



# REQUEST FORM

Policy Number

Assured/Policyholder's NRIC Number

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 ("CPFBoard") 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 "CPFBoard") 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 CPFBoard 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 CPFBoard 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 CPFBoard 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. For and on behalf of myself and the Life Assured, I/we consent to Singapore Life Ltd. ("Singlife") collecting, using and/or disclosing my/our personal data for the following purposes:
  - for the processing of the above transaction as described above, and any such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Singlife; and
  - for statistical, research, audit, compliance and regulatory purposes.
4. For and on behalf of myself and the Life Assured, 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/our financial adviser, where applicable); (ii) the Government of Singapore, where applicable; (iii) statutory boards, where applicable; and (iv) organisations approved by the Government of Singapore, where applicable, whether located in Singapore or elsewhere, for the above purposes and managing my/our relationship with Singlife related group of companies.
5. For and on behalf of myself and the Life Assured, 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 until such time I/we withdraw the consent or revoke the arrangement indicated above, and/or where I/we continue to use the relevant products and services offered by Singlife to which such terms relate to.

Name of Parent/Legal Guardian of the MediSave Account Holder

Signature

Email address

Mobile number

Date (DD/MM/YYYY)

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