Central Provident Fund Board

CPFB/MAFINDY/MAR2010

MEDISAVE AUTHORISATION FORM

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

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")

PART I: PARTICULARS OF PATIENT

Name _____ NRIC/Birth Cert. No. *S/T | | | | | | | | |

Insured under MediShield? *Y / N Passport No. (for foreigners only) | | | | | | | | |

Wish to claim from MediShield? *Y / N

PART II: PARTICULARS OF MEDISAVE ACCOUNT HOLDER

Name _____ NRIC/CPF No. *S/T | | | | | | | | |

PART III: PURPOSE OF WITHDRAWAL

For charges incurred at _____ by the above patient for

(Name of Medical Institution)

☐ Hospitalisation / treatment period commencing _____ (DDMMCCYY)

☐ Hepatitis B Vaccination: Amount $_____

PART IV: AUTHORISATION & DECLARATION BY MEDISAVE ACCOUNT HOLDER

(a) Patient is my *self / spouse / child / parent / grandparent who is a Singapore citizen or permanent resident.

(b) I hereby authorise the Central Provident Fund Board ("the Board") to :

(i) deduct from my 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")++; and

(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").

(iii) disclose to the Ministry of Health (the "MOH") such information as the MOH may require for the purpose of any approval or authorisation of the withdrawal of such amount in my Medisave Account as may be approved or determined in accordance with the Central Provident Fund (Medisave Account Withdrawals) Regulations.

(c) I hereby undertake to pay immediately to the Board for the credit of my Medisave Account any money which I or the patient may subsequently receive from my or the patient's employer, insurer or any other person as reimbursement of all or part of the Medisave Account Deduction.

(d) This authorisation shall be valid for one year from the date this Medisave Authorisation Form is signed by myself unless I have expressly revoked it by notice in writing delivered to the Board directly or through the medical institution.

++ 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 / Date	Name & NRIC No. of Witness@	Signature of Witness@ / Date

PART V: AUTHORISATION & DECLARATION BY PATIENT FOR WITHDRAWAL/CLAIM OF MEDISAVE/MEDISHIELD

(a) I hereby authorise the doctor-in-charge / _____, to disclose to the Board

(Name of Medical Institution)

and the MOH 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 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.

To be completed for Maternity cases only:

(c) I confirm that I have _____ living children (excluding the present delivery).

Signature of patient / parent or lawful guardian of the patient / Donee**/Deputy*** / Date	Name & NRIC of Witness@	Signature of Witness@ / Date

* Delete where not applicable

\+ "Lacks capacity" has the same meaning as section 4 of the Mental Capacity Act 2008 (Act 22 of 2008) ("MCA 08")

@ The witness cannot be the patient and shall be 21 years of age and above and does not lack capacity+.

** "Donee" means a person under a lasting power of attorney registered under the MCA 08 with power in relation to the patient for the purposes of the CPF Act.

*** "Deputy" means a person appointed or deemed to be appointed for the patient by the court under the MCA 08 with power in relation to the patient for the purposes of the CPF Act.