

FOR OFFICE USE ONLY							
Financial Planner's code:	_____						
Financial Planner's name:	_____						
Financial Planner's mobile number:	_____						
Name of organisation:	_____						
Introducer code:	_____						
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HSBC Life Shield Service Request Form

Who can complete this form

Policyholder

2 Simple Steps to file a request

- (1) Complete this form
- (2) You can submit this form through any 1 of these channels: (We do not accept photocopies.)
 - (a) By Post to:-
 - Operations Dept
 - HSBC Life (Singapore) Pte. Ltd. (Company Reg. No. :199903512M)
 - Robinson Road Post Office
 - P.O. Box 1094
 - Singapore 902144
 - (b) By Hand to; (i) your Financial Planner; or (ii) By Email via cc.life@mail.life.hsbc.com.sg
 - (c) To submit separate forms if there are more than one Life Assured.

Basic Policy Number:	_____
Rider Policy Number:	_____

Name of Existing Policyholder (Owner/Payer)	_____	NRIC No.	_____
Name of Life Assured	_____	NRIC No.	_____

1. Upgrade Of Shield Plan

Please choose your type of plan to upgrade.

- Plan A Plan B

Please take note of the following before you proceed:

- (i) To complete Health Declaration form (for HSBC Life Shield) and Financial Needs Analysis (FNA), subject to full underwriting.
- (ii) There is a 40 days period from the Start Date of your new Integrated policy or Effective Date of your last change of plan (whichever is applicable) where you are not allowed to upgrade your plan.
- (iii) The current plan must be fully paid before the upgrade application can be processed and take effect on forward date.

2. Downgrade Of Shield Plan

Please choose your type of plan to downgrade to:

- Plan B Standard Plan

Please take note of the following before you proceed:

- (i) There is a 40 days period from the Start Date of your new Integrated policy or Effective Date of your last change of plan (whichever is applicable) where you are not allowed to downgrade your plan.
- (ii) The current plan must be fully paid before the downgrade application can be processed and take effect on forward date.
- (iii) For downgrading of policy upon expiry, all HSBC Life Shield Service Request forms must be submitted, 21 days before renewal date.**

3. Addition Of Rider

Rider Options:

- HSBC Life Enhanced Care (Plan A) HSBC Life Enhanced Care (Plan B) HSBC Life Enhanced Care (Standard Plan)

Please take note of the following before you proceed:

- (i) To complete Health Declaration form (for HSBC Life Shield), HSBC Life Enhanced Care Product Summary (latest version), Financial Needs Analysis (FNA), and GIRO application (mandatory for subsequent payment), subject to full underwriting.
- (ii) New policy number will be issued for HSBC Life Enhanced Care Rider application only.
- (iii) HSBC Life Shield policy must be fully paid and/or renewed successfully before the HSBC Life Enhanced Care Rider can take effect.
- (iv) For all HSBC Life Enhanced Care Rider applications received and approved during the two months period before your HSBC Life Shield policy is due for renewal, the rider effective date will be on the renewal date.
- (v) To complete Section 4 & 5 for premium payment mode and method.

4. Premium Payment Mode (Riders only)

- Premium Payment Mode *(Please put a ✓ tick where applicable)*

- Annual Monthly*

Please take note of the following before you proceed:

- (i) For monthly mode, only Giro payment is allowed.
Please complete section 5. Premium Payment Method.

5. Premium Payment Method (HSBC Life Shield Cash Outlay only and/or Rider)

- Premium Payment Method *(Please put a ✓ tick where applicable)*

- GIRO (for renewals only) PayNow Others

Please take note of the following before you proceed:

- (i) This is applicable for HSBC Life Shield with **cash outlay only** and/or Rider.
- (ii) Default payment method for HSBC Life Shield is **Medisave**. Changing payment method from Medisave to cash is **not allowed**.
- (iii) To apply for GIRO, please visit www.hsbc.life.com.sg/payment/?page=giro
- (iv) To make PayNow payments, please visit Payment www.hsbc.life.com.sg/payment
- (v) For others, please visit www.hsbc.life.com.sg/payment/how-to-pay to consult the various payment methods

6. Termination

- HSBC Life Shield Plan
 HSBC Life Enhanced Care Rider

Please take note of the following before you proceed:

- (i) For cancellation of policy upon expiry, policyholder must complete the HSBC Life Shield Service Request form and submit to HSBC Life, 2 weeks before the renewal date.
- (ii) For all HSBC Life Shield Service Request forms which are received after the renewal date, the policy will be terminated based on the form's receipt date and the refund will be pro-rated.
- (iii) If HSBC Life Shield Plan is terminated, the HSBC Life Enhanced Care Rider attached will also be terminated.

