



## AIA SINGAPORE HEALTHSHIELD CHANGE OF PLAN / ESSENTIAL APPLICATION

**TO: POLICY SERVICES DEPARTMENT**

Submission Date:  /  /  (MTH e.g. Jan, Feb / DD / YY)

Name of Insured: \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_ Unit Name: \_\_\_\_\_

Name of Applicant (Payor): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_ Location: \_\_\_\_\_

FSC/IR Name: \_\_\_\_\_ FSC/IR Code:  FSC/IR Tel No: \_\_\_\_\_

**PART A: CHANGE OF PLAN**

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

Policy No:

Please remit out of pocket premium if you are requesting for immediate upgrade and/or applying for Essential rider

**I would like to change the plan of the above policy as per the below instruction (only tick one option):**

**Section 1: Plan Upgrade**

Options	Existing Plan(s)	New Plan(s)	Immediate upgrade	Upgrade on Anniversary
<input type="checkbox"/> Option 1*	HealthShield Gold Elite	HealthShield Gold Max	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 2*	HealthShield Gold Prestige	HealthShield Gold Max	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 3*	HealthShield Gold Plan A	HealthShield Gold Max	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 4*		HealthShield Gold Prestige	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 5**	Healthshield Plan A or Healthshield Plan A Plus	HealthShield Gold Max	not applicable	✓
<input type="checkbox"/> Option 6**		HealthShield Gold Prestige	not applicable	✓
<input type="checkbox"/> Option 7*	HealthShield Gold Plan B	HealthShield Gold Max	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 8*		HealthShield Gold Prestige	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 9*		HealthShield Gold Plan A	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 10**	HealthShield Plan B or HealthShield Plan B Plus	HealthShield Gold Max	not applicable	✓
<input type="checkbox"/> Option 11**		HealthShield Gold Prestige	not applicable	✓
<input type="checkbox"/> Option 12**		HealthShield Gold Plan A	not applicable	✓
<input type="checkbox"/> Option 13*	HealthShield Gold Elite with HealthShield Gold Elite Essential	HealthShield Gold Max with HealthShield Gold Max Essential	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 14*	HealthShield Gold Prestige with HealthShield Gold Prestige Essential	HealthShield Gold Max with HealthShield Gold Max Essential	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 15*	HealthShield Gold Plan A with HealthShield Gold Essential	HealthShield Gold Max with HealthShield Gold Max Essential	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Option 16*		HealthShield Gold Prestige with HealthShield Gold Prestige Essential	<input type="checkbox"/>	<input type="checkbox"/>

PT 0008012 (03/2011 06/2011 01/2012)



**Section 2: Plan Downgrade**

Options	Existing Plan(s)	New Plan(s)
<input type="checkbox"/> Option 17**	HealthShield Gold Max	HealthShield Gold Prestige
<input type="checkbox"/> Option 18**		HealthShield Gold Plan A
<input type="checkbox"/> Option 19**	HealthShield Gold Elite	HealthShield Gold Prestige
<input type="checkbox"/> Option 20**		HealthShield Gold Plan A
<input type="checkbox"/> Option 21**	HealthShield Gold Prestige	HealthShield Gold Plan A
<input type="checkbox"/> Option 22**	HealthShield Gold Max with HealthShield Gold Max Essential	HealthShield Gold Prestige with HealthShield Gold Prestige Essential
<input type="checkbox"/> Option 23**		HealthShield Gold Plan A with HealthShield Gold Essential
<input type="checkbox"/> Option 24**	HealthShield Gold Elite with HealthShield Gold Elite Essential	HealthShield Gold Prestige with HealthShield Gold Prestige Essential
<input type="checkbox"/> Option 25**		HealthShield Gold Plan A with HealthShield Gold Essential
<input type="checkbox"/> Option 26**	HealthShield Gold Prestige with HealthShield Gold Prestige Essential	HealthShield Gold Plan A with HealthShield Gold Essential

*(Please refer to "Important Notes" on Page 3)*

**Section 3: Plan Conversion**

Options	Existing Plan(s)	New Plan(s)
<input type="checkbox"/> Option 27**	HealthShield Plan A or HealthShield Plan A Plus	HealthShield Gold Plan A

*(Please refer to "Important Notes" on Page 3)*

**PART B: APPLICATION OF ESSENTIAL RIDER**

I would like to apply for Essential rider

Effective date of Essential rider will be as follows:

- (a) If the application is submitted and received by AIA Singapore between 01st – 15th, addition of rider will be effective on 1st of the same month
- (b) If the application is submitted and received by AIA Singapore between 16th – 31st, addition of rider will be effective on 1st of next month
- (c) If there is a change of plan request and the change of plan is effected on the 1st of a month, addition of rider will be effected on the same effective date as the new plan. If the change of plan is effected on the 15th of a month, the addition of rider will be effected on the 1st of the following month

**PART C: HEALTH QUESTIONS ON INSURED#**

Please complete this section for Upgrade (i.e. if any option under Section 1, Part A is chosen) and/or application for Essential rider. Attach POS Amendment Form if space is insufficient.

