



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, otherwise this application or policy may be void.

Particulars of Insured and Policy Owner

Important: For Customers who had attained Singapore Citizenship or PR Status, please instead fill in **Section J of Change Form (Without Health Declaration)**.

Name of Insured

Insured's NRIC / Passport / FIN No.

Name of Policy Owner (if different from Insured)

Policy Owner's NRIC / Passport / FIN No.

Policy Number

A. Change of AIA HealthShield Plan

1. Specify change to existing HealthShield Plan

2. Select New "AIA HealthShield Plan"

3. Complete Health Questions

- UPGRADE
- DOWNGRADE
- CONVERSION (Public service/ AIA Nominated Companies Only)

- AIA HealthShield Gold Max A
- AIA HealthShield Gold Max B
- AIA HealthShield Gold Max B LITE
- AIA HealthShield Gold Max Standard Plan

Public Service/ AIA Nominated Companies

- AIA HealthShield Gold Max Special A
- AIA HealthShield Gold Max Special B

- i. **ONLY FOR "UPGRADE"** of coverage", it is mandatory to complete **Health Questions in Section B1**
- ii. For **Public Service/ AIA Nominated Companies**, please also complete **Section H**

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

B. Application / Change of AIA HealthShield Rider

1. Specify add/change to existing Rider

2. Select New Rider

3. Complete **Health Questions**

4. Tick Payment Frequency & AIA Vitality Membership

- ADD
 - AIA Max VitalHealth A
 - Emergency and Outpatient Care Booster
 - AIA Max VitalHealth A Value
 - Emergency and Outpatient Care Booster
 - AIA Max A Cancer Care Booster
This benefit can be added as standalone or together with AIA Max VitalHealth A / A Value
 - AIA Max VitalHealth B
 - AIA Max VitalHealth B Lite

FOR "ADD & UPGRADE" of VitalHealth, please complete **Health Questions in Section B1**

- i. Your Preferred Payment Frequency
 - Annually Monthly
- ii. Do you have AIA Vitality Membership?
 - Yes No

- UPGRADE
 - *AIA Max VitalCare
 - *AIA Max VitalHealth A
 - Emergency and Outpatient Care Booster
 - AIA Max VitalHealth A Value
 - Emergency and Outpatient Care Booster
 - AIA Max VitalHealth B

*For change of plan from :
1. AIA Max Essential A;
2. AIA Max Essential A Saver;
3. AIA Max VitalCare; or
4. AIA Max VitalHealth A
to either AIA Max VitalCare or AIA Max VitalHealth A (as applicable), medical underwriting is waived if your request is received by us during the period of 1 April 2021 and 31 March 2024. After this period, medical underwriting is required.

- DOWNGRADE
- CONVERSION
 - *AIA Max VitalCare
 - *AIA Max VitalHealth A
 - Emergency and Outpatient Care Booster
 - AIA Max VitalHealth A Value
 - Emergency and Outpatient Care Booster

- AIA Max A Cancer Care Booster
This benefit can be added as standalone or together with AIA Max VitalHealth A / A Value
- AIA Max VitalHealth B
- AIA Max VitalHealth B Lite

Note: The AIA Max VitalCare/VitalHealth plan must be the same class of plan as the Basic AIA HealthShield Gold policy.



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

AIA Singapore Private Limited (Reg. No. 201106386R)
Postal Address: 3 Tampines Grande #09-01, Singapore 528799
Website: www.aia.com.sg
AIA Customer Care Hotline (SG): 1800 248 8000
AIA Customer Care Hotline (Overseas): +65 6248-8000

B1. Health Questions on Insured for Upgrade of Coverage and/or Application for AIA HealthShield Rider

If your answers to any of the questions below is "Yes", please give details (for example exact diagnosis, underlying cause, onset date, treatment, review outcome, etc) in the space provided under Remarks quoting the questions number.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Since your application for AIA Healthshield/Healthshield Gold Policy, | | |
| a. Has there been any change in your health condition(s) that you have declared previously or have you been diagnosed with any new health condition(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you undergone any health check up, medical investigations , scans, scope, biopsy, blood or urine tests, where the results are pending, abnormal, require monitoring or further follow up? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Currently do you have any symptoms or conditions for which you intend, or have been advised, to seek medical advice, or undergo medical investigations, procedures or treatment? | <input type="checkbox"/> | <input type="checkbox"/> |

C. Reinstatement of Coverage

- | | |
|--|---|
| <input type="checkbox"/> Reinstatement Basic AIA HealthShield Gold policy | <input type="checkbox"/> Reinstatement AIA Max VitalHealth/VitalCare plan |
| <input type="checkbox"/> Reinstatement Basic AIA HealthShield Gold policy and AIA Max VitalHealth/VitalCare plan | <input type="checkbox"/> Reinstatement AIA Max A Cancer Care Booster |

Note : Effective from 1 April 2021, the following AIA Max Essential plans are being replaced in the following manner:
 1. AIA Max Essential A - replaced by AIA Max VitalCare.
 2. AIA Max Essential A Saver, B and B Lite - replaced by AIA Max VitalHealth A, B and B Lite respectively.

