

AXA 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
 AXA Insurance Pte Ltd
 8 Shenton Way #24-01 AXA Tower
 Singapore 068811

	Singapore 068811	1700 Tower		
(b)	By Hand to; (i) your F	inancial Consultant; or (ii) Customer Care Counter at AXA T	ower.	
(c)		orms if there are more than one Life Assured.		
Basic Po	olicy Number:			
Rider Po	olicy Number:			
	f Existing older (Owner/Payer)		NRIC No.	
Name o	f Life Assured		NRIC No.	
1. Upg	grade Of Shield	Plan		
Please	choose your type of pla	n to upgrade.		
☐ Pla	n A	☐ Plan B		
(i) T	o complete Health Dec	owing before you proceed: aration form (for AXA Shield) and Financial Needs Analysis (F	_	_
		I from the Start Date of your new Integrated policy or Effective	e Date of your	last change of plan (whichever is
		re not allowed to upgrade your plan.	1. 1. 66 .	6 11.
	•	e fully paid before the upgrade application can be processed e Rider, AXA General Care Rider (if applicable) and AXA H		
	o AXA Enhanced Care		oille Cale Riue	i (ii applicable) will be converted
	7,551 2,111,411,454 641 6			
2. Dov	vngrade Of Shie	ld Plan		
Pleas	e choose your type of p	lan to downgrade to:		
☐ PI	an B	☐ Standard Plan		
(i) T	here is a 40 days period	owing before you proceed: I from the Start Date of your new Integrated policy or Effective re not allowed to downgrade your plan.	re Date of your	last change of plan (whichever is
		7		

- (ii) The current plan must be fully paid before the downgrade application can be processed and take effect on forward date.
- (iii) Existing AXA Basic Care Rider, AXA General Care Rider (if applicable) and AXA Home Care Rider (if applicable) will be converted to AXA Enhanced Care Rider with effect from 01 Apr 2021 onwards.
- (iv) For downgrading of policy upon expiry, all AXA Shield Service Request forms must be submitted, 21 days before renewal date.

FOR OFFICE USE ONLY
Financial Consultant's code:

Name of organisation:

Introducer code:

111 -

Financial Consultant's name:

Financial Consultant's mobile number:

3. Ad	ldition Of Rider			
Rid	er Options:			
	AXA Enhanced Care (Plan A)	AXA Enhanced	Care (Plan B)	☐ AXA Enhanced Care (Standard Plan)
Ple	ase take note of the following	before you proceed:		
(i)	To complete Health Declaration	n form (for AXA Shield) a	nd Financial Need	s Analysis (FNA), subject to full underwriting.
(ii)	New policy number will be issu	ed for AXA Enhanced Ca	are Rider applicatio	on only.
(iii)	AXA Shield policy must be fully	paid and/or renewed si	uccessfully before t	he AXA Enhanced Care Rider can take effect.
(iv)	For all AXA Enhanced Care Ride	er applications received	and approved duri	ing the two months period before your AXA Shield policy
	is due for renewal, the rider eff	ective date will be on th	e renewal date.	
4. Do	wngrade Of Rider			
Ride	er Options:			
	AXA Enhanced Care (Plan A)	AXA Enhanced	Care (Plan B)	☐ AXA Enhanced Care (Standard Plan)
			, ,	
***	ase take note of the following		Sava Diday AVA Ca	wavel Care Dider /if amplicable) and AVA Hama Care Dide
(i)		_		eneral Care Rider (if applicable) and AXA Home Care Rider been approved and take effect.
(ii)	You are not allowed to upgrad	de back to AXA Basic Ca	are Rider once the	AXA Enhanced Care Rider has taken effect.
(iii)	The current plan must be fully	paid before the downgra	ade application car	n be processed and take effect on forward date.
5. Pr	emium Payment Mod	le (Riders only)		
	Premium Payment Mode (Plea	ase put a√tick where app	olicable)	
	☐ Annual	☐ Monthly*		
Ple	ase take note of the following	before you proceed:		
(i)	For monthly mode, only Giro p	ayment is allowed.		
	Please complete section 6. Pre	mium Payment Method		
6 Dr	emium Payment Met	had (AYA Shield	Cach Outlas	v only and/or Pidor\
	•	•	_	y only and/or kider j
	Premium Payment Method (P			
		☐ PayNow	Others	
	ease take note of the following		wand/or Didor	
(i)	This is applicable for AXA Shiel			mothod from Madisque to seek is mat - !!
(ii)				method from Medisave to cash is not allowed .
(iii)				
(iv)	7 1 7 71			
(v)	For others, please visit https://	www.axa.com.sg/paym	ent/now-to-pay to	consult the various payment methods

