</b>	_____ (MyShield) _____ (MyHealthPlus)
<b>Name of Assured / Policyholder (Owner)</b>	<b>NRIC / FIN No.</b>
<b>Name of Life Assured / Insured Person</b>	<b>NRIC / FIN No.</b>

**WARNING:**  
 Anyone who pays for, or is insured under MyShield/MyHealthPlus 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 MyShield/MyHealthPlus policy, you will stop receiving APS. This applies even if you are not the person paying for this MyShield/MyHealthPlus policy.

In addition, if you choose to be insured under this MyShield/MyHealthPlus policy, the policy paying for MyShield/MyHealthPlus 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 PLAN / OPTION

If applicable, please complete the following for our processing:

<b>FCC/FDC or Preferred Rate for child(ren)</b>	
Other parent's name	NRIC / FIN No

#### 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.
- 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, Singapore Life Ltd. 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.
- 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.
- 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 MyShield Plan 2 if both parents are covered under MyShield Plan 1 or Plan 2.
- The dependant child will be eligible for Free Cover for Child(ren)(FCC) under MyHealthPlus Plan 2 Option A or A-II if both parents are covered under MyShield Plan 1 or Plan 2 and MyHealthPlus Option A, C, A-II or C-II.
- The dependant child will be eligible for Preferred Rate for Children under MyHealthPlus Plan 2 Option C or C-II if both parents are covered under MyShield Plan 1 or Plan 2 and MyHealthPlus Option A, C, A-II or C-II.
- For change of plan to MyShield Standard Plan, any existing MyHealthPlus will be terminated and unused premium will be refunded.
- Once your policy is under Full Medical Underwriting, you will not be eligible for Moratorium Underwriting.

#### Documents to be submitted:

1. **Policy Services Health Declaration Form if you are**
  - Downgrading from any existing plan (Moratorium underwriting) to MyShield Standard Plan
  - Upgrading of MyShield under Full Medical Underwriting
  - Upgrade of MyHealthPlus Options under Full Medical Underwriting
2. **Copy of NRIC of Assured / Policyholder (Owner) and Life Assured (Insured Person) if you are**
  - Changing Plan to MyShield Plan 3 / MyShield Standard Plan

**A.1 - Upgrade or Downgrade of Plan:** Please select the plan you wish to upgrade or downgrade to.

Current Plan	Upgrade to	Downgrade to
Plan 1	Not applicable	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Plan 2	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 3* <input type="checkbox"/> Standard Plan*
Plan 3	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2	<input type="checkbox"/> Standard Plan
Standard Plan	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	Not applicable
Important Notes	<p>If you have an existing MyHealthPlus, upgrading your MyShield will change your MyHealthPlus to the new option type.</p> <p>For example, when you upgrade from Plan 2 to Plan 1, your MyHealthPlus Option C will be changed to MyHealthPlus Option C-II.</p>	<p>If you have an existing MyHealthPlus, you can still keep your existing MyHealthPlus option should you downgrade your MyShield.</p> <p>However, your existing MyHealthPlus would be terminated if you downgrade to MyShield Standard Plan.</p>

\*Applicable for Singaporean or PRs only

**A.2 - Upgrade or Downgrade of Options:** Please select the option you wish to upgrade or downgrade to.

Current Plan	Upgrade to	Downgrade to
Option A		<input type="checkbox"/> Option A-II
Option A-II		Not applicable
Option B	<input type="checkbox"/> Option C-II	<input type="checkbox"/> Option A (not applicable if you have chosen to upgrade your MyShield Plan) <input type="checkbox"/> Option A-II <input type="checkbox"/> Option B-II
Option B-II		Not applicable
Option C	Not applicable	<input type="checkbox"/> Option A (not applicable if you have chosen to upgrade your MyShield Plan) <input type="checkbox"/> Option A-II <input type="checkbox"/> Option C-II
Option C-II	Not applicable	<input type="checkbox"/> Option A-II
Option A & B	Not applicable	<input type="checkbox"/> Option A-II & B-II

**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 Singapore Life Ltd. 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"> <li>• AIDS or HIV infection</li> <li>• Alzheimer's disease</li> <li>• Angioplasty</li> <li>• Any form of Cancer</li> <li>• Atherosclerosis</li> <li>• Autism</li> <li>• Bipolar Disorder</li> <li>• Chronic cor pulmonale</li> <li>• Chronic Kidney disease</li> <li>• Chronic Obstructive lung disease</li> <li>• Coronary Artery Disease (CAD)</li> <li>• Dementia</li> <li>• Diabetes Mellitus / Impaired Glucose tolerance</li> <li>• Down syndrome</li> <li>• Heart attack</li> <li>• Heart bypass</li> <li>• Hepatitis C/D</li> <li>• Ischaemic Heart Disease (IHD)</li> <li>• Kidney failure</li> <li>• Liver cirrhosis</li> <li>• Multiple sclerosis</li> <li>• Muscular Dystrophy</li> <li>• Organ transplant</li> <li>• Osteoporosis</li> <li>• Paralysis</li> <li>• Polycystic Kidney disease</li> <li>• Pulmonary hypertension</li> <li>• Schizophrenia</li> <li>• Stroke</li> <li>• Systemic Lupus Erythematosus (SLE)</li> <li>• Thalassaemia intermediate/major</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**SECTION C: TERMINATION**

**Important Notes:**

- If you decide to cancel MyShield, your MyHealthPlus will also be cancelled.
- 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.
- 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.
- 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

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 (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 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/myshield](http://www.singlife.com/myshield) for claim procedures.
7. I/We understand that I/We can contact my Financial Adviser Representative or view a copy of the MyShield Policy Contract at [www.singlife.com/en/insurance/life-and-health/my-shield](http://www.singlife.com/en/insurance/life-and-health/my-shield) 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 and 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 MyShield policy will automatically terminate.

(iii) Replacing an existing Integrated Shield Plan could outweigh any potential benefit such as:

- 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.
- 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.
- 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 (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.

15. 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.

16. I/We have read and understood Singlife's Data Protection Notice which may be found at [www.singlife.com/pdpa](http://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.

**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 received 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.**

**Important Notes:**

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

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