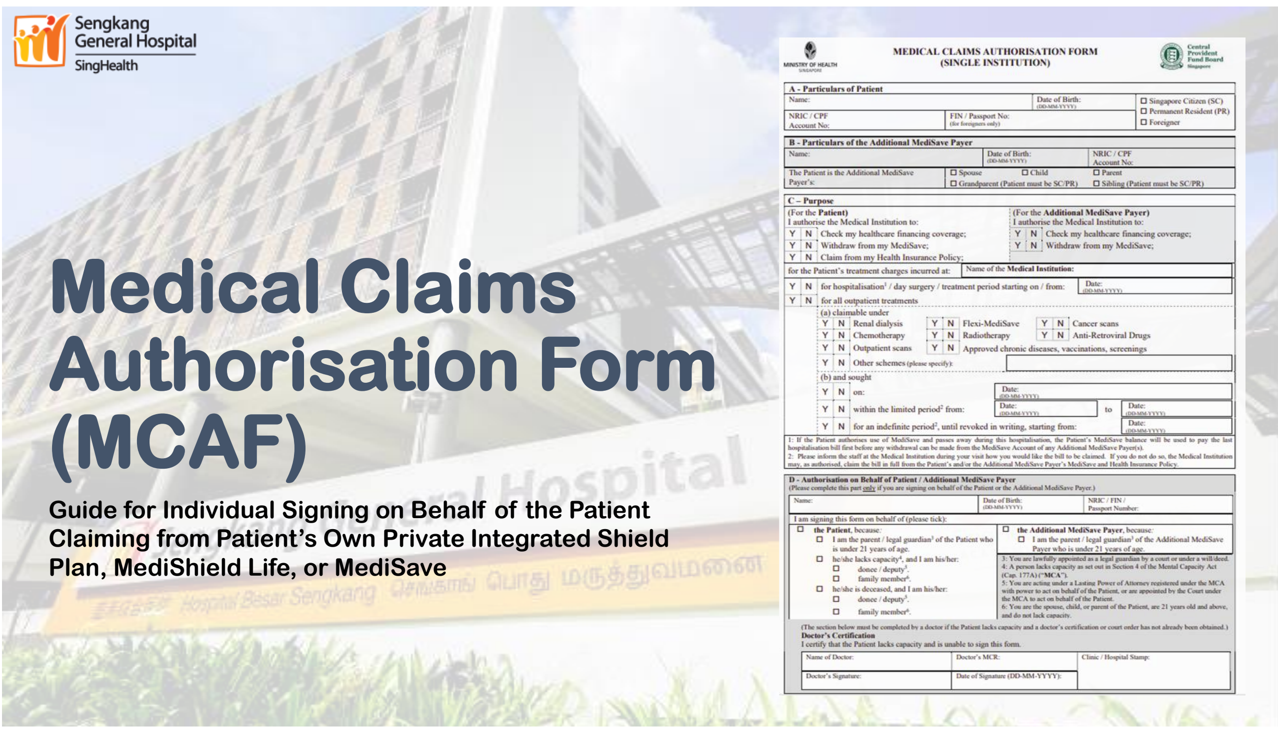

1

Follow this guide if:

You are signing the electronic MCAF on behalf of the Patient to claim from the Patient's own Private Integrated Shield Plan (PMI) / MediShield Life (MSHL) / MediSave (MSV).

Reasons for signing on behalf of the Patient:

a) Patient is under 21 years of age, and you are their parent/legal guardian

b) Patient lacks mental capacity

c) Patient is deceased

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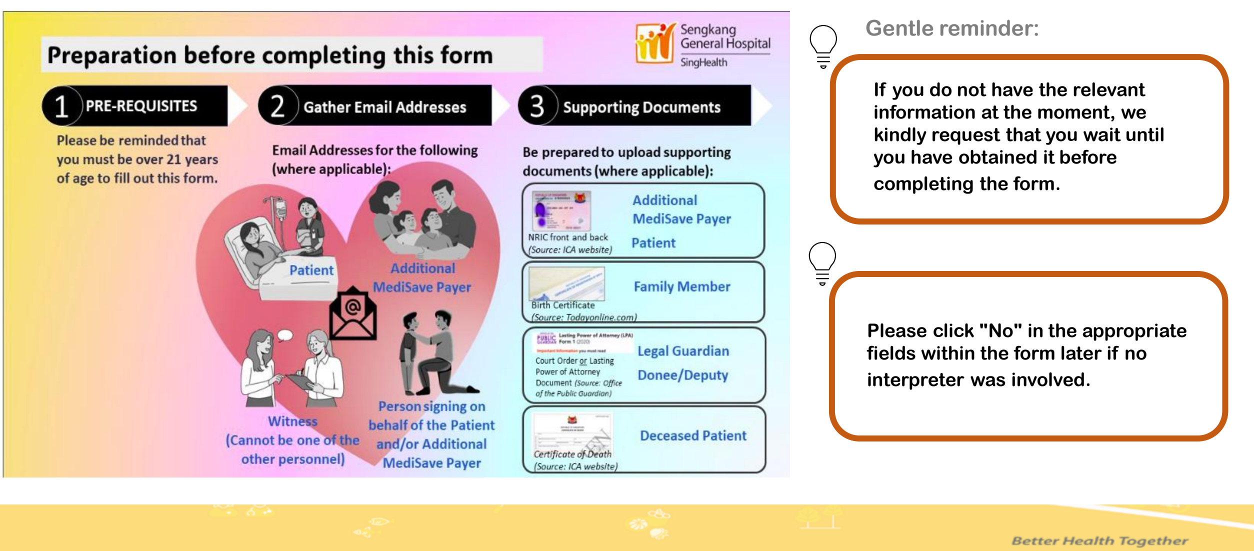
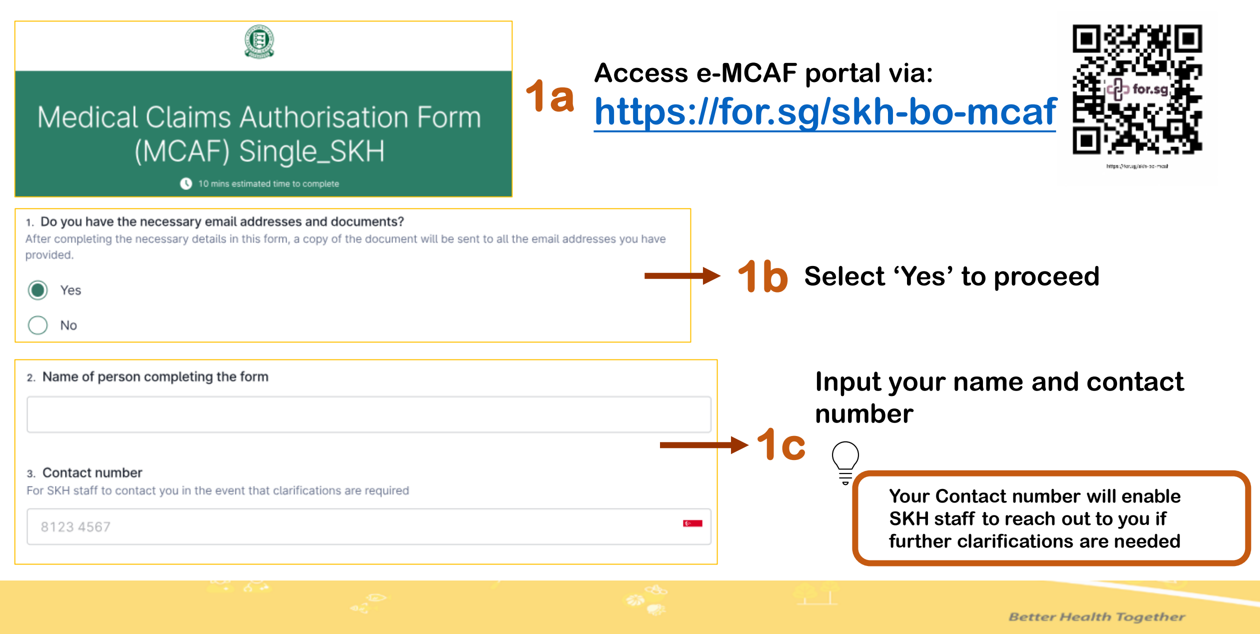
Preparation



