

## ACCIDENT & HEALTH PLANS APPLICATION FOR CHANGE

POLICY NUMBER (S): \_\_\_\_\_  
NAME OF POLICYHOLDER: \_\_\_\_\_  
NRIC / PASSPORT NUMBER: \_\_\_\_\_

☐ Please tick the check boxes

### 1. Change of Payment Frequency

- ☐ Yearly  
☐ Monthly (Please submit GIRO Application Form - CS105 or Credit Card Authorisation Form - CS243)

**Note: Not applicable for GREAT SupremeHealth Plan (GSH only allows yearly mode)**

### 2. Payment Method for GREAT SupremeHealth Policy

- ☐ I wish to change the Payment Method from CPF Medisave to Cash  
(Note: Please select this option only if you wish to pay full premium via Cash, Recurrent Credit Card or Giro)

- ☐ I wish to change the Payment Method from Cash to CPF Medisave.

I confirm my CPF Medisave Account Number: \_\_\_\_\_ **(COMPULSORY TO COMPLETE)**

**If you have obtained residency (Singapore Citizen/ Singapore Permanent Resident), please provide us a copy of your NRIC.**

*Note: For premium payments using CPF Medisave, the Policyholder must be Self or Spouse/ Child/ Parent/ Sibling/ Grandparent to the Life Assured. For all other relationships (e.g. uncle, aunt, etc), the Policyholder needs to seek approval from CPF Board and append the approval to this form as a supporting document.*

1. I understand that future premium(s) under the policy(ies) stated above will be deducted from my Medisave Account.
2. I authorise CPF Board to deduct the premium(s) due for the Life/Lives Assured to be covered as named under the policy(ies) stated above from my Medisave Account in accordance with the provision of the CPF Act (Chapter 36), and the regulations made thereafter as amended from time to time subject to all terms and conditions as may be imposed by CPF Board from time to time.
3. I authorise CPF Board to deduct the premium(s) due under the policy from my new Medisave Account should I be given a new Medisave Account upon obtaining Singapore Permanent Residence Status.
4. I authorise the CPFB to disclose information/ seek information on a confidential basis to/ from any insurer(s) relating to:
  - a) Payment of premium(s) due under this policy(ies) stated above, including the deduction of premiums from my Medisave Account/new Medisave Account; and
  - b) The making of refund(s) under this policy(ies) stated above, as CPFB shall reasonable consider appropriate.
5. I/We, the Life/ Lives Assured named under this application, 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 CPFB's possession, between:
  - a) The Insurer and the CPFB; and
  - b) The Insurer and other Insurers administering or operating an insurance scheme referred to in section 77(1)(k) of the Central Provident Fund Act (Chapter 36), for the purpose of assessing the insurability of me/us and/or the making of a claim under the Central Provident Fund (Medishield Scheme) Regulations (Rg.20) or under an insurance scheme referred to in section 77(1)(k) of the Central Provident Fund Act (Chapter 36).
6. I hereby consent to be bound by the terms and conditions under the policy stated above.

### 3. Change in Occupation/ Avocation/ Country of Residence

- ☐ Change of Life Assured's occupation to \_\_\_\_\_. I understand that the new premium payable will be based on the new occupation. Brief description of duties: \_\_\_\_\_  
Date of Change: \_\_\_\_\_
- ☐ The Life Assured has taken new avocation / hobby(ies). I understand that the new premium payable will be adjusted accordingly based on the newly acquired avocation / hobby(ies).  
New Avocation / Hobby(ies): \_\_\_\_\_  
Brief description: \_\_\_\_\_
- ☐ Change of Country of Residence: \_\_\_\_\_ (other than Singapore)  
Date of Departure: \_\_\_\_\_ Period of Stay: \_\_\_\_\_

### 4. Delete Life Assured

To delete the following Life Assured:

Name of Life Assured	NRIC Number

**Note: For deletion of Life Assured from the policy, please note that medical conditions that develop subsequently may not be covered if the life is to be added again.**

POLICY NUMBER (S): \_\_\_\_\_

**5. Reduction of Benefits  
(Applicable for Standalone Accident Plans)**

☐ Reduction in sum assured

Benefit Type: \_\_\_\_\_ Sum Assured: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Benefit Type: \_\_\_\_\_ Sum Assured: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

☐ Downgrade of Plan

Plan Type: From \_\_\_\_\_ To \_\_\_\_\_

**Note: Changes will take effective from next renewal**

☐ Cancellation of Rider(s) Applicable for GREAT Protector Active

Rider(s) Name: \_\_\_\_\_

**6. Downgrade of Plan & Cancellation of Rider  
(Applicable for GSH & GTC Plans)**

Downgrade of GREAT SupremeHealth / GREAT TotalCare (Please tick the plan type)

GREAT SupremeHealth	GREAT TotalCare
	<input type="checkbox"/> P OPTIMUM*
<input type="checkbox"/> P Prime	
<input type="checkbox"/> A Plus	<input type="checkbox"/> A <input type="checkbox"/> BASIC A
<input type="checkbox"/> B Plus <input type="checkbox"/> Standard Plan To submit duly signed Policy Illustration & Product Summary. Please contact Financial Rep for assistance.	<input type="checkbox"/> B <input type="checkbox"/> BASIC B  <input type="checkbox"/> Cancellation of GREAT TotalCare Plus Essential Rider

**Note: Please complete CDM100 if there is any change of Nationality for the Life Assured.**

**Refund Option (PayNow / Direct Credit)**

For cash refund, will be defaulted to PayNow to Payee's Singapore NRIC/FIN linked bank account payee.

Please provide us your personal bank account if you do not have a registered PAYNOW account.

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please submit a copy of your bank statement / passbook / e-statement showing your name and account number only (with transaction and other details blanked out) for verification.**

**Note: Issuance of cheque will be ceased.**

**Please read the notes carefully:**

- 1) GREAT SupremeHealth and GREAT TotalCare are to be of matching plan types as per the above boxes.
  - 2) Downgrade of GREAT SupremeHealth and GREAT TotalCare will take effect on the same effective date.
  - \*3) Downgrade to GTC P Optimum no later than 6 months from the renewal date of GTC P Signature policy.
  - 4) A downgrade request, once submitted, is final and cannot be revoked. Subsequent upgrades, if any, will be subjected to standard underwriting requirements.
- Applicable to Foreigners:**
- 5) Foreigners cannot downgrade to GREAT SupremeHealth B Plus and GREAT TotalCare B tier & below.
  - 6) Any change in Life Assured's ID after the downgrade is processed, the integration will take effect from the effective date of downgrade.

**I confirm that my Financial Representative had explained to my satisfaction the implications with this downgrade & based on his / her recommendation. I agree to proceed with this downgrade of plan.**

**7. Other Requests**

☐ Others: \_\_\_\_\_

Signature of Policyholder / Assignee  
(and company stamp, if applicable)

Contact no. / E-mail Address

Date (DD/MM/YYYY)

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