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 below 16 years of age.

- (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 style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |
| | m | 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 style="width: 50px;" type="text"/> | /day |
| 7. Do you drink alcohol? If yes, please indicate the quantity of alcohol you consume a week.
Beer (330ml per can) Wine (100ml per glass) Spirits (30ml per tots) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input style="width: 50px;" type="text"/> Cans <input style="width: 50px;" type="text"/> Glasses <input style="width: 50px;" type="text"/> Tots | | |
| 8. Have you ever used any habit forming drugs narcotics or been treated for drug habits 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 HealthShield Rider & Non-integrated Plan)

- Change payment frequency to:
- Annually Monthly

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

E. Termination of AIA HealthShield/Rider

- Terminate Basic AIA HealthShield / AIA HealthShield Gold policy. The attached rider(s) (if any) will also be terminated
- Terminate AIA Max Essential / VitalCare / VitalHealth plan
- Terminate Emergency and Outpatient Care Booster
Only applicable for AIA Max VitalHealth A & AIA Max VitalHealth A Value
- Terminate AIA Max A Cancer Care Booster
- Please tick this box if you wish to terminate the cover(s) selected above as at your next policy anniversary. Please note that your termination request must reach us **no earlier than 14 calendar days before** your policy anniversary. In the event that the cover(s) selected above is/are renewed after we have received your request (no earlier than 14 calendar days before your policy anniversary), we will refund any renewal premiums that have been deducted.

Important notes:

Please kindly note that should we receive your termination request **more than 14 calendar days before** your policy anniversary, we will process your termination request **based on the date of receipt by the Company.**

F. 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) Gender Male Female CPF Account No.

Relationship of Insured to New Policy Owner

- Self Child Parent Spouse Sibling

Mailing Address (P.O Box address not allowed)

GIRO/Credit Card Arrangement

I hereby instruct AIA Singapore to Retain Terminate the existing GIRO/Credit Card arrangement (if any) on the policy requested.

G. Deduction / Deactivation of HealthShield Premiums from Child/Ward’s Medisave Account

I (Policy Owner), confirm that the Insured is my Child/Ward and is below 16 years of age (“Insured Dependant”).

Authorisation for Deduction of HealthShield Premiums from Insured Dependant’s Medisave Account

Please deduct the premium for the Insured Dependant from his/her Medisave account.

I (Policy Owner), confirm that I have received the notification letter from the Central Provident Fund Board (“CPF”) confirming the successful creation of the Medisave Account for the Insured Dependant. If there is insufficient funds in the Insured Dependant’s Medisave Account, please deduct the premium for him/her from my Medisave Account.

Insured Dependant’s Medisave Account Number

Policy Owner’s Medisave Account Number

Change of Instruction: Deduction of HealthShield Premiums from own Medisave Account

Please deduct the premium for the Insured Dependant from my Medisave account.

Policy Owner’s Medisave Account Number

H. Certification of Employment (Public Service/ AIA Nominated Companies Only)

1. Employee Name & Details

2. Dependent name & Relationship
(Only if applicable)

3. Certification / Proof of Employment
(Mandatory)

Name of Employee :

Name of Organisation :

Designation :

NRIC / Passport / FIN No.:

Name of Dependent :

NRIC / Passport / FIN No.:

Employee Relationship with dependent

- Child
 Spouse

- Yes**
- I have attached a copy of my staff Identification Card
 - I hereby certify that I’m currently an employee of the mentioned organisation