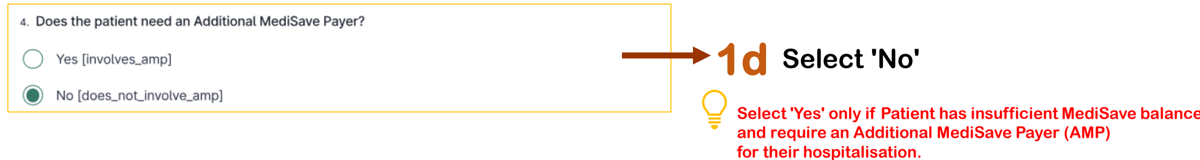
3

1. Individual completing the eMCAF



4

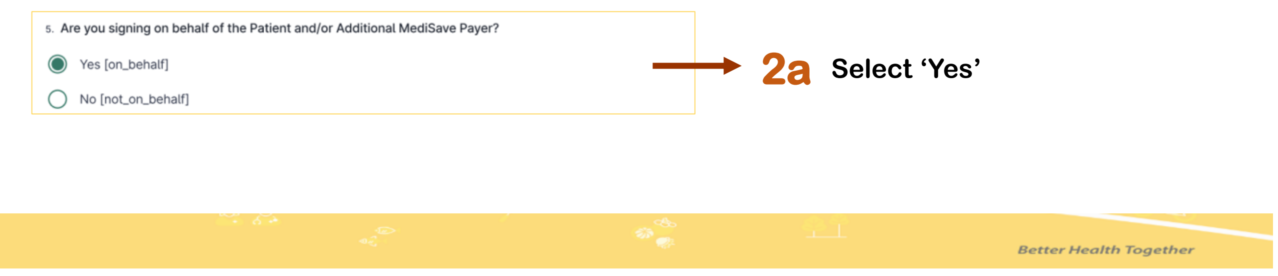
1. Individual completing the eMCAF



1d Select 'No'

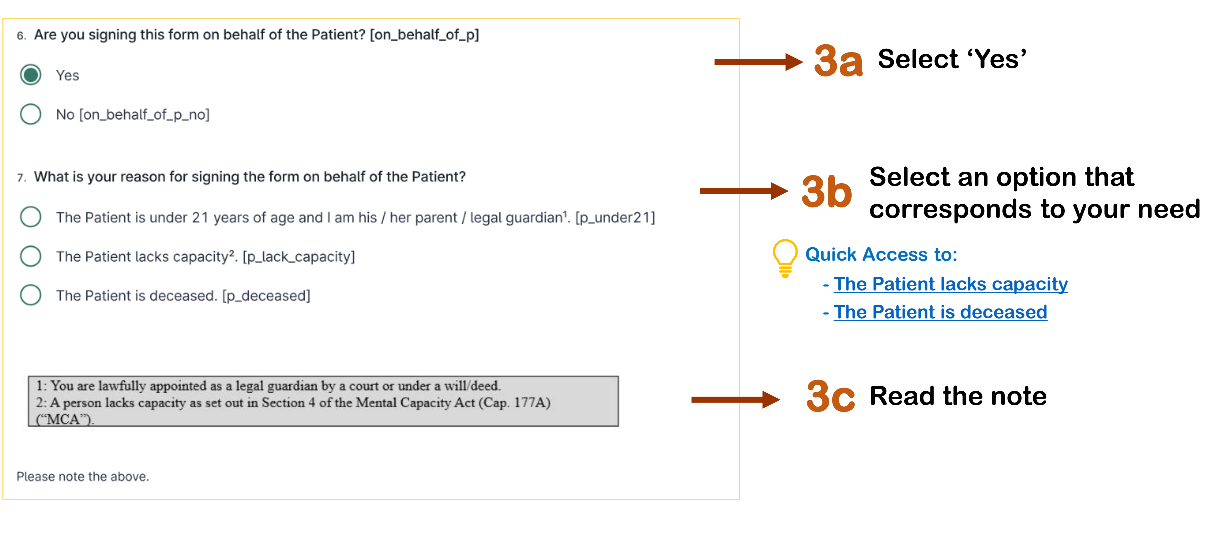
Select 'Yes' only if Patient has insufficient MediSave balance and require an Additional MediSave Payer (AMP) for their hospitalisation.