7. Refund Method (Cash portion only)

- PayNow with registered Singapore NRIC

By selecting this option, I confirm that I have registered with PayNow and I have linked my Singapore NRIC to my bank account ('PayNow Account') whereby I am the legal and beneficial owner of the PayNow Account. I hereby authorise and instruct the Company to deposit the payment that is payable to me into my PayNow Account as well as to verify my PayNow Account with the respective Bank (where necessary).

- Direct Credit (DC) payment facility

*If you intend to use a bank account which is different from our records, please complete the bank information below

Bank Name	Bank Account Holder (as shown on your Bank book or statement)

Bank Code	Branch Code	Bank Account Number

Please take note of the following before you proceed:

- (i) In the event if PayNow or Direct Credit is unsuccessful, we will issue a cheque under your name and post it to you directly at your address as stated in our records. The cheque will take up to 7 working days to be posted out.
- (ii) We require a scan/image copy of your bank statement, clearly showing your full name, bank account number and bank's logo/ emblem for account ownership verification.
- (iii) Direct Credit into 3rd party's Bank Account is **not** allowed

8. Change Of Policyholder (Owner/Payer)

Details of NEW Policyholder (Owner/Payer)

Name of New Policyholder (Owner/Payer)

NRIC/Passport/FIN No.

Date of Birth (DDMMYYYY)

Male Female

CPF Account No.

Mobile number (with country code)

 -

Email Address (Please ensure the email address is clear and legible)

Relationship of Insured to New Policyholder (Owner/Payer)

- Self Child Parent
 Spouse Grandparent

Please take note of the following before you proceed:

- (i) The change will take effect from renewal or, when we upgrade or downgrade a plan (if this applies).
- (ii) The change applies to both HSBC Life Shield Plan and Rider (if any).
- (iii) Please submit a photocopy of NRIC for new Policyholder (Owner/Payer).
- (iv) For P.O.Box, please provide proof of ownership.
- (v) **The email address and mobile number provided will be used for all future communication on the HSBC Life Shield policy.**

9. Change Of Signature

I hereby request to change the signature in the record of the above policy to the NEW signature/Right/Left Thumb Print as appended below. The NEW signature/Thumbprint shall henceforth be used for all purposes and requests in connection with the above policy.*

Policyholder's Old Signature/Thumbprint

Policyholder's New Signature/Thumbprint

Life Assured's Old Signature/Thumbprint

Life Assured's New Signature/Thumbprint

Please take note of the following before you proceed:

- (i) If you are not able to reproduce the old signature, you will have to visit our office personally to make these changes.
- (ii) Please submit a photocopy of NRIC with the new signature signed on it.

10. Change of Contact Information

New Residential Address

New Mailing Address (if different from Residential Address)

<input type="text"/>	<input type="text"/>
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Please take note of the following before you proceed:

- (i) For P.O. Box, please provide proof of ownership.
- (ii) For Residential Address, please submit a copy of NRIC/Passport and Proof of new address: Utility bill, fixed telephone line bill, bank statement etc.

New Home telephone number (with country code)

 -

New Mobile number (with country code)

 -

New Email address (Please ensure that the email address is clear and legible)

11. Change of Name

Policyholder's New Name

Life Assured's New Name

Please take note of the following before you proceed:

- (i) Please submit a photocopy of NRIC/Passport/Deed Poll.

12. Declaration to Central Provident Fund Board (CPF)

I authorise the Central Provident Fund Board (the "CPF") to

- (i) Deduct premium(s) due for the Life/Lives to be Assured as named under this application (the "Life/Lives to be Assured") from my Medisave account (including any new Medisave account(s) which I may have arising from obtaining Singapore Permanent Resident status or otherwise) in accordance with the provisions of the Central Provident Fund Act (Chapter 36), the MediShield Life Scheme Act (Act No. 4 of 2015) and the respective subsidiary legislation made thereunder and as amended from time to time and subject to all terms and conditions as may be imposed by the CPF from time to time for the purposes of the Private Medical Insurance Scheme (or by such other name as it may be referred to from time to time) (PMIS).
- (ii) Disclose/seek information on a confidential basis to/from any insurer(s) for the PMIS in respect of the insurance cover issued following this application. Such information includes but is not limited to:
 - (a) Payment and amount of premiums due, including the deduction of premiums from my MediSave account and my MediSave account balance; and
 - (b) the making of refunds under the PMIS, as the CPF shall reasonably consider appropriate; and
 - (c) The amount of premium subsidies for the Life/Lives to be Assured and the amount of additional premium applicable to the Life/Lives to be Assured.