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. For plan upgrade and/or application of rider (if any option is chosen), I have received a copy of (1) Financial Health Review, (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.
7. I understand and acknowledge that my request to switch from :
 - a) AIA Max Essential A;
 - b) AIA Max Essential A Saver;
 - c) AIA Max VitalCare; or
 - d) AIA Max VitalHealth Ato either AIA Max VitalCare or AIA Max VitalHealth A (as applicable) ("Policy Switch Request") during the period of 1 April 2021 to 31 March 2024:
 - is not subject to medical underwriting;
 - may require me to pay a different premium on my policy; and
 - will result in changes to the terms and conditions of my policy.Medical Underwriting is required if the abovesaid Policy Switch Request is received after the period of 1 April 2021 to 31 March 2024.
8. 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.
9. 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
10. **Additional Declaration for AIA HealthShield Rider Applicant:**

I understand and agree that –

 - a) I will take up the additional cover offered by AIA HealthShield Rider, which is a complementary and non Medisave-approved health insurance plan.
 - b) I will pay the premium for AIA HealthShield Rider in cash only. Such premiums are separate from that deducted by CPF for the AIA HealthShield Gold Max plan.
11. **Additional Declaration for AIA HealthShield Gold Public Service/AIA Nominated Companies Applicant:**

I understand and agree that:

 - a) The premium rate of my Policy includes a premium rate discount by reason of me being an employee of the public service or an employee of an AIA Nominated Company.
 - b) The premium rate discount is on the premium for additional private insurance coverage for AIA HealthShield Gold Max Special / AIA Health Shield Gold Max Special for Foreigners policies when compared with the standard premium rates for a member of the public.
 - c) The percentage of the premium rate discount, which shall vary based on the Insured's age and the plan of my Policy, is not guaranteed and is subject to change from time to time at AIA Singapore's sole discretion.
 - d) This premium rate discount will no longer apply once I leave the employment of the public service or the AIA Nominated Company. An AIA Nominated Company is a company selected by AIA Singapore, at its sole discretion.
 - e) The premium rate discount will also apply to policies taken out by me, the Policy Owner, for my spouse and/or unmarried children. However, no premium rate discount will apply subsequent to the earliest of any of the following events:
 - (i) If I, the Policy Owner, leave the employment of the public service or the AIA Nominated Company; or
 - (ii) For AIA HealthShield Gold policies taken out by me, the Policy Owner, for my spouse and/or unmarried children:
 - Upon my death; or
 - Where the Insured is my spouse, if the Insured ceases to be my lawful spouse; or
 - Where the Insured is my child, upon the Insured's marriage.
 - f) In the event of any of the occurrences set out in (e) above, 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 said above occurrences.
12. **Additional Declaration for Existing Policy Owner:**

I understand and agree that future premium(s) under the policy(ies) stated above will be deducted from the new Policy Owner's Medisave Account mentioned above.
13. **Additional Declaration for Deduction of Premiums from Insured Dependant's Medisave Account Applicant:**

I, on behalf of the Insured Dependant, understand and agree that future premium(s) under the policy(ies) stated above will be deducted from his/her Medisave Account mentioned above.



14. I/We understand and agree that should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. 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 Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.
15. I authorise the CPFIB to deduct premiums due for the Insured from my Medisave Account (including any new Medisave Account(s) which I may have arising from obtaining Singapore Permanent Residence 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 may be amended from time to time and subject to all terms and conditions as may be imposed by the CPFIB 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).
16. I authorise the CPFIB to disclose information/seek information on a confidential basis to/from any insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:
- payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;
 - the making of refunds under the PMIS, as the CPFIB shall reasonably consider appropriate; and
 - the amount of premium subsidies for the Insured and the amount of additional premium applicable to the Insured.
17. **Additional Declaration for Deduction of Premiums from Insured Dependant's Medisave Account Applicant:**
I, on behalf of the Insured Dependant, hereby authorise the CPFIB to deduct premiums due for him/her from his/her Medisave Account (including any new Medisave Account(s) which he/she may have arising from obtaining Singapore Permanent Residence 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 may be amended from time to time and subject to all terms and conditions as may be imposed by the CPFIB from time to time for the purposes of the PMIS.
18. **Additional Declaration for Deduction of Premiums from Insured Dependant's Medisave Account Applicant:**
I, on behalf of the Insured Dependant, hereby authorise the CPFIB to disclose information/seek information on a confidential basis to/from any Insurer(s) for the PMIS in respect of the insurance cover issued for him/her following this application. Such information includes but is not limited to:
- payment and amount of premiums due, including the deduction of premiums from my Medisave account and my Medisave account balance;
 - the making of refunds under the PMIS, as the CPFIB shall reasonably consider appropriate; and
 - the amount of premium subsidies for the Insured and the amount of additional premium applicable to the Insured.
19. I, the Insured, hereby consent to the transfer and disclosure, at any time and without notice to me, of any medical information on me, in AIA Singapore's or the CPFIB's possession, between:
- AIA Singapore and the CPFIB; and
 - AIA Singapore 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 and/or the making of a claim under the PMIS.
- I, on behalf of the Insured who is below 16 years of age, hereby consent to the transfer and disclosure, at any time and without notice to him/her, of any medical information on him/her, in AIA Singapore's or the CPFIB's possession, between:
- AIA Singapore and the CPFIB; and
 - AIA Singapore 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 him/her and/or the making of a claim under the PMIS.
20. I/We hereby authorise, agree and consent to
- any medical source, insurance office, or organisation to release to AIA Singapore, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
 - 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; and
 - AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
 - AIA Singapore, its associated persons/organisation, 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") which is available on AIA Singapore's website, 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 whether or not my/ our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

