Alteration to Application Form (B52)
(for MyShield/MyHealthPlus)

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Singlife with AVIVA

APPLICATION FORM

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap. 142), you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void.

This policy is underwritten by Singapore Life Ltd. and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

Name of proposer:		Contact No.:	
Name of Dependant 1:		Contact No.:	
Name of Dependant 2:		Contact No.:	
Name of Dependant 3:		Contact No.:	
Name of Dependant 4:		Contact No.:	
Name of Dependant 5:		Contact No.:	

ALTERATION REQUEST

I/We hereby request that my/our Application(s) to be altered as indicated below with the understanding and agreement that the change when effected shall be an amendment to and will form part of the original Policy issued and also be binding on any person who shall have or claim any interest under the above Policy(ies).

Important Notes

Please complete only the required fields that you wish to make amendments.

SECTION A: ALTERATION ON PERSONAL PARTICULARS

Important Notes

1. For alteration to personal particulars, e.g. Name, NRIC/FIN No. and Date of Birth, please submit Singapore Identity Card or an eligible Valid Pass issued by Immigration & Checkpoint Authority (ICA) Singapore.
2. If address is not available in the Identity Card, copy of fixed line telephone, utility, tax bill or any documents issued by a local government body.

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SECTION A: ALTERATION ON PERSONAL PARTICULARS *(continued)*

Proposer (Assured)

Full Name as shown in Identity Card: Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr

Family Name

Given Name

Gender ☐ Male ☐ Female Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card No. Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

CPF Account No. Date of Birth (DD/MM/YY)

Nationality ID Type ☐ Singaporean ☐ Singapore PR Nationality

Nationality ID Type ☐ Handphone ☐ Office ☐ Home

Email Address

Occupation Name of Employer

Exact Duties Nature of Business

Alteration to Address on Application Form

☐ Residential Address:	☐ Correspondence Address: *(if different from residential address)*
Postal Code	Postal Code

For existing policyholder with Singapore Life Ltd.:

(Not applicable to MINDEF/MHA/POGIS)

If the correspondence address differs from our existing records, do you wish to update the correspondence address for all your life and health policy(ies)?

☐ Yes ☐ No

Dependant 1

Full Name as shown in Identity Card/Eligible Valid Pass:

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr Gender ☐ Male ☐ Female

Family Name

Given Name

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card / FIN No. Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) Nationality

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent* ☐ Sibling*

Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.

Occupation Name of Employer

Exact Duties Nature of Business

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SECTION A: ALTERATION ON PERSONAL PARTICULARS *(continued)*

Dependant 2

Full Name as shown in Identity Card/Eligible Valid Pass:

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr Gender ☐ Male ☐ Female

Family Name

Given Name

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card / FIN No. Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) Nationality

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent* ☐ Sibling*

Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.

Occupation Name of Employer

Exact Duties Nature of Business

Dependant 3

Full Name as shown in Identity Card/Eligible Valid Pass:

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr Gender ☐ Male ☐ Female

Family Name

Given Name

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card / FIN No. Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) Nationality

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent* ☐ Sibling*

Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.

Occupation Name of Employer

Exact Duties Nature of Business

Dependant 4

Full Name as shown in Identity Card/Eligible Valid Pass:

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr Gender ☐ Male ☐ Female

Family Name

Given Name

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card / FIN No. Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) Nationality

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent* ☐ Sibling*

Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.

Occupation Name of Employer

Exact Duties Nature of Business

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SECTION A: ALTERATION ON PERSONAL PARTICULARS *(continued)*

Dependant 5

Full Name as shown in Identity Card/Eligible Valid Pass:

Salutation ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss ☐ Dr Gender ☐ Male ☐ Female

Family Name

Given Name

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Identity Card / FIN No. Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others

Date of Birth (DD/MM/YY) Nationality

Nationality ID Type ☐ Singaporean ☐ Singapore PR ☐ Others

Relationship to Proposer ☐ Spouse ☐ Parent ☐ Child ☐ Grandparent* ☐ Sibling*

Note: only Singaporean/Singapore PR can apply as Grandparent/Sibling Dependant.

Occupation Name of Employer

Exact Duties Nature of Business

SECTION B: ALTERATION ON DECLARATION OF OCCUPATION *(not applicable for MyShield Standard Plan)*

If the answer to the following question on occupation is "Yes", only MyShield will be offered and MyHealthPlus will be declined.
Does your occupation involve any of the following:

- work in heights above 15 metres (excluding those who work indoors of completed buildings, military and commercial aircrew and pilot);
- professional diving;
- use of armed weapons (excluding military personnel);
- offshore oil and gas environment;
- motorcycle dispatch;
- scaffolding; or
- welding?

