



# AIA SINGAPORE CHANGE FORM FOR HEALTHSHIELD

**WARNING:** In accordance with Section 25(5) of the Insurance Act and any amendments, you are to disclose in this Change Form all facts which you know, or ought to know, or the upgrade of plan/application for Essential rider may be void.

### Particulars of Insured and Policy Owner

Name of Insured	NRIC/Passport/FIN No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Policy Owner (if different from Insured)	NRIC/Passport/FIN No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### Policy Number

### A. Change of Coverage

\* For Upgrade of Coverage and/or Application for AIA Max Essential Plan, please complete the Health Questions after Section B.

Select one of the following

Select the New Basic Coverage - after the change

Immediate Upgrade #      Immediate Downgrade      Immediate Conversion

<input type="checkbox"/> AIA HealthShield Gold Max A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIA Max Essential A <input type="checkbox"/> AIA Max Essential A Saver			
<input type="checkbox"/> AIA HealthShield Gold Max B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIA HealthShield Gold Max B Lite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIA HealthShield Gold Max Standard Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>For Public Service/AIA Nominated Company only (please complete Section H)</i>			
<input type="checkbox"/> AIA HealthShield Gold Max Special A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIA Max Essential A <input type="checkbox"/> AIA Max Essential A Saver			
<input type="checkbox"/> AIA HealthShield Gold Max Special B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** The AIA Max Essential plan (if any) will be changed to the same class of plan as the Basic AIA HealthShield Gold policy.

### B. Application for AIA Max Essential Plan\*

Select one of the following payment frequency

Annually      Monthly

Apply for the AIA Max Essential plan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIA Max Essential A <input type="checkbox"/> AIA Max Essential A Saver		
<input type="checkbox"/> + AIA Vitality		

**Note:** The AIA Max Essential plan will be the same class of plan as the Basic AIA HealthShield Gold policy.

### Health Questions on Insured for Upgrade of Coverage and/or Application for AIA Max Essential Plan

If your answer to any of the questions below is "Yes" please give details in the space provided under Remarks quoting the question number. Policy Owner (payor) to answer on behalf of child age 15 years and below.

	Yes	No
Since your application for AIA HealthShield / AIA HealthShield Gold Policy		
a. Have you been diagnosed or treated for any health condition(s) or do you suffer from chest pain or breathing complaints or blood in stools?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you undergone a medical examination or tests, where the results are pending or abnormal?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been advised on any medical treatment or follow up, or advised to have a surgical procedure?	<input type="checkbox"/>	<input type="checkbox"/>

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\* P 3 5 0 1 1 7 0 1 0 2 0 6 \*

**C. Reinstatement of Coverage**

- Reinstatement Basic AIA HealthShield Gold policy only       Reinstatement AIA Max Essential plan only
- Reinstatement Basic AIA HealthShield Gold policy and AIA Max Essential plan

**Health and Lifestyle Questions on Insured for Reinstatement of Coverage**

If your answer to any of the questions below is "Yes" please give details in the space provided under Remarks quoting the question number. Policy Owner (payor) to answer on behalf of child age 15 years and below.  
 (For review of change in smoker status, the new status will apply to all policies for which you are a party to.)

	Yes	No
1. Do you intend to travel outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please give details on country and cities visited frequency per year and duration per trip.	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you now a member of a military force (except NS men) or are you engaged in any private flying or hazardous sports or races other than as a fare-paying passenger on a regular scheduled airline?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is any application for or reinstatement of your life, critical life, accidental, medical, disability or health related insurance policy pending or has it ever been declined, postponed, rated or modified in any way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was there any weight change of more than 5kg in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Please provide your current height and weight (in meters and kilograms).	<input type="text"/>	m
	<input type="text"/>	kg
6. Have you smoked any cigarettes in past 12 months? If "Yes", please state how many cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	/day
7. Do you drink alcohol? If yes, please indicate the quantity of alcohol you consume a week.	<input type="checkbox"/>	<input type="checkbox"/>
Beer (330ml per can)      Wine (100ml per glass)      Spirits (30ml per tots)		
<input type="text"/> Cans <input type="text"/> Glasses <input type="text"/> Tots		
8. Have you ever used any habit forming drugs narcotics or been treated for drug habits or consumed alcohol excessively or received medical advice, counseling or treatment for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
9. Since the date of application of the policy		
a. Have you had or been advised to have, other than for routine employment purposes, any diagnostic tests including but not limited to X-ray, ECG, ultrasound, biopsy, blood screen or urine tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you had, been told to have, been treated for or suffered from symptoms of any of the following.		
i. Stroke, high blood pressure, chest discomfort, heart murmur or any heart related disorder?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Pneumonia, asthma, chest or breathing complaints, tuberculosis or any other lung disorder?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Breast lumps or any other disorder of the breasts?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Diabetes, raised cholesterol, liver disease, Hepatitis B or any form of hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
v. Kidney disease, blood, protein or sugar in urine or blood in stools?	<input type="checkbox"/>	<input type="checkbox"/>
vi. Cancer, tumour or growths of any kind, AIDS, HIV infection or sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
vii. Fits, mental disorder or any other disorders or physical disabilities not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, or any hereditary disease before the age of 60? Please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