. Termination				
□ AXA Shield Plan□ AXA Basic Care Ride□ AXA Enhanced Care		A General Care Rider	AXA Home Care Rider	
Please take note of the (i) For cancellation of 2 weeks before the	policy upon expiry, poli		KA Shield Service Request form and subr	nit to AXA,
receipt date and th	e refund will be pro-rate		enewal date, the policy will be terminate ted.	ed based on the form's
(iv) If AXA Basic Care Ri	der is terminated, AXA C	General Care Rider and AXA Ho	me Care Rider will also be terminated.	
. Refund Method	(Cash portion o	nly)		
By selecting this option, ('PayNow Account') whe	reby I am the legal and	peneficial owner of the PayNov	re linked my Singapore NRIC to my bank w Account. I hereby authorise and instru as to verify my PayNow Account with the	ct the Company
Direct Credit (DC) p		fferent from our records, pleas	e complete the bank information below	
Bank Name		Bank Account Holder (as sh	own 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 do **not** Direct Credit into 3rd party's Bank Account.

9. Change Of Policyholder (Owner/Payer) Details of NEW Policyholder (Owner/Payer) NRIC/Passport/FIN No. Name of New Policyholder (Owner/Payer) Date of Birth (DDMMYYYY) CPF Account No. ☐ Female ■ Male Mobile number (with country code) Email Address (Please ensure the email address is clear and legible) Mailing Address (P.O Box address not allowed) 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 AXA Shield Plan and Rider (if any). (iii) Please submit a photocopy of NRIC for new Policyholder (Owner/Payer). (iv) The email address and mobile number provided will be used for all future communication on the AXA Shield policy. 10. 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.

11. Declaration to Central Provident Fund Board (CPFB)

I authorize the Central Provident Fund Board (the "CPFB") 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 CPFB 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
 - $(b) \quad \text{the making of refunds under the PMIS, as the CPFB shall reasonably consider appropriate; and} \\$
 - (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 CPFB's possession, between the Insurer and the CPFB, 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 AXA 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 AXA Shield cover of the Life/Lives to be Assured shall automatically terminate.

12. 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 AXA Insurance 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, authorize any medical source, insurance office or organization, to release to AXA Insurance Pte Ltd any relevant information concerning me or ourselves, at any time, irrespective of whether the application is accepted by AXA Insurance Pte Ltd. A photocopy of this authorization shall be as valid as the original.
- 3. I or We agree that payment of premium before acceptance of this proposal by AXA Insurance Pte Ltd does not commit AXA Insurance 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 consultant 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 AXA Insurance Pte Ltd or if the application is officially accepted by AXA Insurance 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 AXA Insurance Pte Ltd after taking into account the premium(s) paid, less medical fees incurred in underwriting the policy. However, should AXA Insurance Pte Ltd decline the application, then I shall be entitled to a full refund of the premium(s) paid.
- 7. My financial consultant 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 (CPFB) 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 AXA Insurance Pte Ltd representatives or agents to:
 - Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA 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 AXA, and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.com.sg ("Purposes").
 Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources
 - 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 AXA that may be of interest to me by post and e-mail and

	By telephone	■ By fax	☐ By text message		
to	a material fact is not disclosed in this propos disclose it. This includes any information the sure that you are fully satisfied with the info	at you may have pro	vided to the financial consultant		
	Signature of Existing Policyholder (Owner/Payer) *The signature of Policyholder should be signed in the same manner as they appear in our records			Signature Date	
	Signature of New Policyholder (Owner/Payer)			Signature Date	

13. POLICY PREMIUM TABLE (For Singapore Citizens/Permanent Residents)

The tables below show the Premiums for a standard life* based on Your plan type, including GST. Premiums are not guaranteed and may be changed by Us at any time, however We will inform You in writing 30 days before making any such change. Premium payments can be made monthly or annually.