2. Authorisation on behalf of Patient and/or AMP



5

3. Authorisation on behalf of the Patient



3a Select 'Yes'

3b Select an option that corresponds to your need

Quick Access to:
- The Patient lacks capacity
- The Patient is deceased

3c Read the note

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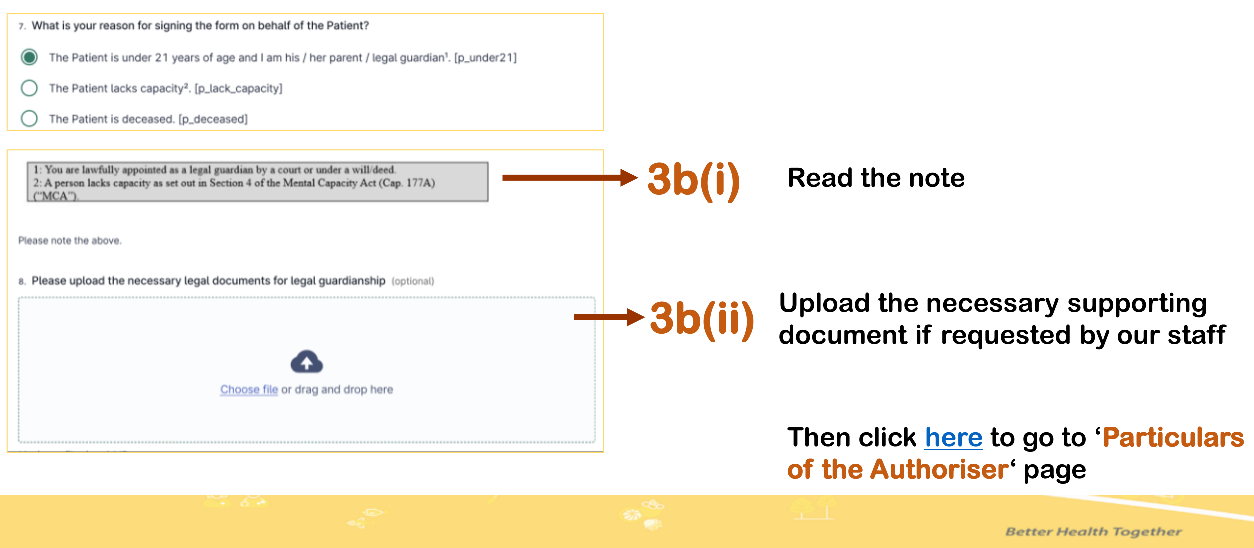
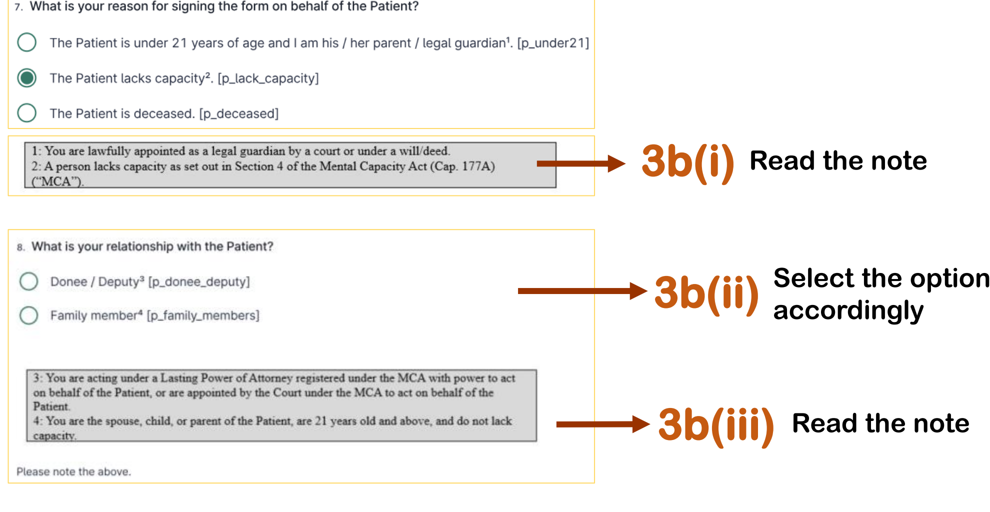
3. Authorisation on behalf of the Patient

If you choose the 1st option (The Patient is under 21 years of age and I am his/her parent/legal guardian),



3. Authorisation on behalf of the Patient

If you choose the 2nd option (The Patient lacks capacity),



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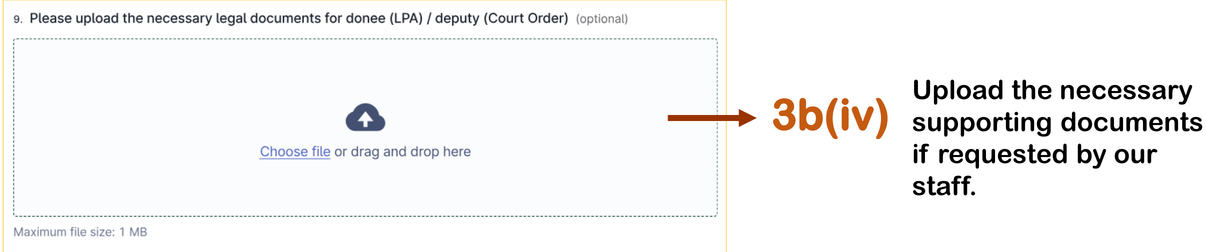
3. Authorisation on behalf of the Patient

(Cont.) If you choose the 2nd option (The Patient lacks capacity),



3b(iv) Upload the necessary supporting documents if requested by our staff.

Then click here to go to 'Particulars of the Authoriser' page

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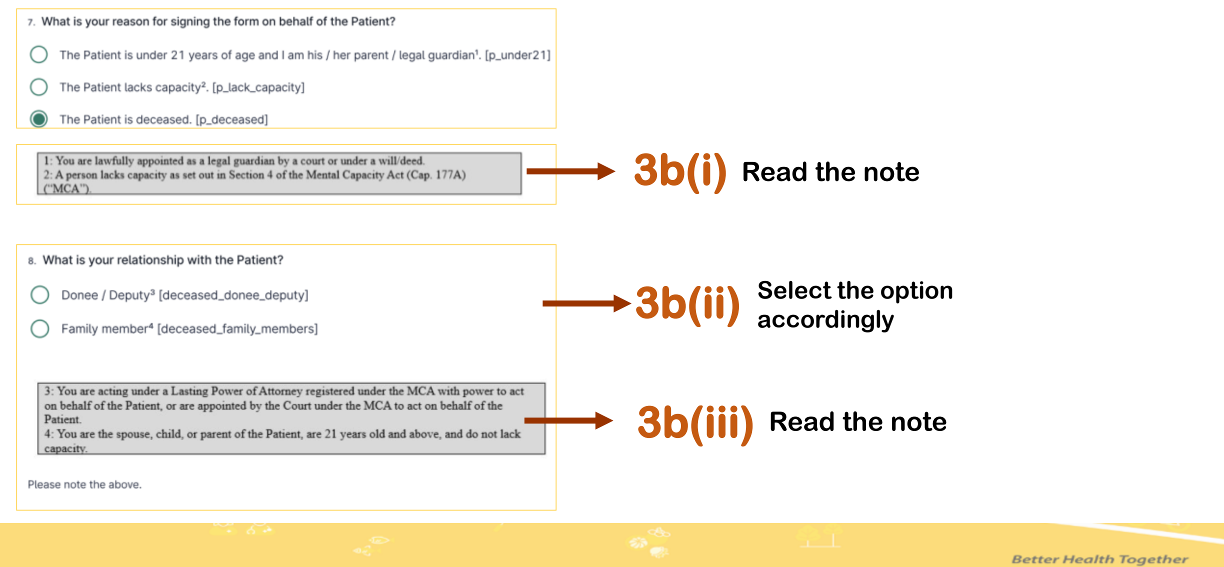
3. Authorisation on behalf of the Patient