I and the Life/Lives to be Assured named under this application, hereby consent to the transfer and disclosure, at any time and without notice to me/us, of any medical information on me/us, in the Insurer's or the CPF's possession, between the Insurer and the CPF, for the purpose of assessing the insurability of me/us and/or the making of a claim under the PMIS.

Subject to the relevant laws and terms and conditions, I or We understand that

- (i) Upon the commencement of this HSBC Life Shield cover, any other existing Integrated Shield Plan (if any) under the PMIS in favour of the Life/Lives to be Assured shall automatically terminate; and
- (ii) Upon the commencement of another Integrated Shield Plan in favour of the Life/Lives to be Assured, this HSBC Life Shield cover of the Life/Lives to be Assured shall automatically terminate.

13. Declaration and Authorisation

I or We declare that:

1. To the best of my or our knowledge and belief that the information given by me or us to HSBC Life (Singapore) Pte. Ltd. or its Medical Examiner is true and complete and that no material facts such as facts likely to influence the assessment and acceptance of this proposal have been withheld. And I am or We are not an undischarged bankrupt(s) and I or We have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me or us during that period.
2. I or We, the Life/Lives to be Assured, authorise any medical source, insurance office or organisation, to release to HSBC Life (Singapore) Pte. Ltd. any relevant information concerning me or ourselves, at any time, irrespective of whether the application is accepted by HSBC Life (Singapore) Pte. Ltd. A photocopy of this authorisation shall be as valid as the original.
3. I or We agree that payment of premium before acceptance of this proposal by HSBC Life (Singapore) Pte. Ltd. does not commit HSBC Life (Singapore) Pte. Ltd. to issue the policy I or We have applied for and the said policy shall not take effect unless and until this proposal has been fully accepted and the full initial premium has been paid during my life or our lives.
4. I or We confirm that (a) My Financial Profile, (b) the Product Summary and (c) Your Guide to Health Insurance have been explained to me or our satisfaction. A copy of (a) has been received.
5. I or We are aware that I or We can seek advice from a qualified Financial Planner before I or We sign this form. Should I or We choose not to, I or We take sole responsibility to ensure that this change is appropriate to my or our financial needs and insurance objectives.
6. Should I decide not to take up the application under the standard terms offered by HSBC Life (Singapore) Pte. Ltd. or if the application is officially accepted by HSBC Life (Singapore) Pte. Ltd. and I decide to terminate the policy within 40 days from the effective date of the policy, then the amount refundable to me shall be determined by HSBC Life (Singapore) Pte. Ltd. after taking into account the premium(s) paid, less medical fees incurred in underwriting the policy. However, should HSBC Life (Singapore) Pte. Ltd. decline the application, then I shall be entitled to a full refund of the premium(s) paid.
7. My Financial Planner has advised me/us that all Singapore Citizens and Permanent Residents are covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPF Board) and an additional private insurance coverage portion provided by the Insurance Company. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our Medisave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.
8. I hereby request that my policy be changed in accordance with the particulars as indicated in this application form, and I understand and on behalf of myself / ourselves / the Child and all covered person(s) that
 - 1) the request for changes other, shall be effective from the date of this request once approved unless otherwise specified by the Company.
 - 2) this form and the evidence of insurability of the covered person(s) (if applicable) shall be the basis for the change in this policy and will form part of the policy, unless otherwise specified.
 - 3) HEREBY DECLARE on behalf of myself and all covered persons referred to in this request form ("Relevant Persons") that
 - (a) all statements and answers to all questions, whether or not written by my own hand, are to the best of my knowledge and belief complete and true;
 - (b) should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my / our part in disclosing the information, the Company shall have the rights to cancel the Policy or repudiate the claim, if any.
- 9a. The information I or We have provided is my personal data and, where it is not my personal data, that I or We have the consent of the owner of such personal data to provide such information.
- 9b. I or We are happy to receive customer service communication by e-mail and/or SMS instead of hard copies by post.
- 9c. By providing this information, I or We understand and give my or our consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and its representatives or agents to:
 - i. Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling HSBC Life to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy/policies with HSBC Life, and for the purposes set out in the Data Use Statement which can be found at www.hsbc.com.sg ("Purposes").
 - ii. Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.
 - iii. Contact me to share information about products and services offered by HSBC Life that may be of interest to me by post and e-mail and

By telephone
 By fax
 By text message

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Planner but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal before signing.

Signature of Existing Policyholder (Owner/Payer) <i>*The signature of Policyholder should be signed in the same manner as they appear in our records</i>		Signature Date	
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Signature of New Policyholder (Owner/Payer)		Signature Date	
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TRACK STATUS OF YOUR REQUEST

If you have any query on your request, Please reach us via



Your Financial
Planner



+65 6880 4888



cc.life@mail.life.hsbc.com.sg

HSBC Life is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.