Illness	Age at Onset	Current Age	Age at Death (if deceased)	Relationship to Insured

**D. Payment Mode (Only Applicable for AIA Max Essential Plan)**

Change payment frequency to:

- Annually       Monthly

**Note:** The change will be effected from the next Premium Due Date

**E. Termination of Policy / AIA Max Essential Plan**

- Terminate Basic AIA HealthShield / AIA HealthShield Gold policy  
*The attached AIA Max Essential plan(if any) will also be terminated*
- Terminate AIA Max Essential plan only

**F. Correction/Change of Personal Particulars of Insured/Policy Owner**

	RIC/Passport/FIN No.	Name
Correction/Change of personal particulars of:	<input type="text"/>	<input type="text"/>

Please note that changes will be applied to all policies which you are a party to.

- Correction/Change of Name, NRIC/FIN/Passport No., Date of Birth or Gender
  - 1. Please submit photocopy of relevant documentary evidence – Deed Poll, Identity Card, Birth Certificate or Passport.**
  - 2. The particular(s) will be updated according to the document submitted.**

- Update Nationality
  - Singaporean     Singapore PR     Others    Please specify

**Please submit photocopy of documentary evidence – Identity Card, Passport or Citizenship Certificate.**

**Declaration On Common Reporting Standard**

I/We acknowledge that AIA Singapore Private Limited (AIA Singapore) is a reporting Singaporean financial institution as defined in the Income Tax (International Tax Compliance Agreements)(Common Reporting Standard) Regulations 2016 with reporting obligations to the Comptroller of Income Tax (Comptroller) under the Income Tax Act, Chapter 134, Singapore (Income Tax Act), and its regulations. I/We warrant that the information provided in this Application Form is true, complete and correct and understand and agree that AIA Singapore will rely on such information given by me/us in fulfilling its reporting obligations to the Comptroller.

Where I/we have furnished information concerning a third party (including but not limited to a Controlling Person), I/we confirm that such information has been provided to me/us directly or indirectly by the third party, and I/we know or have reason to believe that such information is not false or misleading in any material particular.

I/We understand and accept that should any information furnished by me/us be known to be false or misleading in any material particular, I/we may be prosecuted under the Income Tax Act for an offence which carries a penalty of a fine of up to S\$10,000 and/or imprisonment of up to two (2) years or such other penalties as may be prescribed under the Income Tax Act or its regulations, or any re-enactment or replacement thereof, at the time of commission of the offence.

I/We further undertake to notify AIA Singapore within 30 days of any change to my/our country of residence for tax purposes or TIN (if any), and to complete, sign and submit to AIA Singapore my/our relevant particulars in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/we further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of my/our country of residence for tax purposes.

I/We acknowledge and accept that AIA Singapore will rely on the self-certification relating to the Policyholder's/Controlling Persons' country of tax residence contained in this Application as applicable to all policies and products issued to the same person(s), and any information in any earlier self-certification inconsistent with the information provided above will be disregarded for the purposes of fulfilling its reporting obligations to the Comptroller.

Have you declared your tax residency with AIA before?

- No    Please complete a Self-Certification Form.
- Yes    If there is a change in your tax residency, please complete a Self-Certification Form. We may reach out to you if there is a discrepancy in your tax residency compared to our records.

*Note: Do note that a separate Self-Certification Form is required for the Policyowner*



**G. Change of Policy Owner (Payor/Owner)**

**Details of NEW Policy Owner – Please submit photocopy of NEW Policy Owner's Identity Card**

Name of Policy Owner

NRIC/Passport/FIN No.