13a. AXA Enhanced Care (applicable to AXA Shield Plan A and Plan B)

	AXA Enhance	d Care (Plan A)	AXA Enhanced Care (Plan B)		
Age Next Birthday	Annual Premium	Monthly Premium	Annual Premium	Monthly Premium	
1 to 3	\$540.00	\$47.20	\$390.00	\$34.10	
4 to 10	\$384.00	\$33.60	\$220.00	\$19.30	
11 to 18	\$300.00	\$26.30	\$195.00	\$17.10	
19 to 20	\$307.00	\$26.90	\$195.00	\$17.10	
21 to 25	\$314.00	\$27.50	\$195.00	\$17.10	
26 to 30	\$325.00	\$28.40	\$195.00	\$17.10	
31 to 35	\$374.00	\$32.70	\$200.00	\$17.50	
36 to 40	\$380.00	\$33.20	\$205.00	\$17.90	
41 to 45	\$386.00	\$33.80	\$240.00	\$21.00	
46 to 50	\$503.00	\$44.00	\$290.00	\$25.40	
51 to 55	\$607.00	\$53.10	\$330.00	\$28.90	
56 to 60	\$1,078.00	\$94.30	\$450.00	\$39.40	
61 to 65	\$1,357.00	\$118.70	\$879.00	\$76.90	
66 to 68	\$1,961.00	\$171.60	\$1,100.00	\$96.30	
69 to 70	\$1,961.00	\$171.60	\$1,100.00	\$96.30	
71 to 73	\$2,432.00	\$212.80	\$1,250.00	\$109.40	
74 to 75	\$2,771.00	\$242.50	\$1,300.00	\$113.70	
76 to 78^	\$3,082.00	\$269.70	\$1,510.00	\$132.10	
79 to 80^	\$3,280.00	\$287.00	\$1,800.00	\$157.50	
81 to 83^	\$4,066.00	\$355.80	\$1,900.00	\$166.30	
84 to 85^	\$4,117.00	\$360.20	\$2,000.00	\$175.00	
86 to 88^	\$4,241.00	\$371.10	\$2,030.00	\$177.60	
89 to 90^	\$4,482.00	\$392.20	\$2,100.00	\$183.70	
91 to 93^	\$4,846.00	\$424.00	\$2,200.00	\$192.50	
94 to 95^	\$5,225.00	\$457.20	\$2,600.00	\$227.50	
96 to 98^	\$5,899.00	\$516.20	\$2,800.00	\$245.00	
99 to 100^	\$6,156.00	\$538.70	\$3,000.00	\$262.50	

[^]For renewal only

13b. AXA Enhanced Care (applicable to AXA Shield Standard Plan)

	AXA Enhanced Care (Standard Plan)		
Age Next Birthday	Annual Premium	Monthly Premium	
1 to 3	\$204.00	\$17.90	
4 to 10	\$153.00	\$13.40	
11 to 18	\$150.00	\$13.10	
19 to 20	\$150.00	\$13.10	
21 to 25	\$150.00	\$13.10	
26 to 30	\$150.00	\$13.10	
31 to 35	\$176.00	\$15.40	
36 to 40	\$180.00	\$15.70	
41 to 45	\$216.00	\$18.90	
46 to 50	\$240.00	\$21.00	
51 to 55	\$290.00	\$25.40	
56 to 60	\$360.00	\$31.50	
61 to 65	\$490.00	\$42.90	
66 to 68	\$905.00	\$79.20	
69 to 70	\$905.00	\$79.20	
71 to 73	\$1,084.00	\$94.80	
74 to 75	\$1,168.00	\$102.20	
76 to 78^	\$1,310.00	\$114.60	
79 to 80^	\$1,385.00	\$121.20	
81 to 83^	\$1,538.00	\$134.60	
84 to 85^	\$1,678.00	\$146.80	
86 to 88^	\$1,798.00	\$157.30	
89 to 90^	\$2,010.00	\$175.90	
91 to 93^	\$2,178.00	\$190.60	
94 to 95^	\$2,304.00	\$201.60	
96 to 98^	\$2,438.00	\$213.30	
99 to 100^	\$2,495.00	\$218.30	

