



Authorisation Form for Deduction of Premium From Child/Ward's Medisave Account - MyShield

Section A: Policy Details

Important Notes:

1. This authorisation is only applicable for child/ward who is below 16 years of age and the Parent/Legal Guardian wish to pay the premium from the child/ward's Medisave Account. If a child/ward is 16 years old and above and wish to pay the premiums from his/her own Medisave Account, he/she has to apply for cover as a Proposer/Assured or request for change of policyholder.
2. This authorisation form must be submitted only after the grant is successfully deposited into the child/ward's Medisave Account.
3. For existing policy, please submit this form to authorise the premium deduction from your child/ward's Medisave Account. The change will only take effect upon renewal of the Policy. This form must be submitted to Aviva at least thirty (30) days prior to the renewal of the Policy.
4. The Parent/Legal Guardian must be the same person as Proposer/Assured of the Policy. For Legal Guardian, please submit a copy of (a) will or deed signed by the child/ward's parent; or (b) court order for appointment as Legal Guardian.

Details of Proposer/Assured/Policyholder	
Policy No.: <i>(For existing policy only)</i>	
Name:	NRIC No.:
Relationship to the Life Assured:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
Details of Life Assured	
Name:	NRIC No.:
Life Assured's Medisave Account No.:	

Section B: Personal Data Consent

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries *whether located in Singapore or elsewhere*, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Section C: Declaration

Please tick below accordingly.

I confirm that I have received the notification letter confirming the grant is successfully deposited into the child/ward's Medisave Account.

Note: If the grant has not been deposited into the child/ward's Medisave Account, please arrange for the premium to be deducted from your Medisave Account. After the grant is deposited into the child/ward's Medisave Account, this form may be submitted for premium deduction from the child/ward's Medisave Account for the next policy year.

Section D: Authorisation By Parent/Legal Guardian of the Medisave Account Holder

1. I, on behalf of my child/ward, hereby authorise the Central Provident Fund Board (the "CPFB") to deduct premium(s) due for the Life/Lives to be Insured as named under this application/Policy (the "Life/Lives to be Insured") from my child/ward's Medisave Account (including any new Medisave Account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPFB from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).
2. I, on behalf of my child/ward, authorise the CPFB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued under this application/Policy. Such information includes but is not limited to:
 - i. payment and amount of premiums due, including the deduction of premiums from my child/ward's Medisave Account and the Medisave Account balance;
 - ii. the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and
 - iii. the amount of premium subsidies for the Life/Lives to be Insured and the amount of additional premium applicable to the Life/Lives to be Insured.
3. The use of money from Medisave Account is subject to the Additional Withdrawal Limit per Life Assured, per policy year. Should there be insufficient funds in my child/ward's Medisave Account on the renewal of this Policy, I hereby authorise the CPFB to deduct from my Medisave Account the whole or part of the premium due for the Life Assured as named under this application/Policy.

Name & Signature
Parent/Legal Guardian* of the Medisave Account Holder
(*Delete where not applicable)

Date

Mobile No.:

Email Address:

Mobile number and email address provided will replace our records accordingly.