Since the date of completion of the application for your present AIA HealthShield / HealthShield Gold Policy,	Yes	No
(1) Are you currently on any medication, medical treatment, or are you waiting for or expecting to have a surgical procedure or operation?	<input type="radio"/>	<input type="radio"/>
(2) Have you undergone a medical examination, where the results of such examination are pending?	<input type="radio"/>	<input type="radio"/>
(3) Have you had, or been told to have, or been treated for a health condition, other than that already declared before this application for plan upgrade and/or essential rider?	<input type="radio"/>	<input type="radio"/>

If any answer to the above questions is "Yes", please give details below:

# Applicant (payor) to answer on behalf of child aged 15 years and below

## PART D: DECLARATION AND AUTHORISATION

1. I hereby request that the policy stated above be changed in accordance with the above application.
2. 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.
3. 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.
4. 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.
5. I authorise CPF Board to deduct the new premium due for the Life to be covered as named under the policy stated above from my Medisave Account in accordance with the provision of the CPF Act (Chapter 36), and the regulations made thereunder and as amended from time to time and subject to all terms and conditions as may imposed by CPF Board from time to time.
6. For plan upgrade (if any option under Section 1, Part A is chosen) and/or application of Essential rider, 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 as per Section 1 of Part A and/or Part B respectively; and (3) Your Guide to Health Insurance; the contents of which have been explained to me to my satisfaction.
7. For plan downgrade or conversion (if any option under Section 3, Part A is chosen), I have received a copy of Product Summary of the new plan selected as per Section 3, Part A; the contents of which have been explained to me to my satisfaction.
8. I understand that all pre-existing conditions before the effective date of this Application are not covered.
9. 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.
10. 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.
11. 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.
12. 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
13. 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.
14. Additional Declaration for AIA HealthShield Gold Essential Applicant:  
I understand and agree that -  
(a) I will take up the additional cover offered by AIA HealthShield Gold Essential, which is a complementary and non Medisave-approved health insurance plan.  
(b) I will pay the premium for AIA HealthShield Gold Essential in cash by annual mode only. Such premiums are separate from that deducted by CPF for the AIA HealthShield Gold plan.
15. I hereby authorise, agree and consent to AIA Singapore to use and/or disclose any information collected and/or held (whether contained in this application or otherwise obtained) to enable AIA Singapore, its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or any other policies that I currently may have with AIA Singapore, including but not limited to, processing of this Application, and/or providing subsequent services to me and/or providing advice and/or information concerning products and/or services which AIA Singapore believes may be of interest to me/us and/or communicating with me for any purpose. I hereby specifically waive any right to bring a claim of any nature against AIA Singapore, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect if any above-mentioned disclosure and/or any disclosure in the nature described above. The authorisation shall bind my successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my Application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

**Warnings:** If a material fact is not disclosed in this application, any change of plan and/or AIA Healthshield Gold Essential Rider issued 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 / Insurance Representative but was not included in this application. Please check to ensure you are fully satisfied with the information declared in this application.



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**YOUR DECLARATION TYPE**

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Please complete this section for Upgrade request and/or application of Essential rider request

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.

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**SIGNATURE OF WITNESS**

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**SIGNATURE OF APPLICANT (PAYOR)**

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**NAME / NRIC OF WITNESS**

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**SIGNATURE OF INSURED**

*(Signature is not required for child aged 15 years and below)*

**Important Notes:****\* Section 1, Part A (i.e. upgrade)**

The plan upgrade will be effected on the 1<sup>st</sup> of the following month if the application (including the pro-rated premium) is submitted and received by AIA Singapore between 1<sup>st</sup> to 15<sup>th</sup> of the month. Otherwise, it will be effected on the 15<sup>th</sup> of the following month. All pro-rata premium needs to be paid in cash/cheque.

**\*\* Section 1, 2 & 3, Part A (i.e. upgrade, downgrade or conversion)**

The change of plan will be effected on the next Policy Anniversary. The application has to be submitted and received by AIA Singapore no later than 15<sup>th</sup> of the month immediately prior to the policy anniversary. Otherwise, it will be effected on the following Policy Anniversary.