If you choose the 3rd option (The Patient is deceased),



3b(i) Read the note

3b(ii) Select the option accordingly

3b(iii) Read the note

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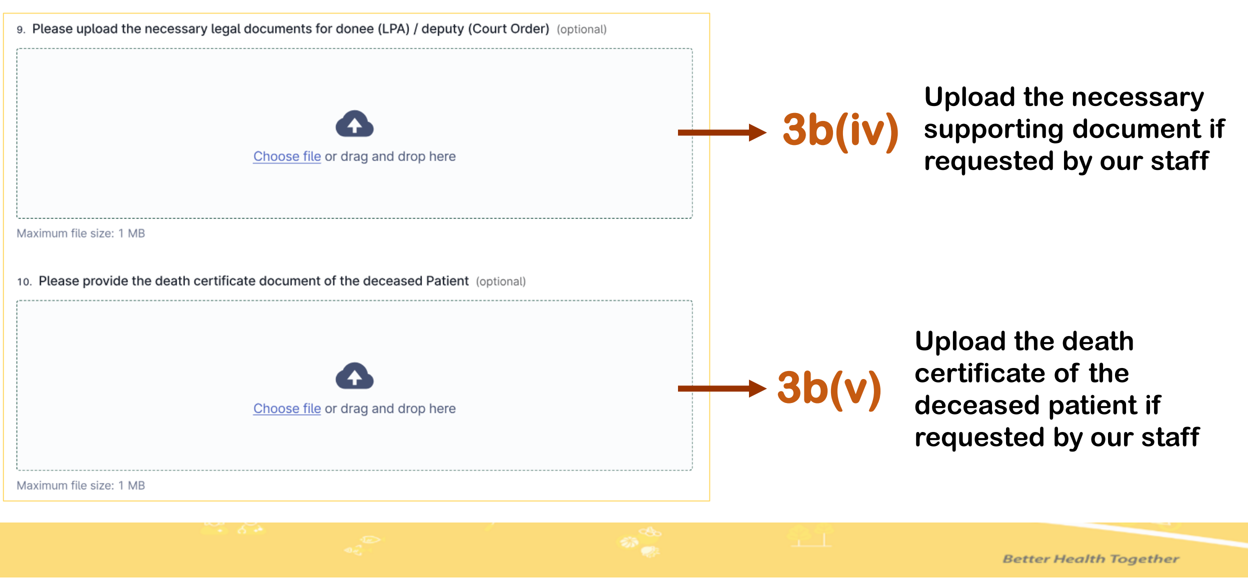
3. Authorisation on behalf of the Patient

(Cont.) If you choose the 3rd option (The Patient is deceased),



3b(iv) Upload the necessary supporting document if requested by our staff

3b(v) Upload the death certificate of the deceased patient if requested by our staff

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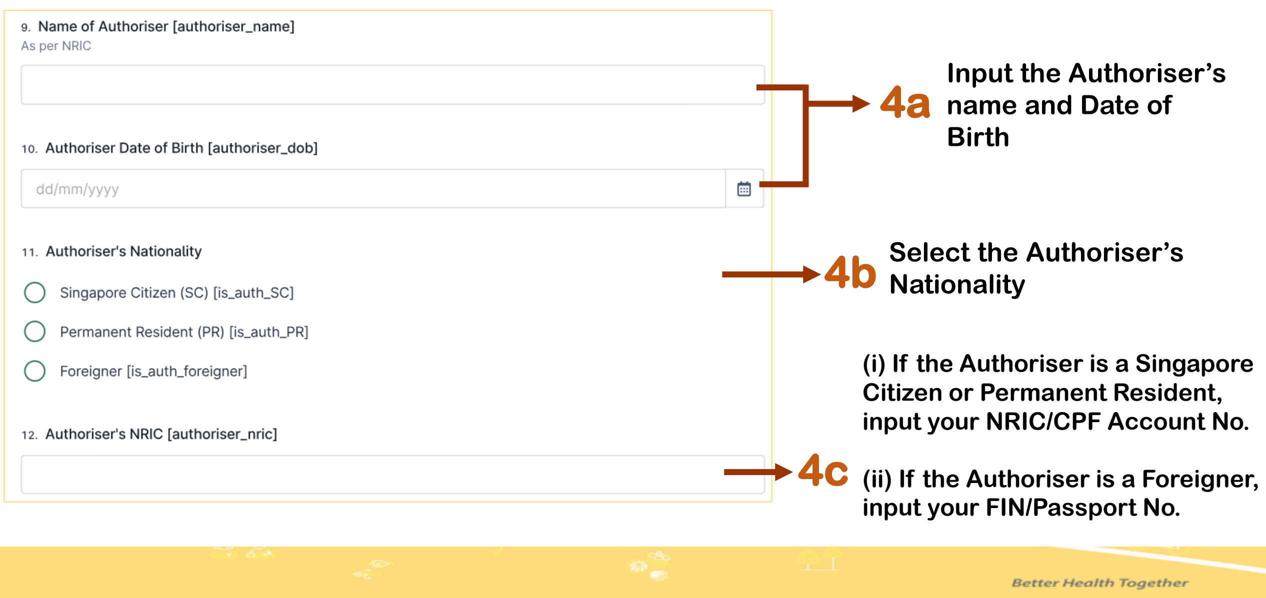
4. Particulars of the Authoriser



