



**MEDISAVE AUTHORISATION FORM**

(This form may take about 3 minutes to complete.)

**IMPORTANT:** You must complete all pages of this application form. Please sign against any amendments made and do not use any correction fluid/tape.

It is an offence to make any false statement or to produce any document which is false for any purposes connected with the Central Provident Fund Act ("CPF Act"). The person shall be liable on conviction, to a fine not exceeding S\$2,500, and in the case of a second or subsequent conviction, to a fine not exceeding S\$10,000.

**PART I: PARTICULARS OF PATIENT**

Name \_\_\_\_\_ NRIC/CPF No. \*S/T 

--	--	--	--	--	--	--	--	--	--

Insured under MediShield?  Yes  No Passport No. (for foreigners only) \_\_\_\_\_

Wish to claim from MediShield?  Yes  No Date of Birth (DDMMYYYY) \_\_\_\_\_

**PART II: PARTICULARS OF MEDISAVE ACCOUNT HOLDER**

Name \_\_\_\_\_ NRIC/CPF No. \*S/T 

--	--	--	--	--	--	--	--	--	--

Relationship to Patient (Tick one only):  
Patient is my  self  spouse  child or ward  parent  grandparent.

Date of Birth (DDMMYYYY) \_\_\_\_\_

Medisave Account holder must be at least 18 years of age to authorize and sign Part IV of this form. Otherwise, the Medisave Account holders' parents or legal guardian has to authorise on behalf.

**PART III: PURPOSE OF WITHDRAWAL BY MEDISAVE ACCOUNT HOLDER**

For charges incurred at \_\_\_\_\_ (Name of Medical Institution) (the "Medical Institution") by the patient for:

- (i)  Hospitalization/treatment period commencing \_\_\_\_\_ (DDMMYYYY)
- (ii)  Day surgery on \_\_\_\_\_ (DDMMYYYY)
- (iii)  Outpatient treatment: (please specify) \_\_\_\_\_
  - on \_\_\_\_\_ (DDMMYYYY)
  - for the calendar year of \_\_\_\_\_ (YYYY)
  - for a period of 3/ 6/ 12 months\* from \_\_\_\_\_ to \_\_\_\_\_ (DDMMYYYY)
  - for an unlimited period from \_\_\_\_\_ (DDMMYYYY) unless revoked by notice in writing in accordance with Part IV (e)(iv) below.

**PART IV: AUTHORISATION & DECLARATION BY MEDISAVE ACCOUNT HOLDER**

- (a) I / I, on behalf of my child or ward,\* hereby declare that the patient is myself/my spouse/my child or ward/my parent/my grandparent. If the patient is my grandparent, I / I, on behalf of my child or ward,\* confirm that my grandparent is a Singapore Citizen/permanent Citizen\*.
- (b) I / I, on behalf of my child or ward,\* hereby apply to withdraw the monies in my/his/her Medisave Account (the "said Medisave Account") for the payment of his/her hospitalisation and medical treatment specified in Part III.
- (c) I / I, on behalf of my child or ward,\* hereby authorise the Central Provident Fund Board ("the Board") to
  - (i) deduct from the said Medisave Account the amount specified by the Medical Institution for payment of the charges incurred, as provided under the Central Provident Fund (Medisave Account Withdrawals) Regulations and any amendment or re-enactment thereof (the "Medisave Account Deduction");
  - (ii) disclose to the Medical Institution such information as the Board may consider appropriate for the purpose of the Medisave Account Deduction, and/or for the making of a claim from MediShield as provided under the Central Provident Fund (MediShield Scheme) Regulations and any amendment or re-enactment thereof (the "MediShield Claim"); and
  - (iii) disclose to the Ministry of Health (the "MOH") such information as the MOH said may require for the purpose of any approval or authorisation of the withdrawal of such amount in the Medisave Account as may be approved or determined in accordance with the Central Provident Fund (Medisave Account Withdrawals) Regulations.
- (d) Except as provided under (e), this authorisation shall be valid for one year from the date this Medisave Authorisation Form is signed by myself unless I / I, on behalf of my child or ward\* have expressly revoked it by notice in writing delivered to the Board directly or through the Medical Institution.

