ACCIDENT & HEALTH PLANS APPLICATION FOR CHANGE

Great Eastern
A member of the OCBC Group

POLICY NUMBER (S): _____

NAME OF POLICYHOLDER: _____

NRIC NUMBER / PASSPORT NUMBER: _____

☐ **Please tick the check boxes**

PAYMENT CHANGES

1. Change of Payment Frequency

Note: This is not applicable for Supreme Health Plan *(SHP only allows for yearly mode)*

☐ Yearly

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

2. Payment Method for Supreme Health 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/ Cheque, 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.

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 Live(s) 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 an insurance scheme referred to in section 77(1)(k) of the Central Provident Fund Act (Chapeter 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.

POLICY CHANGES

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.

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
Customer Service Department
1 Pickering Street #01-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), +65 6248 2888 (Overseas) Fax: +65 6535 2836 / +65 6534 5568
Email: wecare-sg@greateasternlife.com Website: greateasternlife.com

ROTH
CS212 SEPT 2019

ACCIDENT & HEALTH PLANS
APPLICATION FOR CHANGE

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

6. Downgrade of Plan & Cancellation of Rider
(Applicable for Hospital Plans)

Downgrade of GREAT SupremeHealth/ GREAT TotalHealth/ GREAT TotalCare

GREAT SupremeHealth	GREAT TotalHealth		GREAT TotalCare
	☐ PLATINUM SELECT *(To submit CS240 for upgrade from Platinum Select to ELITE-P)*		☐ ELITE-P ☐ CLASSIC-P
☐ A PLUS	☐ GOLD	OR	☐ ELITE-A ☐ CLASSIC-A
☐ B PLUS ☐ STANDARD PLAN (To submit duly signed Policy Illustration & Product Summary. Please contact Financial Rep for assistance.)	☐ SILVER		☐ ELITE-B ☐ CLASSIC-B

Downgrade/ Cancellation of GREAT TotalHealth/ TotalCare Plus Rider

GREAT TotalHealth/ TotalCare Plus Rider ☐ Downgrade to Essential ☐ Cancellation of Rider

Notes:

i) GREAT SupremeHealth & GREAT TotalHealth/TotalCare are to be of matching plan types as per the above Boxes.
ii) If you are holding a GREAT TotalCare, you cannot downgrade to the plan types within GREAT TotalHealth.
iii) Downgrade of GREAT SupremeHealth & GREAT TotalCare will take effect on the same effective date.
iv) Foreigners have to maintain at GREAT Supreme Health P Plus and GREAT TotalHealth Platinum or GREAT TotalCare ELITE-P or CLASSIC-P.
v) Once your downgrade has been processed, you will not be allowed to change back to the previous plan.

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

7. Other Requests

☐ Others: _____

_____

_____ _____ _____

Current Signature of Policyholder / Assignee (as per records) | Contact No. / E-mail Address | Date

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
Customer Service Department
1 Pickering Street #01-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), +65 6248 2888 (Overseas) Fax: +65 6535 2836 / +65 6534 5568
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