4a Input the Authoriser's name and Date of Birth

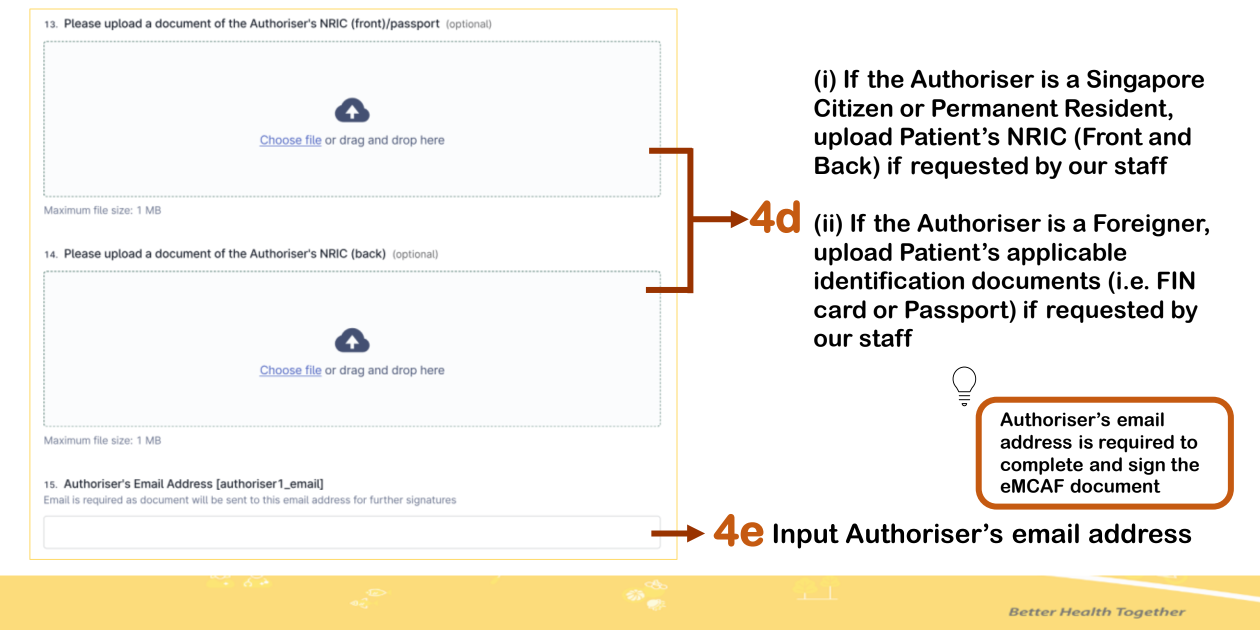
4b Select the Authoriser's Nationality

4c (i) If the Authoriser is a Singapore Citizen or Permanent Resident, input your NRIC/CPF Account No.

(ii) If the Authoriser is a Foreigner, input your FIN/Passport No.

12

4. Particulars of the Authoriser



(i) If the Authoriser is a Singapore Citizen or Permanent Resident, upload Patient's NRIC (Front and Back) if requested by our staff

(ii) If the Authoriser is a Foreigner, upload Patient's applicable identification documents (i.e. FIN card or Passport) if requested by our staff

Authoriser's email address is required to complete and sign the eMCAF document

4e Input Authoriser's email address

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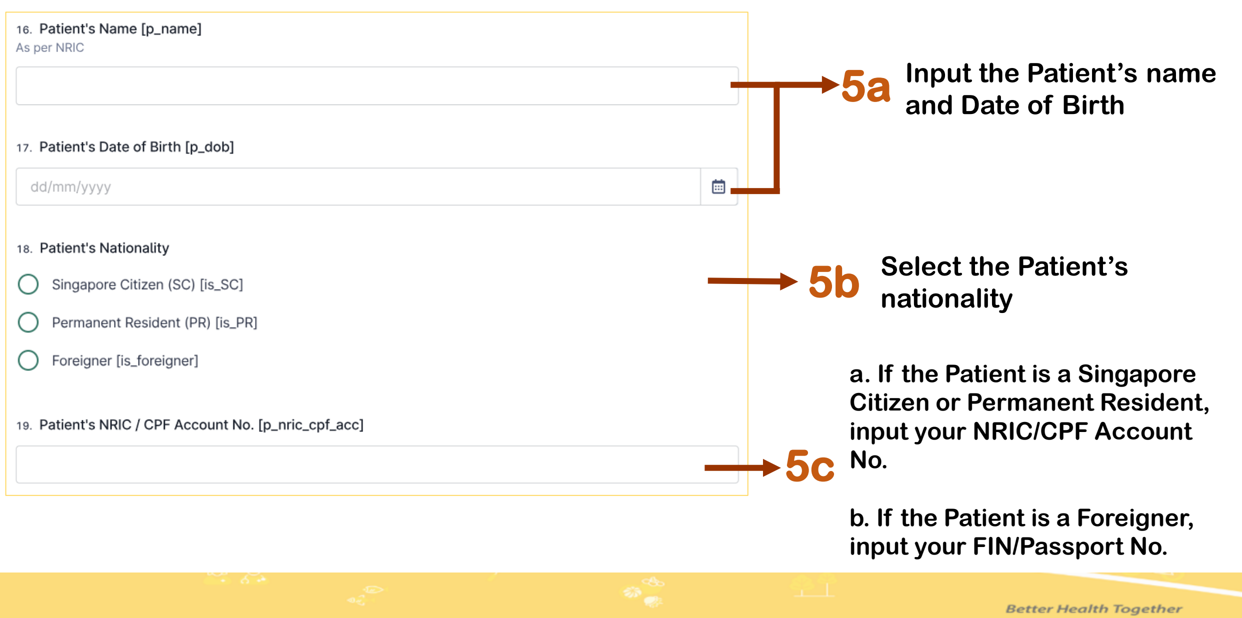
5. Particulars of Patient



5a Input the Patient's name and Date of Birth

5b Select the Patient's nationality

5c

a. If the Patient is a Singapore Citizen or Permanent Resident, input your NRIC/CPF Account No.

b. If the Patient is a Foreigner, input your FIN/Passport No.

