

**MEDISAVE AUTHORISATION FORM FOR CHRONIC DISEASES FOR ACCOUNT HOLDER WHO LACKS CAPACITY\***

(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")**

<b>PART I: PARTICULARS OF MEDISAVE ACCOUNT HOLDER (PATIENT)</b>										
Name _____ <small>(as shown in NRIC/Passport)</small>	NRIC/CPF No. *S/T	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

<b>PART II: PARTICULARS OF PATIENT'S FAMILY MEMBER# / DONEE** / DEPUTY***</b>										
Name _____	NRIC/CPF No. *S/T	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Age <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	Passport No. (for foreigners only)	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Relation to Patient (i.e. spouse/child/parent/ Donee**/Deputy***) _____										

# Family member means the patient's spouse, child or parent. A family member must be above the age of 18 years 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.

<b>PART III: PURPOSE OF WITHDRAWAL</b>	
For charges incurred at _____ by the above patient for	(Name of Medical Institution)
<input type="checkbox"/> treatment of chronic disease for the calendar year of _____ (CCYY)	
<input type="checkbox"/> treatment of chronic diseases for a period of 3 / 6 / 12 months* from _____ to _____ (DDMMCCYY)	
<input type="checkbox"/> treatment of chronic diseases on _____ (DDMMCCYY)	
<input type="checkbox"/> for an unlimited period unless revoked by notice in writing in accordance with Part IV (e) below	

<b>PART IV: AUTHORISATION AND INDEMNITY BY PATIENT'S FAMILY MEMBER# / DONEE** / DEPUTY***</b>	
(a)	I, on behalf of the patient who lacks capacity*, hereby apply to withdraw the monies in his/her Medisave Account for the payment of his/her treatment of chronic diseases specified in Part III.
(b)	In consideration of the Central Provident Fund Board ("the Board") authorising my application to allow the patient to use his/her monies in his/her Medisave Account in accordance with the Central Provident Fund (Medisave Account Withdrawals) Regulations and any amendment or re-enactment thereof (the "Medisave Account Deduction"), I hereby covenant that I will at all times hereafter keep the Board indemnified against all actions, proceedings, claims, damages, costs, expenses and losses whatsoever which the Board may pay, incur, sustain or suffer by reason of any payment / deduction made by the Board pursuant to this Medisave Authorisation Form.
(c)	I hereby authorise: <ul style="list-style-type: none"> <li>(i) the Board to disclose to the medical institution such information as the Board may consider appropriate for the purpose of the Medisave Account Deduction; and</li> <li>(ii) the Board to 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 the patient's Medisave Account as may be approved or determined in accordance with the Central Provident Fund (Medisave Account Withdrawals) Regulations.</li> <li>(iii) the doctor-in-charge / medical institution to disclose to <ul style="list-style-type: none"> <li>(A) the Board such information relating to the patient's medical condition as may be necessary for the Medisave Account Deduction</li> <li>(B) the Ministry of Health such information relating to the patient's medical condition as may be necessary for the purpose of <ul style="list-style-type: none"> <li>(I) assessing and auditing the doctor's/medical institution's compliance with the Ministry's stipulated clinical standards**, and</li> <li>(II) national healthcare finance planning%.</li> </ul> </li> </ul> </li> </ul>
(d)	I hereby undertake to pay immediately to the Board for the credit of the patient's Medisave Account any money which he/she may subsequently receive from his/her employer, insurer or any other person as reimbursement of all or part of the Medisave Account Deduction.
(e)	This authorisation shall continue to be in force for the period indicated in Part III unless I have expressly revoked it by notice in writing delivered to the Board directly or through the medical institution.

Signature of patient's family member or Donee**/Deputy*** / Date	Name & NRIC No. of Witness @	Signature of Witness@ / Date
(@ The witness cannot be the patient and shall be 21 years of age and above and does not lack capacity*.)		

<b>PART V: MEDICAL DOCTOR'S CERTIFICATION ^</b>		
I hereby certify/ attach a medical certification* that the Medisave Account Holder i.e. the patient lacks capacity* and certify that he/she is suffering from a chronic disease approved for Medisave withdrawals, and that deduction is for management related to this condition.		
Name & Signature of Doctor/Date	SMC Registration No.	Stamp of Clinic

\* "lack capacity" has the same meaning as section 4 of the Mental Capacity Act 2008 (Act 22 of 2008) ("MCA 08")  
\* Delete where not applicable  
\*\* Clinical standards are stipulated as conditions to the approval granted to the doctor/medical institution under the CPF (Medisave Account Withdrawals) Regulations to participate in the Chronic Disease Programme.  
% MOH assesses aggregated clinical data in order to make improvements to the Medisave, MediShield and Medifund Schemes.  
^ Part V need not be completed if the medical doctor's certification or Court Order on the patient's lack of capacity\* and/or chronic disease treatment are attached.