

BasicElderShield

Opt-out Form

Please complete this section only if you wish to discontinue your **Basic ElderShield 300 or Basic ElderShield 400**. Please note that the policy will only be terminated on the next renewal date. You may also use this form to exercise your FREELook privilege.

BASIC ELDERSHIELD INSURANCE SCHEME

I, _____, NRIC No.: _____
(Name as shown in NRIC)

do not wish to be insured under Basic ElderShield Policy No: _____.

Signature/Thumb Print of Policyholder

Contact No.

Date (dd/mm/yyyy)

ElderShieldSupplement

Termination Form

Please complete this section only if you wish to discontinue your **ElderShield Supplement**. Please note that the policy will only be terminated on the next renewal date. You may also use this form to exercise your FREELook privilege.

ELDERSHIELD SUPPLEMENT INSURANCE SCHEME

I, _____, NRIC No.: _____
(Name as shown in NRIC)

do not wish to be insured under:

- ElderShield Supplement, Policy No 1: _____.

- ElderShield Supplement, Policy No 2: _____.

Signature/Thumb Print of Policyholder

Contact No.

Date (dd/mm/yyyy)

IMPORTANT NOTES:

1. If you have an ElderShield Supplement policy, please be informed that you need your Basic ElderShield to be in force, for your ElderShield Supplement policy to be in force. In the event that your Basic ElderShield is terminated, (other than by reason of the last benefit payment received under your Basic ElderShield) your ElderShield Supplement policy will also be automatically terminated.
2. FREELook PRIVILEGE - Within 60 days of the policy commencement date, you shall be entitled to cancel your Basic ElderShield and/or ElderShield Supplement Policy and receive a full refund of premiums paid. After 60 days from the policy commencement date, you shall be entitled to cancel this policy. However, no refund of premiums shall be made.

GH/G6113/ES/Opt-out/09/2009