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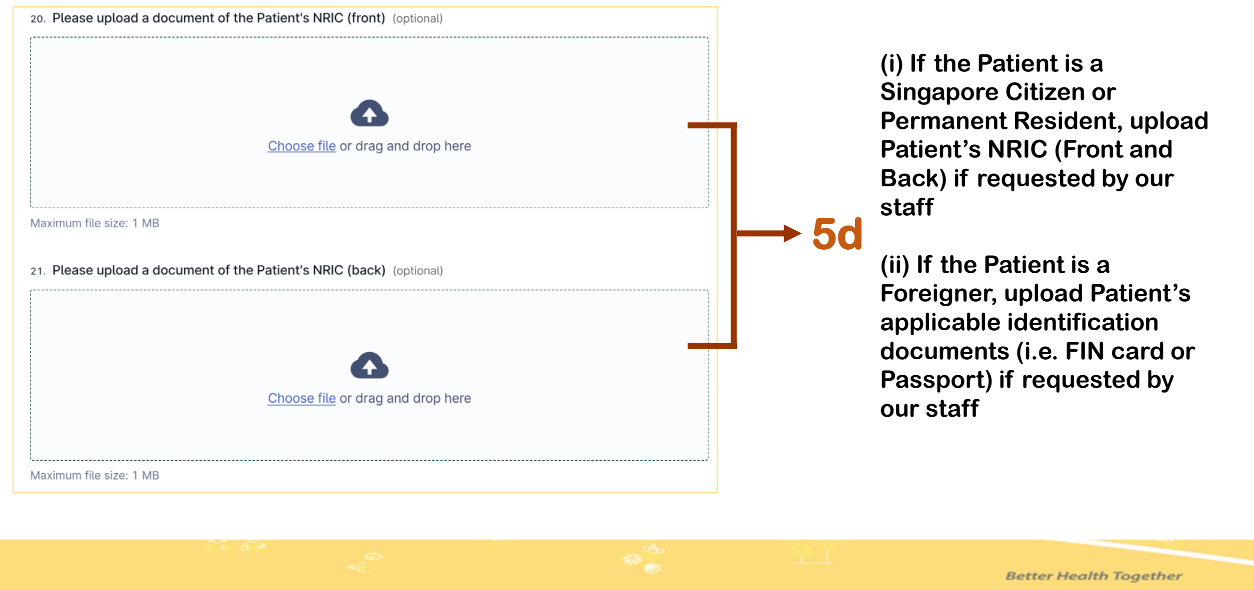
5. Particulars of Patient



(i) If the Patient is a Singapore Citizen or Permanent Resident, upload Patient's NRIC (Front and Back) if requested by our staff

(ii) If the Patient is a Foreigner, upload Patient's applicable identification documents (i.e. FIN card or Passport) if requested by our staff

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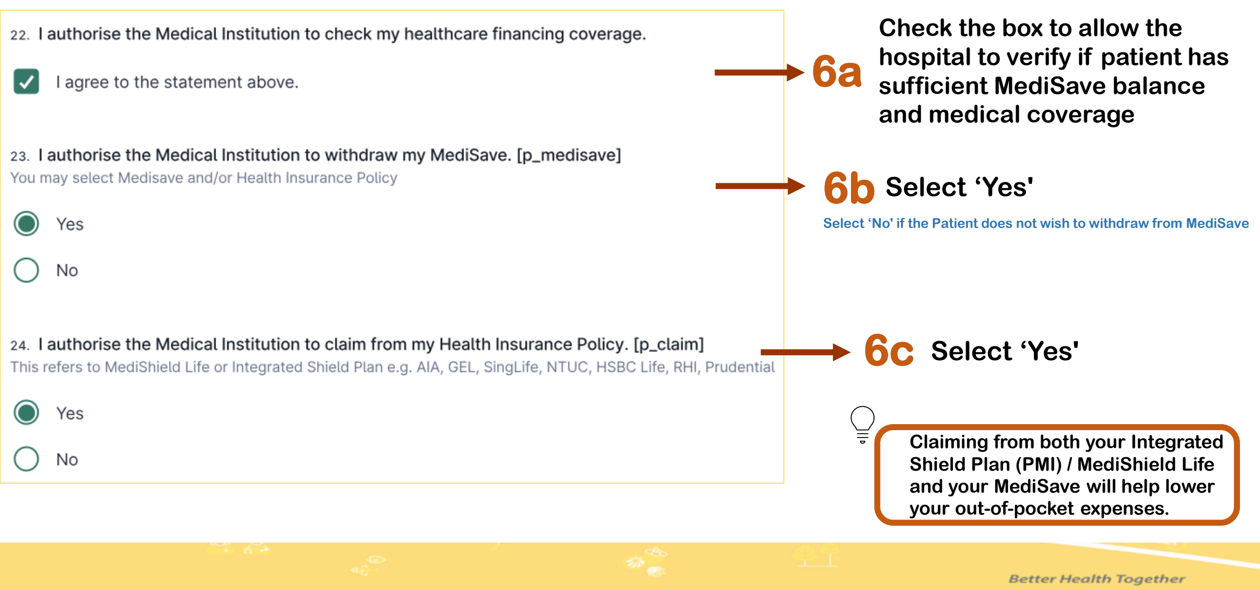
6. Purpose (For the Patient)



6a **Check the box to allow the hospital to verify if patient has sufficient MediSave balance and medical coverage**

6b **Select 'Yes'**

Select 'No' if the Patient does not wish to withdraw from MediSave

6c **Select 'Yes'**

Claiming from both your Integrated Shield Plan (PMI) / MediShield Life and your MediSave will help lower your out-of-pocket expenses.

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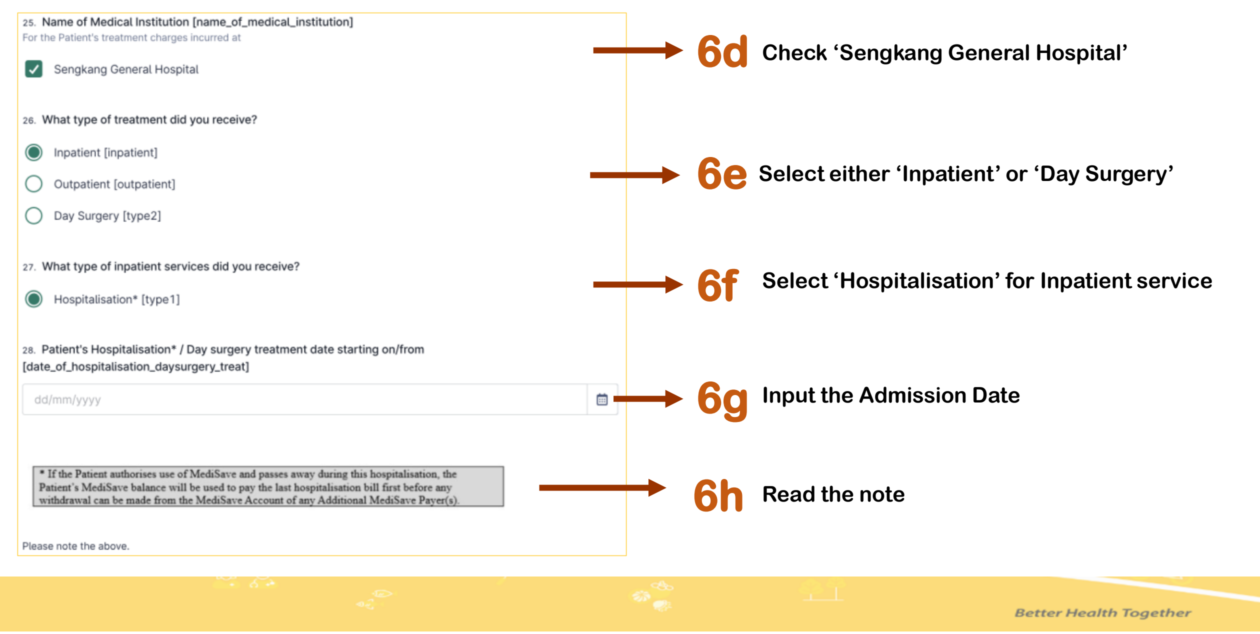
6. Purpose (For the Patient)