Date of Birth (DDMMYYYY)

CPF Account No.

Male

Female

Correspondence Address (P.O Box address not allowed)

**Relationship of Insured to New Policy Owner**

Self

Child

Parent

Spouse

**H. Certification of Employment**

Name of Employee

NRIC/Passport/FIN No.

Address of Employee

Name of Organisation

Home no.

Mobile no

Designation

Office no.

Fax no.

Email

**Declaration of Employment Status**

a. I hereby certify that I am currently an employee of the above mentioned Organisation.

b. The following is my dependant. (if applicable)

Name of Dependant

NRIC/Passport/FIN No.

Relationship to Employee

Spouse

Child

Please submit photocopy of Employee's staff identification card.

**I. Remarks**



## Declaration and Authorisation

1. I hereby request that the policy stated above be changed in accordance with the above application.
2. No statement, Information or agreement made by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore") (Reg. No. 201106386R), unless presented to me/us in writing and approved by an officer specified in the policy.
3. I understand and agree that no application is valid until this form is received by AIA Singapore during the life time of the Insured and is finally accepted by AIA Singapore.
4. I understand and agree that my application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this form has been duly approved by the authorised Officer of AIA Singapore.
5. I understand and agree that my application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me by AIA Singapore.
6. I authorise the Central Provident Fund Board ("CPF Board") to deduct new premiums due for the Life to be covered from my Medisave Account in accordance with the provisions of the Central Provident Fund Act (Chapter 36), and the regulations made thereunder and as may be amended from time to time, and subject to all terms and conditions as may be imposed by CPF Board from time to time.
7. I authorise the CPF Board to deduct premium(s) due under this application from my new Medisave account should I be given a new Medisave account upon obtaining Singapore Permanent Residence status.
8. I authorise the CPF Board to disclose information/seek information on a confidential basis to/from any Insurer(s) relating to:
  - a) payment of premiums due under this application, including the deduction of premiums from my Medisave account/new Medisave account; and
  - b) the making of refunds under this application, as the CPF Board shall reasonably consider appropriate.
9. We, the Life/Lives to be Assured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF Board's possession, between:
  - a) the Insurer and the CPF Board; and
  - b) the Insurer and other insurers administering or operating an insurance scheme referred to in section 77(1)(k) of the Central Provident Fund Act (Chapter 36), for the purpose of assessing the insurability of me/us and/or the making of a claim under the MediShield Life Scheme Act 2015, regulations issued thereunder, or any other insurance scheme referred to in section 77(1)(k) of the Central Provident Fund Act (Chapter 36).
10. For plan upgrade and/or application of Essential rider (if any option is chosen), I have received a copy of (1) Financial Health Review or Financial Health Review (Accident & Health), (2) Product Summary of the new plan/rider selected; and (3) Your Guide to Health Insurance; the contents of which have been explained to me to my satisfaction.
11. All the statements and answers in this application together with those in any required medical examination, questionnaire or amendments are full, complete and true and I understand that AIA Singapore, believing them to be such, will rely and act on them, otherwise any policy issued may be void.
12. I (the Applicant/Owner if other than Proposed Insured) am not an undischarged bankrupt and that no bankruptcy application (including any statutory demand) or order has been made against me within the last twelve months.
13. All my declarations made and my statements or answers in this application and in any required medical examination, questionnaire or amendments together with the relevant policy shall constitute the entire contract between the parties in so far as it may be relevant to the policy or policies I have requested.
14. I hereby authorise, agree and consent to (a) any medical source, insurance office or organisation to release to AIA Singapore, any relevant information concerning me at any time, irrespective of whether the proposal is accepted by AIA Singapore; and (b) AIA Singapore to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by AIA Singapore. (c) AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my health status in relation to this application and any resulting claim.
15. Additional Declaration for AIA Max Essential Applicant:  
I understand and agree that –
  - a) I will take up the additional cover offered by AIA Max Essential, which is a complementary and non Medisave-approved health insurance plan.
  - b) I will pay the premium for AIA Max Essential in cash only. Such premiums are separate from that deducted by CPF for the AIA HealthShield Gold Max plan.
16. Additional Declaration for AIA HealthShield Gold Public Service/AIA Nominated Companies Applicant:  
I understand and agreed that:
  - The premium rate of my/our HealthShield Gold Max Special A/B/C includes a premium rate discount by reason of me being an employee of the Public Service / AIA Nominated Company.
  - Premium rate discount: Up to 4.3% for AIA HealthShield Gold Max Special when compared with the standard premium rates for a member of the public.
  - The actual percentage of the premium rate discount is not fixed and may be subject to change from time to time at the sole discretion of AIA Singapore.
  - This premium rate discount will no longer apply once I leave the employment of the Public Service or AIA Nominated Company (or any of its successors in title).
  - The premium rate discount will also apply to my spouse and/or my child. However, no premium rate discount will apply subsequent to the earliest of any of the following events:
    - a) If I, the Policyholder, leave the Public Service or AIA Nominated Company.
    - b) For AIA HealthShield Gold policies taken out by me, the Policyholder, for my spouse and/or unmarried children:
      - i. Upon my death.
      - ii. If the Insured ceases to be my lawful spouse.
      - iii. If the Insured is my child, upon the Insured's marriage.
  - In such event, further and in addition to the other terms and conditions of my Policy including but not limited to the general power of premium revision under the PREMIUM PROVISIONS, the premiums for my Policy will be revised in accordance with the standard premium rates for a member of the public in force at that time with effect from the policy anniversary immediately following the date of any of the above occurrences.
17. Additional Declaration for Existing Policy Owner (Payor/Owner):  
I understand and agree that future premium(s) under the policy(ies) stated above will be deducted from the new Payor/Owner's Medisave Account mentioned above.
18. I/We understand and agree that AIA Singapore is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct / indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries' beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting AIA Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy, and the decision of AIA Singapore shall be final. I/We further agree that in the event that AIA Singapore becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, AIA Singapore may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by AIA Singapore despite a person connected with the relevant Policy being a Prohibited Person, AIA Singapore shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.

