



This form may take you 10 minutes to complete.

Form RLE-MC 05/2021

IMPORTANT: Please hand this form to your doctor during your medical appointment.

1 Doctor's Certification

To CPF Board: This is to certify that this applicant is suffering from the following medical condition(s) that resulted in a reduced life expectancy or permanent incapacity :

Name as in NRIC (IN BLOCK LETTERS) ▶ *Affix name label here if available* NRIC/CPF Account No.

Medical Condition	Date of Diagnosis																
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D	D		M	M		Y	Y										

I am of the opinion that the above-named applicant:

▶ *Please answer all the questions below*

1. has a reduced life expectancy ▶ *Please tick one*
 - of **one year or less** since

		/			/		
D	D		M	M		Y	Y
 - of

Y	Y

 years **and** fulfills one or both of the following conditions:
 - Disease is of moderate to severe stage (e.g. Stage 3 and above).
 - Significant loss (≥ 70%) of organ function.
 - No, the applicant does not have a reduced life expectancy.

2. is suffering from serious medical condition(s) that render the applicant ▶ *Please tick at least one*
 - permanently** unfit for work¹
 - in need of permanent assistance** to perform **any of the six activities** of daily living (washing, dressing, feeding, toileting, mobility and transferring)
 - Please state the activity/activities:
 - lacking capacity** within the meaning of Section 4 of the Mental Capacity Act (CAP. 177A)² and the condition is **permanent**.
 - None of the above.

¹A person who is permanently unfit for work (physically or mentally) should be permanently incapable of working in any form of employment. Persons who are still able to perform some form of work but have difficulty in finding employment do not fall under this definition.

²A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. A person is unable to make a decision for himself if he is unable: (1) to understand the information relevant to the decision; (2) to retain that information; (3) to use or weigh that information as part of the process of making the decision; or (4) to communicate his decision (whether by talking, using sign language or any other means).

Date

		/			/		
D	D		M	M		Y	Y

Signature of Doctor

Stamp showing full name of Doctor, MCR No & name of hospital/Clinic

② What to Do Next?



Complete and return this form to us by mailing it to:
Central Provident Fund Board
Robinson Road P.O. Box 3060 Singapore 905060

Has the doctor

- completed all relevant fields?
- counter-signed and endorsed against any amendment?
- signed and endorsed the form with his/her name stamp and hospital's/clinic's stamp?

For
Help



Call our hotline at
1800-227-1188

OR



Visit our website at
cpf.gov.sg

We will update you on your application in 7 working days.