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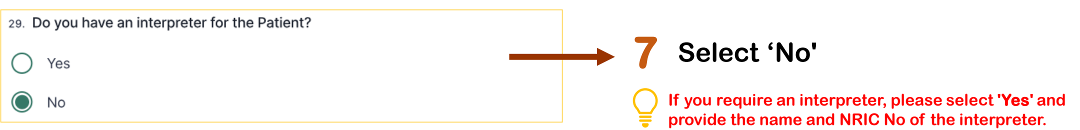
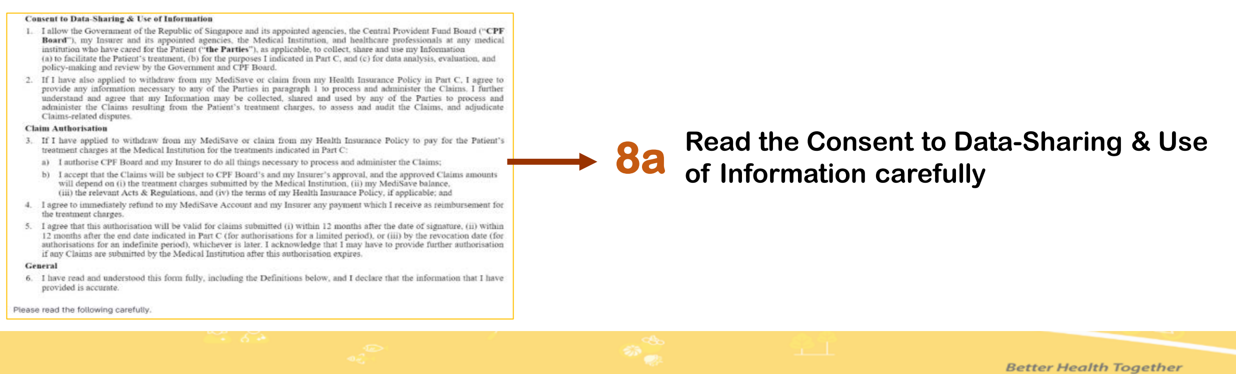
7. Patient's Interpreter



8. Consent to Data-Sharing & Use of Information



Consent to Data-Sharing & Use of Information

1. I allow the Government of the Republic of Singapore and its appointed agencies, the Central Provident Fund Board ("**CPF Board**"), my Insurer and its appointed agencies, the Medical Institution, and healthcare professionals at any medical institution who have cared for the Patient ("**the Parties**"), as applicable, to collect, share and use my Information (a) to facilitate the Patient's treatment, (b) for the purposes I indicated in Part C, and (c) for data analysis, evaluation, and policy-making and review by the Government and CPF Board.
2. If I have also applied to withdraw from my MediSave or claim from my Health Insurance Policy in Part C, I agree to provide any information necessary to any of the Parties in paragraph 1 to process and administer the Claims. I further understand and agree that my Information may be collected, shared and used by any of the Parties to process and administer the Claims resulting from the Patient's treatment charges, to assess and audit the Claims, and adjudicate Claims-related disputes.

Claim Authorisation

3. If I have applied to withdraw from my MediSave or claim from my Health Insurance Policy to pay for the Patient's treatment charges at the Medical Institution for the treatments indicated in Part C:
   a) I authorise CPF Board and my Insurer to do all things necessary to process and administer the Claims;
   b) I accept that the Claims will be subject to CPF Board's and my Insurer's approval, and the approved Claims amounts will depend on (i) the treatment charges submitted by the Medical Institution, (ii) my MediSave balance, (iii) the relevant Acts & Regulations, and (iv) the terms of my Health Insurance Policy, if applicable; and
4. I agree to immediately refund to my MediSave Account and my Insurer any payment which I receive as reimbursement for the treatment charges.
5. I agree that this authorisation will be valid for claims submitted (i) within 12 months after the date of signature, (ii) within 12 months after the end date indicated in Part C (for authorisations for a limited period), or (iii) by the revocation date (for authorisations for an indefinite period), whichever is later. I acknowledge that I may have to provide further authorisation if any Claims are submitted by the Medical Institution after this authorisation expires.

General

6. I have read and understood this form fully, including the Definitions below, and I declare that the information that I have provided is accurate.

Please read the following carefully.

