MINISTRY OF HEALTH
SINGAPORE

MEDICAL CLAIMS AUTHORISATION FORM (MULTIPLE INSTITUTIONS)

Central Provident Fund Board Singapore

I - Particulars of Account Holder & Insured (as in NRIC/other identification document)		
Name:	Date of Birth: (DD-MM-YYYY)	☐ Singapore Citizen ☐ Permanent Resident ☐ Foreigner
NRIC / CPF Account No:	FIN / Passport No: (for foreigners only)	

Please also complete Part II below if you are not the Account Holder & Insured:

II - My Details (as in NRIC/other identification document)

My Name(s):	My NRIC/FIN/Passport Number(s):

I am signing this form on behalf of the Account Holder & Insured as (please tick):

☐ **The parent / legal guardian[@] of the Account Holder & Insured who is under 21 years of age.**
- Please provide a copy of your NRIC / passport and the Account Holder & Insured's birth certificate / NRIC.
- Please note that the consent will expire once the Account Holder & Insured reaches 21 years of age.

☐ **Donee(s) acting under a Lasting Power of Attorney** registered under the Mental Capacity Act (Cap. 177A) ("**MCA**") **with power to act on behalf of the Account Holder & Insured**; or
Deputy(s) appointed by the Court under the MCA to act on behalf of the Account Holder & Insured.
- Please provide a copy of your NRIC / passport(s) and the Registered Lasting Power of Attorney / Order of Court.
- Please check whether you may act singly or jointly with other donee(s)/deputy(s).

[@] You are lawfully appointed as a legal guardian by a court or under a will/deed.

III - Effective Date of Authorisation (DD-MM-YYYY)	

Note: Please read the Definitions set out on the next page before signing this form.

1. I allow the Government of the Republic of Singapore, the Central Provident Fund Board ("**CPF Board**"), my Insurer and its appointed agencies, Participating Medical Institutions, and healthcare professionals at any medical institution who have cared for me to collect, share and use my Healthcare Information:
   (a) to check my MediSave and Health Insurance Policy information in order to facilitate my Claims;
   (b) to process and administer my Claims;
   (c) to assess and audit my Claims and adjudicate Claims-related disputes; and
   (d) for data analysis, evaluation and policy-making and review by the Government and CPF Board.
2. I confirm my wish to claim from my Health Insurance Policy and withdraw from my MediSave to pay for my medical treatment from the Effective Date of Authorisation onwards at Participating Medical Institutions, and I authorise CPF Board and my Insurer to do so as needed. I agree to provide any information necessary to process and administer the Claims.
3. I accept that the Participating Medical Institutions may claim from my Health Insurance Policy and from my MediSave to pay for my medical treatment charges in full, unless there are instructions by me not to do so.
4. I accept that my Claims will be subject to CPF Board's and my Insurer's approval, and the approved Claims amounts will depend on (i) the treatment charges submitted by the Participating Medical Institutions, (ii) my MediSave balance, (iii) the Acts & Regulations, and (iv) the terms of my Health Insurance Policy.
5. I agree to immediately refund to my MediSave Account and my Insurer any payment which I receive as reimbursement for the treatment charges.
6. This consent and authorisation shall remain valid until revoked in writing. I accept that any revocation of authorisation may take up to 7 working days from the date the Government (or the Government's appointed administrator) receives it to be effective.
7. I have read and understood this form fully, including the Definitions on the next page, and I declare that the information that I have provided is accurate.

Signature / Thumbprint of Account Holder & Insured / Person signing on behalf of Account Holder & Insured	Date of Signature (DD-MM-YYYY)
Interpreted by (Name & NRIC):	

Signature of Witness	Date of Signature (DD-MM-YYYY)
Name of Witness:	
NRIC / Official Stamp:	

Definitions

I understand and agree that these phrases used in this form shall have the following meanings:

a) **"Healthcare Information"** refers to the following information in relation to the Account Holder & Insured:
   i) personal data (e.g. name, NRIC No, address, age, date of birth);
   ii) MediSave balance and withdrawal limits;
   iii) Healthcare Insurance Policy information (e.g. policy details, benefits, exclusions, start and end dates);
   iv) hospitalisation and bill records;
   v) medical information and information relating to the medical condition and treatment of the Account Holder & Insured;
   vi) any other information as the Government, CPF Board, the Insurer, Participating Medical Institutions, and healthcare professionals at any medical institution who have cared for the Account Holder & Insured may consider necessary for the purpose of processing, administering, assessing, and auditing the Claims;

   For the avoidance of doubt, "Healthcare Information" may relate to information on past, present and future matters.

b) **"Health Insurance Policy"** and the corresponding **"Insurer"** refer to the following:

Health Insurance Policy	Insurer	
MediShield & MediShield Life	Central Provident Fund Board	
MediSave-approved Integrated Shield Plan*	AIA Singapore Private Limited	Income Insurance Limited
	Singapore Life Ltd.	Prudential Assurance Co
	Great Eastern Life Assurance Co	AXA Life Insurance
	Raffles Health Insurance	
	Any other insurer as approved by the Minister of Health	

* MediSave-approved Integrated Shield Plan refers to the MediSave-approved integrated medical insurance plan as stated in the Central Provident Fund (MediShield Scheme) Regulations and the Central Provident Fund (Private Medical Insurance Scheme) Regulations, and the attached rider plans.

c) **"Participating Medical Institutions"** refer to the approved medical institutions which are listed on www.moh.gov.sg/mcaf. New Participating Medical Institutions may be added from time to time.

d) **"Claims"** refers to claims from the Account Holder & Insured's Health Insurance Policy and MediSave.

e) **"Acts & Regulations"** refers to all relevant legislation governing the use of MediSave, MediShield and MediShield Life, including the Central Provident Fund Act, Central Provident Fund (Medisave Account Withdrawals) Regulations, Central Provident Fund (MediShield Scheme) Regulations, Central Provident Fund (Private Medical Insurance Scheme) Regulations, and the MediShield Life Scheme Act 2015 and its regulations, and any amendments or re-enactments thereof.