



Suspension of MediShield Life Premium Collection

This form may take you 10 minutes to complete.

Form MSLOS1 10/2016

IMPORTANT: Please complete one form per Insured. If the Insured is aged under 16 years, the application must be made by the Insured's parent or legal guardian. Please sign against all amendments made. DO NOT use correction fluid/tape.

NOTE: You may apply for Suspension of Premium Collection ("**Suspension**") if you meet **all** the following eligibility criteria ("**Eligibility Criteria**"):

1. You are a Singapore Citizen;
2. You live outside Singapore permanently with no intention to reside in Singapore and:
 - a. You possess a valid permanent residence permit in your country of residence;
 - b. During the 5 years immediately before the Central Provident Fund Board ("the **Board**") receives this application, you have lived outside Singapore and were not in Singapore for more than 140 days in total; and
 - c. You have completed your full-time National Service obligation, or are not required to serve full-time National Service.
3. You are adequately covered for your healthcare needs and you do not need to rely on the MediShield Life Scheme in Singapore. This includes not benefitting from payouts under the MediShield Scheme and/or the MediShield Life Scheme in the 5 years prior to the start of the Suspension.

This is an application for:

1. The Suspension of Collection of the Insured's Premiums under the MediShield Life Scheme; and
2. The Refund of Premiums under the MediShield Life Scheme paid by or on behalf of the Insured for policy years on or after the Insured's Eligibility date (if any).

1 My Particulars (the "Applicant")

Name as in NRIC (IN BLOCK LETTERS)

NRIC No.

Contact No.

Email

+ _____ - _____

Country Code

Area Code

Number

2 Application Details

NOTE: Please enclose copies of valid documents to prove the Insured is a Permanent Resident of a foreign country (ie residence permit/visa in passport, residence card)

Who is this application for? (the "**Insured**") ▶ *Please tick one*

For Myself (I am the Insured)

For My Child aged under 16 years (My Child is the Insured) ▶ *Please provide Your Child's particulars below*

My Child's Name as in NRIC/Birth Certificate (IN BLOCK LETTERS)

My Child's NRIC/BC No.

Relationship to my Child ▶ *Please tick one*

- Father
 Mother
 Legal guardian

3 Agreement and Declarations

NOTE: Please read through this section carefully, in particular points 3 to 5 on your obligation to the Board and implications if Suspension ceases, before you sign on the form.

1. I declare that:
 - a. during the 5 years immediately before the Board receives this application, the INSURED has lived outside Singapore with no intention to reside in Singapore;
 - b. the INSURED's healthcare needs during the Suspension Period¹ are adequately covered without claiming under the MediShield Life Scheme; and
 - c. all the information provided by me in support of this application is true and accurate.
2. I understand that the Board may cease the Suspension of Collection of the INSURED's premiums under the MediShield Life Scheme, with effect from a date specified by the Board after any of the following occurs:
 - a. a written application is made by or for the INSURED, in the manner required by the Board, to cease the Suspension;
 - b. a claim is made under the INSURED's MediShield Life Scheme cover;
 - c. the INSURED is in Singapore for more than 140 days in total during any period of 5 years beginning not earlier than 5 years before the date the Board receives this application;
 - d. the INSURED does not satisfy or ceases to satisfy any of the Eligibility Criteria² for Suspension;
 - e. the INSURED is liable to be arrested without a warrant under the Singapore Armed Forces Act (Cap. 295) or for any arrestable offence³, or has an outstanding warrant of arrest issued by a Singapore court.
3. I agree to inform the Board as soon as possible if there is any change to the INSURED's permanent residency status or citizenship status that may affect the INSURED's eligibility for Suspension.
4. I agree that, if the Suspension ceases, I will pay all of the INSURED's premiums (including compound interest⁴) which become due and payable during the Suspension Period by a date determined by the Board, unless the Suspension Period ends because the INSURED's MediShield Life Scheme cover has ended.
5. I agree that if, on my application, the Board refunds any of the INSURED's premiums under the MediShield Life Scheme paid for policy years on or after the INSURED's Eligibility Date⁵ (the "**Refunded Amount**"):
 - a. the Refunded Amount will become due and payable from the start of the Suspension Period and compound interest will accrue on the Refunded Amount during the Suspension Period in the same way as interest accrues on the INSURED's other premiums during the Suspension Period;
 - b. the Collection of the Refunded Amount (including compound interest that accrues on the Refunded Amount) will be suspended during the Suspension Period; and
 - c. if the Suspension ceases, I will pay the Refunded Amount (including the compound interest) which becomes due and payable during the Suspension Period by a date determined by the Board, unless the Suspension period ends because the INSURED's MediShield Life Scheme cover has ended.
6. I agree that all personal information provided for the purposes of this application may be shared with any person or entity, as approved by the Ministry of Health, in order to assess the INSURED's eligibility for, and to administer, the Suspension or Refund applied for.
7. I understand that the terms and conditions of the Suspension and Refund (if any) are subject to the applicable laws as may be changed from time to time. For more details and information, I may refer to the website at www.medishieldlife.sg.
8. I have read and understand pages 1 to 3 of this form.

¹ The Suspension Period will start on a date specified by the Board when your application is approved and will end when the Insured's MediShield Life Scheme cover ends or the Suspension is earlier ceased by the Board.

² The current Eligibility Criteria are set out on page 1 and may be changed from time to time. Please refer to www.medishieldlife.sg for updates.

³ An arrestable offence is an offence for which a police officer may ordinarily arrest without warrant according to the third column of the First Schedule of the Criminal Procedure Code or under any other written law.

⁴ The interest rate is currently 4% per year and will be subject to applicable laws as may be amended from time to time. Interest will be imposed and computed on a compounded basis on full policy years that have passed. Please refer to www.medishieldlife.sg for updates.

⁵ The Eligibility Date will be determined by the Board when your application for the Refund is approved.

Signature/Right Thumb Print of Applicant (as per Section 1)

NRIC No.:

Date:

4 What to Do Next?

NOTE: Please ensure your residential address is updated before you return the completed form to us.



Complete and return this form to us by mailing it to:
MediShield Life Department
Robinson Road P.O. BOX 3060 Singapore 905060

Have you

- filled in all relevant fields?
- signed Section 3?
- enclosed copies of valid documents to prove the Insured is a Permanent Resident of a foreign country (ie residence permit/visa in passport, residence card)?
- ensured your residential address is updated (detailed instructions in Important Information below)?

For Help



Call our hotline at
1800-222-3399 or
(+65) 6222-3399

OR



Email us at
contactus@medishieldlife.gov.sg

OR



Visit our website at
www.medishieldlife.sg

We will notify you of your application status via your residential address maintained with the Board.

For Board's Use

For MSL's use

- Pending
- Approved
- Rejected

Date received:

OIC

Important Information

- Under the National Registration Act, an Identity Card (IC) holder is required to report his change of residential address within 28 days, including changes to a place of residence outside Singapore. You can report any changes to your residential address, including changes to a place of residence outside Singapore, to the Immigration & Checkpoints Authority (ICA). Please refer to ICA website at www.ica.gov.sg for the procedures on reporting an overseas address. Please contact us at member@cpf.gov.sg if you need further assistance.
- The Board uses the IC address of our members for mailing purposes. Notifications will be sent to your IC address, including if you are applying for your child aged under 16 years.