

ElderShield / MyCare

CHANGE OF PREMIUM PAYMENT METHOD

SECTION A: PERSONAL PARTICULARS

Name as in NRIC/Passport (in BLOCK LETTERS)				
NRIC No.				Policy No.
Contact No.	(H)	(O)	(HP)	Email

NOTE : This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.

I wish to arrange for premium payment method as follows (Please tick where applicable):

- To deduct from my own CPF Medisave Account only. *(Please complete Section C)*
- Spouse's / Children's / Grandchildren's / Parents' CPF Medisave Account. *(Please complete Section C)*
- Interbank GIRO. *(Please note that GIRO will only take effect next year and a fresh GIRO form is to be completed)*
- Cheque. I enclose cheque of S\$ _____. Bank / Cheque No. _____/_____.

(Please make cheque payable to Aviva Ltd and write your Name, NRIC and Policy Number on the reverse side of your cheque).

SECTION C: AUTHORISATION BY CPF ACCOUNT HOLDER(S) *(For payment using CPF Medisave Account only)*

For payment through own/ spouse's/ children's/ grandchildren's/ parent's CPF Medisave Account, please complete the following:

- I authorise the Central Provident Fund Board to deduct premium(s) due for the Policyholder to be covered under this ElderShield Policy and/or MyCare Policy from my Medisave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the Central Provident Fund (Withdrawals for ElderShield Scheme) Regulations 2002 made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by Central Provident Fund Board from time to time.
- I authorise the Central Provident Fund Board to deduct the available amount in my Medisave Account in the event that the balance in my Medisave Account is not sufficient to pay for an amount up to the premium due.
- I authorise the Central Provident Fund Board to disclose/seek information on a confidential basis to/from any insurer(s) such information relating to the deduction from my Medisave Account as Central Provident Fund Board shall reasonably consider appropriate.
- I understand that for ElderShield Supplement plans, the maximum Medisave deduction is \$600.00 per life to be insured per calendar year only. Any excess over this limit has to be paid by cash.**

CPF A/C Holder's Name	Date of Birth (dd/mm/yyyy)	CPF A/C No.	Relationship to Applicant	* % of Premium	Signature of A/C Holder & Date

**Total CPF contribution must add up to 100%. If there is no indication, total contribution will be taken as 100%.*

Signature of Policyholder

Date