19. I/We hereby authorise, agree and consent to AIA Singapore, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "AIA Persons") to collect, use, disclose, store, retain and/or process (collectively, "Use") all personal data and information ("Personal Data") that had/had been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("PD Policy"), including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application/form is accepted by AIA Singapore. A photocopy of this authorisation shall be valid and effective as the original.

**WARNING:** If a material fact is not disclosed in this application form, any application may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Services Consultant(s)/Insurance Representative(s) but was not included in this application. Please check to ensure you are fully satisfied with the information declared in this application. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your application, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

**Your Declaration Type**

Please complete this section for Upgrade of Coverage and/or Application of Max Essential Plan.

Going through a Financial Needs Analysis will enable your AIA Financial Services Consultant/Insurance Representative to have sufficient information to make a suitable recommendation.

- Yes, I wish to go through a Financial Needs Analysis and receive advice from my AIA Financial Services Consultant/Insurance Representative.
- No, I do not wish to go through Financial Needs Analysis or receive advice from my AIA Financial Services Consultant/Insurance Representative. It is my responsibility to ensure that the product I have selected is suitable. My AIA Financial Services Consultant/Insurance Representative has explained the product features, fees and charges (if applicable) to me.

**Acknowledgement of Receipt of Product Summary**

*Applicable for Change of Coverage and Application for AIA Max Essential Plan*

**Declaration**

1. I have received all pages of the Product Summary for the plan(s) selected in Section A: Change of Coverage and/or Section B: Application for AIA Max Essential Plan, and I have read and understood its contents.
2. I understand that this Product Summary contains simplified description of the product features of the plan and it does not form a part of any contract of insurance. I am aware that I have to refer to the actual policy contracts for all terms and conditions, including exclusions whereby benefits may not be paid out.
3. I understand that it is the precise terms and conditions as appeared in the policy contract which will bind the parties.

Signature of Insured *(not required for child age 15 and below)*

Date

Signature of Policy Owner *(if different from Insured)*

Date

Signature of New Policy Owner *(if applicable)*

Date

Signature of Witness/FSC/IR

Date

Name of Witness	NRIC/Passport/FIN No. of Witness

Address of Witness	Contact No.

**FSC Declaration**

I/We declare that I/we have conducted the necessary due diligence on the Person(s) in accordance with all prevailing guidelines stipulated by AIA Singapore and as may be notified to its Financial Services Consultants from time to time ("Guidelines"), including but not limited to identifying and verifying the identity of such Persons.

FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Name	Mobile No.