USE OF MEDISAVE FROM NON-IMMEDIATE FAMILY MEMBERS TO PAY PREMIUM FOR ELDERSHIELD / GREAT CARESHIELD

Great Eastern
A member of the OCBC Group

WARNING: IT IS AN OFFENCE TO MAKE ANY FALSE STATEMENT OR TO PRODUCE ANY DOCUMENT WHICH IS FALSE FOR ANY PURPOSE CONNECTED WITH THE CENTRAL PROVIDENT FUND ACT.

A DETAILS OF POLICY AND POLICYHOLDER

Plan Type	ElderShield	GREAT CareShield
Policy No.		
Full Name of Policyholder		
NRIC No.		
Singapore Citizen / Permanent Resident Status	☐ Yes ☐ No	
Marital Status	☐ Single ☐ Married ☐ Others, please specify: _____	
Email Address		
Contact No.	Mobile: Home:	

B DETAILS OF IMMEDIATE FAMILY MEMBERS

Notes
Please provide the details of all surviving immediate family member(s) below i.e. parents, spouse, children, grandchildren and siblings

No.	Name	Date of Birth	NRIC No.	Relationship to the Policyholder
1				
2				
3				
4				

C REASON(S) FOR USE OF MEDISAVE FROM NON-IMMEDIATE FAMILY MEMBERS

Section A: Please delete accordingly. You may tick more than 1 box.*

I, the policyholder, hereby declare that

☐ I have exhausted my CPF MediSave funds

☐ my *parents / spouse / children / grandchildren and/or siblings have exhausted their CPF MediSave funds

☐ my *parents / spouse / children / grandchildren and/or siblings are unable to afford the premium

Section B: You may tick more than 1 box.

I, the policyholder, hereby declare that

☐ I am financially dependent on the Payer(s) indicated in Section D

☐ I am handicapped

☐ I am not working and have no regular income

- Please complete the next page -

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

CS603 NOV 2020

Plan Type	ElderShield	GREAT CareShield
Policy No.		

D PAYMENT INSTRUCTIONS (Please note that the use of MediSave from Non-Immediate family members is subject to approval)

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 and/or Payer(s) 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
				%	
				%	

** 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.

E DECLARATION

I, the policyholder, declare that the particulars and information given in the application form are true and correct.

Signature of Policyholder	**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
Email: wecare-sg@greateasternlife.com Website: greateasternlife.com

CS603 NOV 2020