Anyone who pays for, or is insured under AIA HealthShield Gold Max 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 this AIA HealthShield Gold Max, you will stop receiving APS. This applies even if you are not the person paying for this AIA HealthShield Gold Max. In addition, if you choose to be insured under this AIA HealthShield Gold Max, the person paying for AIA HealthShield Gold Max 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.

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 Insurance Adviser 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 AIA HealthShield Rider.

Going through a Financial Needs Analysis will enable your AIA Insurance Adviser 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 Insurance Adviser.

No, I do not wish to go through Financial Needs Analysis with my AIA Insurance Adviser.
 My AIA Insurance Adviser has provided me the product features, fees and charges (if applicable) information.
 It is my responsibility to ensure that the product I have selected is suitable for my needs.

Acknowledgement of Receipt of Product Summary

Applicable for Change of Coverage and Application for AIA Max VitalHealth Plan

Declaration

- I have received all pages of the Product Summary for the plan(s) selected in Section A: Change of AIA HealthShield Plan and/or Section B: Application/Change of AIA HealthShield Rider, and I have read and understood its contents.
- 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.
- 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

Date
*Contact Number

Signature of New Policy Owner(if applicable)

Date
*Contact Number

Signature of Witness/Insurance Adviser

Date

*** We will call you at this number if we need any clarifications regarding your request. This contact number will not be updated into our records. If you wish to update your contact details, please complete the Update of Address & Contact Details form.**

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

Address of Witness	Contact No.

Insurance Adviser 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 Insurance Adviser from time to time ("Guidelines"), including but not limited to identifying and verifying the identity of such Persons.

Insurance Adviser's Name	Insurance Adviser's Code	Insurance Adviser's Unit Name	Mobile No.

To avoid any delays, please also ensure that your signature is executed in the same manner as our records. You may want to refer to the application form in your contract for a specimen of the original signature.

Indicated your Policy No(s)?
 Signed and dated all forms/letters?
 Obtained the name, I/C no, & signature of a witness who is not related to you?

Have you

Please fold along dotted line



BUSINESS REPLY SERVICE

PERMIT NO. 06134



AIA Singapore Private Limited

POLICY SERVICES

3 Tampines Grande #09-01

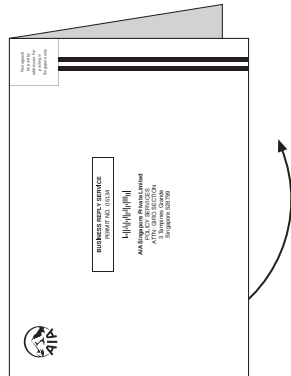
AIA Tampines

Singapore 528799

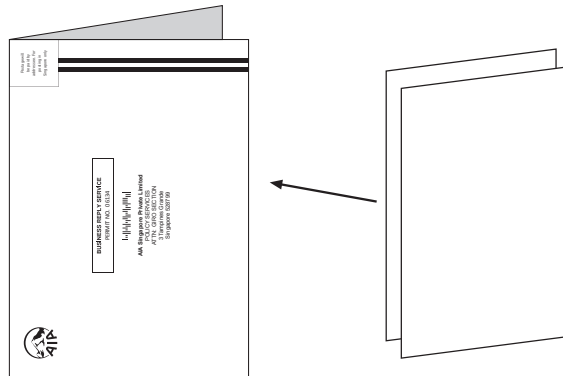
Postage will be paid by addressee. For posting in Singapore only.

How to use this postage-paid return envelope:

- 1) Fold this in half with the mailing details exposed



- 2) Attach your supporting documents within



- 3) Seal all 3 sides with glue encasing your supporting documents and mail