[^]For renewal only

13c. AXA Shield Plan (applicable to Plan A)

		Additional Private Insurance Coverage			
Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	AXA Shield Plan A Premiums	Additional Withdrawal Limits (AWLs)	Cash outlay (Plan A)	
1 to 3	\$145.00	\$189.00		\$0.00	
4 to 10	\$145.00	\$171.00		\$0.00	
11 to 18	\$145.00	\$171.00		\$0.00	
19 to 20	\$145.00	\$185.00	¢200.00	\$0.00	
21 to 25	\$250.00	\$185.00	\$300.00	\$0.00	
26 to 30	\$250.00	\$226.00		\$0.00	
31 to 35	\$390.00	\$292.00		\$0.00	
36 to 40	\$390.00	\$300.00		\$0.00	
41 to 45	\$525.00	\$600.00		\$0.00	
46 to 50	\$525.00	\$600.00		\$0.00	
51 to 55	\$800.00	\$906.00		\$306.00	
56 to 60	\$800.00	\$1,184.00	\$600.00	\$584.00	
61 to 65	\$1,020.00	\$1,601.00		\$1,001.00	
66 to 68	\$1,100.00	\$2,196.00		\$1,596.00	
69 to 70	\$1,100.00	\$2,247.00		\$1,647.00	
71 to 73	\$1,195.00	\$3,177.00		\$2,277.00	
74 to 75	\$1,320.00	\$3,536.00		\$2,636.00	
76 to 78 [^]	\$1,530.00	\$4,403.00		\$3,503.00	
79 to 80 [^]	\$1,590.00	\$4,809.00		\$3,909.00	
81 to 83 [^]	\$1,675.00	\$5,029.00		\$4,129.00	
84 to 85 [^]	\$1,935.00	\$5,856.00	\$900.00	\$4,956.00	
86 to 88 [^]	\$2,025.00	\$6,010.00	\$300.00	\$5,110.00	
89 to 90 [^]	\$2,025.00	\$6,583.00		\$5,683.00	
91 to 93 [^]	\$2,055.00	\$7,644.00		\$6,744.00	
94 to 95 [^]	\$2,055.00	\$8,113.00		\$7,213.00	
96 to 98 [^]	\$2,055.00	\$8,996.00		\$8,096.00	
99 to 100 [^]	\$2,055.00	\$10,077.00		\$9,177.00	

^{*} Your MediShield Life Premiums may differ depending on Your Premium subsidies, Premium rebates and whether You need to pay for the Additional Premiums. The Net MediShield Life Premium Payable after accounting for these is fully payable by Medisave.

[^]For renewal only

13d. AXA Shield Plan (applicable to Plan B)