\* Delete where not applicable

- (e) If this authorisation is for an unlimited period for outpatient treatment, I / I, on behalf of my child or ward\*, understand and accept that:
- (i) the Medical Institution will inform the Board of the amount to be withdrawn from the said Medisave Account as and when charges are incurred at the Medical Institution by the above patient;
  - (ii) each withdrawal from the said Medisave Account pursuant to this authorisation for payment of the charges incurred is subject to the approval of the Board and the amount of moneys standing the credit in the said Medisave Account at the time of withdrawal;
  - (iii) the Board has the right to reject the withdrawal of the moneys standing to the credit in the said Medisave Account for any payment; and
  - (iv) this authorisation shall continue to be in force for the period indicated in Part III unless I / I, on behalf of my child or ward\*, have expressly revoked it by notice in writing delivered to the Board directly or through the Medical Institution.
- (f) If I / I, on behalf of my child or ward,\* hereby undertake to pay immediately to the Board for the credit of the said Medisave Account any money which I or the patient may subsequently receive from the employer, insurer or any other person as reimbursement of all or part of the Medisave Account Deduction or MediShield Claim.

\*\* If the Medisave Account Holder is the patient and he passes away during this inpatient hospitalisation, the balances in his Medisave Account will be used to pay off the last medical bill first before any withdrawal can be made from another Medisave Account.

\_\_\_\_\_  
Signature of Medisave Account Holder/  
Parent or Legal Guardian‡ of the  
Medisave Account Holder / Date

\_\_\_\_\_  
Name & NRIC No. of Witness®

\_\_\_\_\_  
Signature of Witness® / Date

‡ "Parent" includes natural or adoptive parent. "Legal guardian" refers to a person lawfully appointed as a guardian by a court or under a will/deed.

® The witness shall be 21 years of age and above and must not lack capacity\*.

\* "Lack capacity" has the same meaning as that seen in section 4 of the Mental Capacity Act (Cap. 177A) ("MCA").

**PART V: AUTHORISATION & DECLARATION BY PATIENT\*\* FOR DISCLOSURE OF INFORMATION, ETC**

- (a) I / I, on behalf of my child/ward\*, hereby authorise the doctor-in-charge at \_\_\_\_\_ (Name of Medical Institution) (the "Medical Institution") to disclose to the Board such information relating to my/patient's\* medical condition as may be necessary for the Medisave Account Deduction and/or for the MediShield Claim, and/or for Medisave/MediShield and other healthcare policy purposes.
- (b) I / I, on behalf of my child/ward\*, hereby authorise the Board to disclose to the Medical Institution such information as the Board may consider appropriate for the Medisave Account Deduction and/or for the MediShield Claim.
- (c) Where the purpose of withdrawal is related to the treatments of chronic diseases, I / I, on behalf of my child/ward\*, hereby authorise the doctor-in-charge at the Medical Institution to disclose to the MOH such information relating to my / the patient's medical condition as may be necessary for the purposes of
- (A) assessing and auditing the doctor's/Medical Institution's compliance with the MOH's stipulated clinical standards^, and
  - (B) national healthcare finance planning%.
- (d) I / I, on behalf of my child or ward,\* hereby agree to disclose to Medical Institution and the Board any information or documents necessary for the purposes of the Medisave Account Deduction.

**To be completed for Maternity cases only:**

- (e) I confirm that I have \_\_\_\_\_ living children (excluding the present delivery).

\_\_\_\_\_  
Signature of Patient/ Parent or Legal  
Guardian of the Patient/ Donee\*\*/  
Deputy\*\*\* / Date

\_\_\_\_\_  
Name & NRIC No. of Witness®

\_\_\_\_\_  
Signature of Witness® / Date

\*\* "Donee" means a person under a lasting power of attorney registered under the MCA with power to act on behalf of the patient for the purposes of the CPF Act.

\*\*\* "Deputy" means a person appointed for the patient by the court under the MCA with power to act on behalf of the patient for purposes of the CPF Act.

^ Clinical standards are stipulated as conditions to the approval granted to the doctor/Medical Institution under the Central Provident Fund (Medisave Account Withdrawals) Regulations in relation to withdrawal for the treatments of chronic diseases.

% MOH assesses aggregated clinical data in order to make policies concerning the Medisave, MediShield Schemes.

\* Delete where not applicable