

AUTHORISATION FORM FOR EXTENSION OF MEDICAL COVERAGE PERIOD (CSD-CS99VSPH) FOR SMART PREMIER HEALTH (SPH) ONLY

(This form is only applicable for the period from 01/04/2021 to 31/05/2021)

Policy No.	<input type="text"/>	Name of Life Assured	<input type="text"/>
Old NRIC/ Birth Certificate/ Passport No.	<input type="text"/>	New NRIC No.	<input type="text"/> - <input type="text"/> - <input type="text"/>
**Mobile Number	<input type="text"/>		
**Email Address	<input type="text"/>		

** The information required will be used to send electronic communication by the Company.

A. CONTRACTUAL CHANGES

TERMS AND CONDITIONS

1. The extension of medical coverage period is from age 80 years next birthday to age 99 years next birthday.
2. The eligibility of the extension of the medical coverage is only applicable for life assured age 69 years next birthday and below, and is for selected basic plans as determined by the Company.
3. The medical rider for the extension of the medical coverage of the existing medical rider(s) shall follow the underwriting decision of the existing medical rider(s).
4. Existing medical rider(s) as stated above refers to the primary medical rider and secondary medical rider(s) (if any) attaching to the policy.
5. The increased insurance charge will be deducted monthly from the value of your units, starting from the policy anniversary of the basic plan when you reach age 80 years next birthday.
6. The delivery of any communication / documentation will be done via e-Connect and an Endorsement will be issued electronically to include this benefit to your policy. For this purpose, please sign up as an e-Connect user at <https://econnect-my.greatasteasternlife.com> and login to e-Connect to view and download the endorsement.



I have read and understood the Terms and Conditions above and I would like to extend the coverage of my existing medical rider(s) to the policy anniversary of the basic plan up to age 99 years next birthday.

B. DATA PROTECTION NOTICE

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at greatasteasternlife.com. If you have any inquiry (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Careline at 1300-1300 88 or Privacy Officer at +603 4813 3796, or write to the Company.

C. DECLARATION AND AUTHORISATION BY THE LIFE ASSURED AND POLICY OWNER

I hereby declare and agree to the following on behalf of myself and any person or entity who may have or claim any interest in the policy issued pursuant to this form.

1. All the information provided in this application form by me are complete and accurate.
2. I have fully read, understood and agreed with the contents of and the Terms and Conditions contained in this authorisation form.
3. I understand that the eligibility of the extension of the medical coverage is only applicable if my age next birthday is age 69 years next birthday and below, and is for selected basic plans as determined by the Company.
4. I have fully read and understood the Data Protection Notice above and I agree that the Company may process the personal information in the manner set out in the said Notice.
5. I hereby irrevocably authorise the Company to deduct the increased monthly insurance charges from the Total Investment Value of my policy in all circumstances including but not limited to the event when any premium due is not paid. This deduction shall be made in accordance with the terms and conditions as specified in my policy.

CSD-CS99VSPH-V00-042021 (EN)

Date

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Day Month Year

Signature of Policy Owner
(As in Great Eastern records)

Name: _____

NRIC No.: _____

Tel No.: _____

Signature of Witness+

Name: _____

NRIC No.: _____

Tel No.: _____

D. CONSENT TO REQUEST FOR ALTERATIONS

I, the Conditional Assignee, hereby irrevocably and unconditionally give my consent to the Policy Owner for the amendment(s) requested. I further agree that I shall hold the Company harmless in respect of any and all consequences and things which may arise as a result of its compliance with the Policy Owner's instruction to any of the above deeds and acts.

Signature of Conditional Assignee

Name: _____

NRIC No.: _____

Tel No.: _____

Signature of Witness+

Name: _____

NRIC No.: _____

Tel No.: _____

Note: If the policy is conditionally assigned, consent is required from the conditional assignee. Otherwise, please leave this portion blank.

+ STATEMENT OF WITNESS

I hereby witness and certify that the signature(s) in this form were made before me and that to my own personal knowledge it is the signature(s) of the Policy Owner / Life Assured / Assignee under the Policy Number as mentioned above.

E. AGENT'S / THE FAR'S / OFFICER'S DECLARATION

I hereby declare that I have sighted the original *NRIC / Passport / Birth Certificate of the Life Assured and the Policy Owner and verified the identity(ies) of the Life Assured and the Policy Owner through the use of such *NRIC / Passport / Birth Certificate. I further declare that I have disclosed all required information and advice to the Policy Owner. I have also explained and given the Policy Owner the full set of Company's Product Disclosure Sheet relevant to the proposed products.

Signature of the *Agent / the FAR / Officer

Name

If signed by FAR, please state the name of FAR's FA

A/C No.