		Additional Private Insurance Coverage			
Age Next Birthday	MediShield Life Premiums (Fully payable by Medisave*)	AXA Shield Plan B Premiums	Additional Withdrawal Limits (AWLs)	Cash outlay (Plan B)	
1 to 3	\$145.00	\$78.00		\$0.00	
4 to 18	\$145.00	\$78.00		\$0.00	
19 to 20	\$145.00	\$78.00	¢200.00	\$0.00	
21 to 30	\$250.00	\$90.00	\$300.00	\$0.00	
31 to 35	\$390.00	\$156.00		\$0.00	
36 to 40	\$390.00	\$156.00		\$0.00	
41 to 45	\$525.00	\$229.00		\$0.00	
46 to 50	\$525.00	\$312.00		\$0.00	
51 to 55	\$800.00	\$411.00	00.003	\$0.00	
56 to 60	\$800.00	\$468.00	\$600.00	\$0.00	
61 to 65	\$1,020.00	\$667.00		\$67.00	
66 to 70	\$1,100.00	\$947.00		\$347.00	
71 to 73	\$1,195.00	\$1,278.00		\$378.00	
74 to 75	\$1,320.00	\$1,560.00		\$660.00	
76 to 78^	\$1,530.00	\$1,747.00		\$847.00	
79 to 80^	\$1,590.00	\$1,957.00		\$1,057.00	
81 to 83^	\$1,675.00	\$2,193.00		\$1,293.00	
84 to 85^	\$1,935.00	\$2,454.00	00,000	\$1,554.00	
86 to 88^	\$2,025.00	\$2,749.00	\$900.00	\$1,849.00	
89 to 90^	\$2,025.00	\$3,078.00		\$2,178.00	
91 to 93^	\$2,055.00	\$4,445.00		\$3,545.00	
94 to 95^	\$2,055.00	\$4,445.00		\$3,545.00	
96 to 98^	\$2,055.00	\$4,446.00		\$3,546.00	
99 to 100^	\$2,055.00	\$4,843.00		\$3,943.00	

^{*} Your MediShield Life Premiums may differ depending on Your Premium subsidies, Premium rebates and whether You need to pay for the Additional Premiums. The Net MediShield Life Premium Payable after accounting for these is fully payable by Medisave. ^For renewal only

13e. AXA Shield Plan (applicable to Standard Plan)

	MediShield -	Additional Private Insurance Coverage			
Age Next Birthday	Life Premiums (Fully payable by Medisave*)	AXA Shield Standard Plan Premiums	Additional Withdrawal Limits (AWLs)	Cash outlay (Standard Plan)	
1 to 3	\$145.00	\$40.00		\$0.00	
4 to 18	\$145.00	\$40.00		\$0.00	
19 to 20	\$145.00	\$40.00	¢200.00	\$0.00	
21 to 30	\$250.00	\$50.00	\$300.00	\$0.00	
31 to 35	\$390.00	\$62.00		\$0.00	
36 to 40	\$390.00	\$62.00		\$0.00	
41 to 45	\$525.00	\$107.00		\$0.00	
46 to 50	\$525.00	\$107.00		\$0.00	
51 to 55	\$800.00	\$142.00		\$0.00	
56 to 60	\$800.00	\$161.00	\$600.00	\$0.00	
61 to 65	\$1,020.00	\$279.00		\$0.00	
66 to 70	\$1,100.00	\$419.00		\$0.00	
71 to 73	\$1,195.00	\$653.00		\$0.00	
74 to 75	\$1,320.00	\$795.00		\$0.00	
76 to 78	\$1,530.00	\$1,108.00		\$208.00	
79 to 80	\$1,590.00	\$1,185.00		\$285.00	
81 to 83	\$1,675.00	\$1,222.00		\$322.00	
84 to 85	\$1,935.00	\$1,373.00	<u> </u>	\$473.00	
86 to 88	\$2,025.00	\$1,543.00	\$900.00	\$643.00	
89 to 90	\$2,025.00	\$1,742.00		\$842.00	
91 to 93	\$2,055.00	\$2,557.00		\$1,657.00	
94 to 95	\$2,055.00	\$2,793.00		\$1,893.00	
96 to 98	\$2,055.00	\$2,927.00		\$2,027.00	
99 to 100	\$2,055.00	\$3,193.00		\$2,293.00	

^{*} Your MediShield Life Premiums may differ depending on Your Premium subsidies, Premium rebates and whether You need to pay for the Additional Premiums. The Net MediShield Life Premium Payable after accounting for these is fully payable by Medisave.

14. TRACK STATUS OF YOUR REQUEST

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



Your Financial Consultant



1800 880 4888



AXA 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.