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SECTION C: ALTERATION ON PLAN TYPE / OPTION *(not applicable for MyShield Standard Plan)*

Important Notes:

MyShield:

1. A dependant child up to age 20 years old at age next birthday will be eligible for Family Discount for Child(ren) (FDC) under MyShield Plan 2 if both parents are covered under MyShield Plan 1 or Plan 2. This benefit is applicable to a maximum of four (4) children, including children that enjoy existing coverage under Free Cover for Children (FCC).
2. If any applicant crosses the age band while this form is being processed, we will charge the higher premium according to the age next birthday.
3. For amendments on Plan Type from MyShield Standard Plan to Plan 1, Plan 2 or Plan 3, please submit MyShield/My HealthPlus application form.
4. For amendments on Plan Type from MyShield Plan 1, Plan 2 or Plan 3 to MyShield Standard Plan, please submit MyShield Standard Plan application form.
   Please √ tick the box according to your plan selection.

MyShield	Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Plan 1						
Plan 2						
Plan 2 *(FDC if applicable)*	*Not Eligible*					
Plan 3 *(For Singaporean & Singapore PR only)*						

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SECTION C: ALTERATION ON PLAN TYPE / OPTION *(not applicable for MyShield Standard Plan)* *(continued)*

MyHealthPlus:

1. The dependant child will be eligible for FCC under MyHealthPlus Plan 2 Option A-II if both parents are covered under MyShield Plan 1 or Plan 2 and MyHealthPlus Option A, C, A-II or C-II.
2. The dependant child will be eligible for Preferred Rate for Children under MyHealthPlus Plan 2 Option C-II if both parents are covered under MyShield Plan 1 or Plan 2 and MyHealthPlus Option A, C, A-II or C-II.
3. If any applicant crosses the age band while this form is being processed, we will charge the higher premium according to the age next birthday.
4. We will process as Option C-II if both Option A-II and Option C-II are ticked.
5. If any applicant has an existing Option B/B-II (Covers Deductible) and selects to add Option A-II (Covers Co-Insurance), we will process the application as change of option to Option C-II (Covers Co-Insurance & Deductible).
   Note: Option B/B-II benefit is not available for new business application.
6. The same method of underwriting MyShield will apply to your MyHealthPlus unless there is new medical declaration which will be subjected to full medical underwriting.

Please √ tick the box according to your plan selection.

MyHealth Plus MyHealthPlus Plan Type will follow MyShield	**Proposer**	**Dependant 1**	**Dependant 2**	**Dependant 3**	**Dependant 4**	**Dependant 5**
Option A-II *(Co-Insurance)*						
Option A-II *(Co-Insurance) (FCC if applicable)*	*Not Eligible*					
Option C-II *(Deductible and Co-Insurance)*						
Option C-II *(Deductible and Co-Insurance)(Preferred Rate for child(ren) if applicable)*	*Not Eligible*					

SECTION D: ALTERATION ON PAYMENT DETAILS

Important Notes:

1. For payment by Interbank GIRO, please submit duly signed Application for Interbank GIRO form. For initial premium via GIRO, **the bank account must be a DBS or POSB account**, a single or joint/or account, not a trust/minor account, belongs to the payor of the policy (who is also the policyholder) and the payer's identification number (e.g. NRIC) in our record must be the same as the bank's record.
2. For payment by Credit Card, please complete the section on Visa/Mastercard Authorisation.

MyHealthPlus

Payment Frequency: ☐ Yearly ☐ Monthly (subsequent payment method must be on GIRO)

Please tick ONE option for both initial and subsequent premium payments.

Payment Method	☐	☐	☐	☐
Initial Premium	Credit Card	Interbank GIRO	Cash/Cheque	Cash/Cheque
Subsequent Premium	Interbank GIRO	Interbank GIRO	Interbank GIRO	Cash/Cheque

VISA/MASTERCARD AUTHORISATION

I authorise Singapore Life Ltd. to charge the initial premium(s) to my credit card account for this insurance policy.

Name of Cardholder *(as shown in Identity Card/Eligible Valid Pass):*

Identity Card/FIN No.:

Card Number:

Card Expiry Date (MM/YY):

Signature of Cardholder:

☐ Visa ☐ Mastercard Issuing Bank:

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SECTION E: ALTERATION ON REPLACEMENT OF EXISTING INTEGRATED SHIELD PLAN/DECLARATION
(not applicable for MyHealthPlus)

1. Is this application to replace or intended to replace your / your dependants' existing Integrated Shield Plan?

   If **'Yes'**, please complete the table below and answer Question 2.

