

**CHANGE PAYMENT METHOD & AUTHORISATION FOR  
ELDERSHIELD / GREAT CARESHIELD**

**A DETAILS OF POLICY AND POLICYHOLDER**

Plan Type	ElderShield	GREAT CareShield
Policy No.		
Full Name of Policyholder		
NRIC No.		
Email Address		
Contact No.	Mobile:	Home:

**B PAYMENT INSTRUCTIONS**

Please tick the relevant box(es) below:

- I would like to re-deduct the current premium for the policy(ies) indicated in Section A; and/or
- I would like to change the payment method for the policy(ies) indicated in Section A as follows:

 **CPF MEDISAVE**

 To deduct from the following CPF MediSave Account(s) for my current and future premium payments:

Name of CPF Account Holder	Date of Birth	NRIC No. / CPF Account No.	Relationship to Policyholder*	% of Premium**	Signature of CPF Account Holder
				%	
				%	

\* The CPF Account Holder must be the Policyholder or the spouse / child / parent / grandchild / sibling of the Policyholder.

\*\* Percentage in whole number. Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%. In the event when the deduction is unsuccessful or partial, balance premium will have to be paid by cash/cheque.

Authorisation by the CPF Account Holder(s)

- (a) I/We authorise the CPF Board to deduct the premium(s) due for the Policyholder to be covered under the policy(ies) from my/our MediSave Account(s) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations 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.
- (b) I/We authorise the CPF Board to deduct the available amount in my/our MediSave Account(s) in the event that the balance in my/our MediSave Account(s) is not sufficient to pay for the premium(s) due.
- (c) I/We authorise the CPF Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my/our MediSave Account(s) as CPF Board shall reasonably consider appropriate.

 **CHEQUE**

To pay full premium by cheque (I will send a crossed cheque made payable to "Great Eastern Life" with my policy no. and contact no. on the reverse side of the cheque)

- One-time request. Only for current premium. Future premiums shall be deducted from the MediSave Account(s) previously instructed or as indicated above.
- For current and future premium payments. I will send a crossed cheque yearly.

 **GIRO / CREDIT CARD**

Please attach the GIRO / Credit Card form and indicate if it is meant for full premium or only the balance after MediSave deduction.

Signature of Policyholder	Date
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