



ElderShield Supplement or Care Secure Change of Premium Payment Method

Warning: Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

Section A: Policyholder's details (This section must be completed)



Important Notes:

You may update your contact details and access your policy information via My Income customer portal at income.com.sg/account. If your contact details are not updated prior to the submission of this application, any correspondences will be sent to your address, contact number and/or email address in our records.

Full Name (as in NRIC/Long-Term Pass)		NRIC number/FIN	Policy number
Country of residence		Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (please give details): _____ <input type="checkbox"/> Others (please give details): _____	
Occupation	Name of organisation		

Section B: Payment method (This section must be completed)



Important Notes:

- This authorisation shall supersede all previous payment method instructions and will be used for future premium payments unless otherwise advised in writing.
- Anyone who pays for, or is insured under PrimeShield or Care Secure is not eligible for Additional Premium Support (APS) from the Government. *
 If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under PrimeShield or Care Secure, you will stop receiving APS. This applies even if you are not the person paying for PrimeShield or Care Secure. In addition, if you choose to be insured under PrimeShield or Care Secure, the person paying for PrimeShield or Care Secure will stop receiving APS, if he or she is currently receiving APS.
 * APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

- Own CPF MediSave account
- Husband's or wife's, children's, grandchildren's, parent's, CPF MediSave account (Please fill in the details below.)
- Grandparent's, sibling's, CPF MediSave account (Only allowed for policyholder who is a citizen of Singapore or permanent resident of Singapore. Please fill in the details below.)

Premium payment using family member's CPF MediSave account

Name of CPF account holder	Date of birth (dd/mm/yyyy)	CPF account number	Relationship to you	Percentage of premium	Signature of account holder and date (dd/mm/yyyy)

Authorisation by CPF account holder for payment using CPF

I authorise the Central Provident Fund Board (the 'CPF Board') to use the moneys in my MediSave account to pay the premiums due for the Life to be Insured named under this application, in line with the Central Provident Fund Act 1953 and the CareShield Life and Long-Term Care Act 2019 including their respective subsidiary legislations, as well as any terms and conditions that may be imposed from time to time.

I authorise the CPF Board to use the moneys in my new MediSave account to pay for the premiums due under this application if I am given a new MediSave account when I achieve Singapore Permanent Residence status. (This applies to the applicant who is currently not a citizen or permanent resident of Singapore.)

I authorise the CPF Board, if they reasonably consider it appropriate, and on a confidential basis, to reveal information to, or ask for information from, any insurers relating to:

- payment of premiums due under this application, including the use of moneys from my MediSave account or my new MediSave account; and
- making of refunds under this application.

**Important Notes:**

Your advisor is not allowed to collect any cash from you. All references to 'cash' payment in this and subsequent forms/notices refer to payments to be made to us via our ePayment services. Please make payment using these ePayment services. We will be sending you an SMS acknowledgement or official receipt once we have processed your application. Please call our hotline at 6788 1777 or send an email to csquery@income.com.sg if you did not receive any SMS acknowledgement or official receipt within five working days. For future payments we encourage you to pay via GIRO. You may refer to income.com.sg/ppm for the full list of payment methods accepted by us.

Cash* or cheque
(Please write your name, NRIC number and contact number on the back of the cheque.)

**Important Notes:**

We will send you a premium notice if we cannot collect the premium from your or any other authorised account through Interbank GIRO, in which case, you must pay us the first year premium by cash* or cheque.

* For Cash payment, please make payment via ePayment services. You may refer to income.com.sg/ppm.

New GIRO application
(Please fill in and attach a new application for Interbank GIRO form.)

Section C: Personal Data Use Statement

By providing the information and submitting this application or transaction, I consent and agree to Income Insurance Limited ("Income Insurance"), its representatives, agents, relevant third parties (referred to in Income Insurance's Privacy Policy at income.com.sg/privacy-policy), Income Insurance's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Insurance Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my health or financial situation (collectively "personal data") for the purposes of processing and administering my insurance application or transaction, managing my relationship and policies with Income Insurance including providing me with financial advice/financial planning services, sending me corporate communication and information on products and/or services related to my ongoing relationship with Income Insurance, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income Insurance, its affiliates, business partners and/or NTUC Enterprise group of social enterprises ("NE Group") where required for Income Insurance, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me with their respective products/services, and in the manner and for other purposes described in Income Insurance's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family member, employee, payee/payor or beneficiary) is provided by me (whether in this or subsequent submissions) or from other sources to Income Insurance Parties, I represent and warrant that:

- I have obtained their consent for the collection, use and disclosure of their personal data; and
- I am authorised to give any authorisation and approval on their behalf,

for the purposes as set out in this Personal Data Use Statement.

I agree that if my policy(ies) premiums are paid by third-party payor(s), I consent to the use and disclosure of my relevant policy(ies) information including the insured's name, by Income Insurance to such third-party payor(s) for the purposes of processing and/or administering premiums payments for my policy(ies).

Please refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal. I agree and understand that Income Insurance's Privacy Policy available on its website may be amended, supplemented and/or substituted by Income Insurance from time to time.

Section D: Declarations (This section must be completed)

- (a) I cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.
- (b) I declare that the information provided in this form is true and correct and I have not withheld any material information, whether entered by me or on my behalf. This includes any facts I may not be sure is significant or material, and any information I have given to my advisor but was not included in this application.
- (c) I confirm:
- that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS);
 - on the representation and warranty made in the PDUS.
- (d) I agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Signature of policyholder

Date (dd/mm/yyyy)