Proposer	☐ Yes ☐ No	Name of Insurer: Name of Plan:
Dependant 1	☐ Yes ☐ No	Name of Insurer: Name of Plan:
Dependant 2	☐ Yes ☐ No	Name of Insurer: Name of Plan:
Dependant 3	☐ Yes ☐ No	Name of Insurer: Name of Plan:
Dependant 4	☐ Yes ☐ No	Name of Insurer: Name of Plan:
Dependant 5	☐ Yes ☐ No	Name of Insurer: Name of Plan:

2. In answering **'Yes'** to Section E Question 1 for the proposer and/or any of the dependant(s), please tick to confirm the below declaration:

   ☐ I confirm that my Financial Adviser Representative has explained to my satisfaction the implications associated with this switch/replacement and, based on his/her recommendation, I agree to proceed with the switch/replace ment of my existing Integrated Shield Plan. I am aware that each Life Assured can only have one Integrated Shield Plan. Once this policy commences, the existing Integrated Shield Plan covering the Life Assured will be automatically terminated.

   ☐ My Financial Adviser Representative has explained to me the implications associated with this switch/replacement. I am aware that the implications that may arise from a switch/replacement could outweigh any potential benefit(s) such as:

   - The new policy may offer a lower level of benefit at a higher cost or same cost, or offer the same level of benefit at higher cost and, the new policy may be less suitable for me.

   - If I am switching to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may lose coverage for those conditions.

   - If I am replacing my existing plan by upgrading to this plan and I have existing medical conditions that are currently covered by my existing plan, I am aware that I may not be given the enhanced benefits for those conditions. *(Applicable for MyShield Plan 1, Plan 2 and Plan 3)*

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SECTION F: ALTERATION ON UNDERWRITING HISTORY

If you are applying for MyHealthPlus and your existing MyShield is under Moratorium underwriting, your MyHealthPlus will be subjected to Moratorium underwriting if the selection is **'No'** to Question 1 and 2 below.

1. Have you had an application of a Life, Critical Illness, Health, Accident, Disability policy deferred, declined or required to pay Additional Premiums for MediShield Life?

   If **'Yes'**, please complete the table below and submit duly completed New Business Health Declaration Form (for Health Products).

   Note: If you are required to pay Additional Premiums for MediShield Life, please also provide a copy of the CPF MediShield Life Additional Premium Letter.

Proposer	☐ Yes ☐ No	Name of Insurer: Reason:	Type of Policy:
Dependant 1	☐ Yes ☐ No	Name of Insurer: Reason:	Type of Policy:
Dependant 2	☐ Yes ☐ No	Name of Insurer: Reasonn:	Type of Policy:
Dependant 3	☐ Yes ☐ No	Name of Insurer: Reason:	Type of Policy:
Dependant 4	☐ Yes ☐ No	Name of Insurer: Reason:	Type of Policy:
Dependant 5	☐ Yes ☐ No	Name of Insurer: Reason:	Type of Policy:

2. Have you **ever** experienced **symptoms** or received **medical advice** or had **treatment** for any of the following conditions **(whether diagnosed or not)**? *(Not applicable for MyShield Standard Plan)*

Proposer	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

- AIDS or HIV infection
- Alzheimer's disease
- Angioplasty
- Any form of Cancer
- Atherosclerosis
- Autism
- Bipolar Disorder
- Chronic cor pulmonale
- Chronic Kidney disease
- Chronic Obstructive lung disease
- Coronary Artery Disease (CAD)
- Dementia
- Diabetes Mellitus /Impaired Glucose tolerance
- Down syndrome
- Heart attack
- Heart bypass
- Hepatitis C/D
- Ischaemic Heart Disease (IHD)
- Kidney failure
- Liver cirrhosis
- Multiple sclerosis
- Muscular Dystrophy
- Organ transplant
- Osteoporosis
- Paralysis
- Polycystic Kidney disease
- Pulmonary hypertension
- Schizophrenia
- Stroke
- Systemic Lupus Erythematosus (SLE)
- Thalassaemia intermediate/major

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SECTION G: DECLARATION

I/We agree to inform Singapore Life Ltd. if there is any change in my/our financial and/or health status between the date of this Declaration and the date the full insurance coverage is provided by Singapore Life Ltd. to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above alteration(s) and declaration(s) shall form part of my/our Application for the Insurance. I/We understand that any alteration is subject to the acceptance of Singapore Life Ltd. at its sole discretion. Except as amended by this Alteration to Application Form, all other information in my MyShield/MyHealthPlus Application Form remains valid and unchanged.

This Application will not be valid until I/We have been informed in writing that Singapore Life Ltd. has accepted this Application or issued the Policy Documents.

Signed and declared in SINGAPORE on (DD/MM/YYYY)

Signature of Proposer

Signature of Dependant 1
(who is 16 years old and above)

Signature of Dependant 2
(who is 16 years old and above)

Signature of Dependant 3
(who is 16 years old and above)

Signature of Dependant 4
(who is 16 years old and above)

Signature of Dependant 5
(who is 16 years old and above)

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