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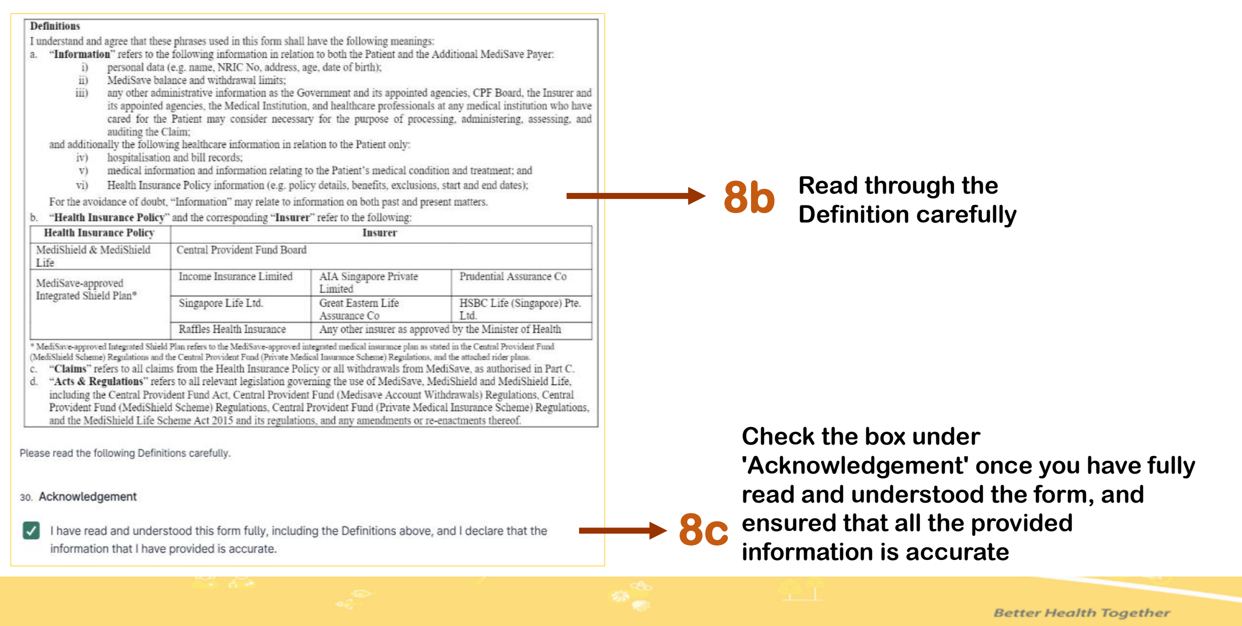
8. Consent to Data-Sharing & Use of Information



Definitions

I understand and agree that these phrases used in this form shall have the following meanings:

a. "**Information**" refers to the following information in relation to both the Patient and the Additional MediSave Payer:
   i) personal data (e.g. name, NRIC No, address, age, date of birth);
   ii) MediSave balance and withdrawal limits;
   iii) any other administrative information as the Government and its appointed agencies, CPF Board, the Insurer and its appointed agencies, the Medical Institution, and healthcare professionals at any medical institution who have cared for the Patient may consider necessary for the purpose of processing, administering, assessing, and auditing the Claim;

   and additionally the following healthcare information in relation to the Patient only:
   iv) hospitalisation and bill records;
   v) medical information and information relating to the Patient's medical condition and treatment; and
   vi) Health Insurance Policy information (e.g. policy details, benefits, exclusions, start and end dates);

   For the avoidance of doubt, "Information" may relate to information on both past and present matters.

b. "**Health Insurance Policy**" and the corresponding "**Insurer**" refer to the following:

Health Insurance Policy	Insurer		
MediShield & MediShield Life	Central Provident Fund Board		
MediSave-approved Integrated Shield Plan*	Income Insurance Limited	AIA Singapore Private Limited	Prudential Assurance Co
	Singapore Life Ltd.	Great Eastern Life Assurance Co	HSBC Life (Singapore) Pte. Ltd.
	Raffles Health Insurance	Any other insurer as approved by the Minister of Health	

* MediSave-approved Integrated Shield Plan refers to the MediSave-approved integrated medical insurance plan as stated in the Central Provident Fund (MediShield Scheme) Regulations and the Central Provident Fund (Private Medical Insurance Scheme) Regulations, and the attached rider plans.

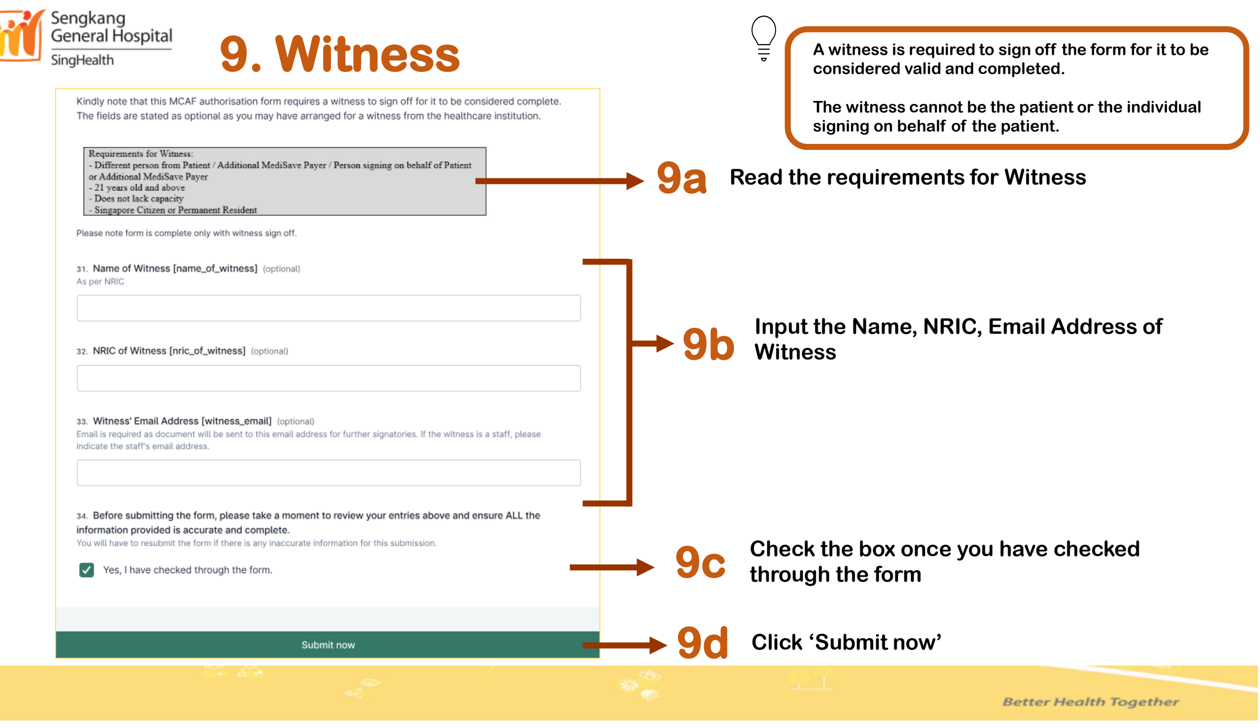
c. "**Claims**" refers to all claims from the Health Insurance Policy or all withdrawals from MediSave, as authorised in Part C.

d. "**Acts & Regulations**" refers to all relevant legislation governing the use of MediSave, MediShield and MediShield Life, including the Central Provident Fund Act, Central Provident Fund (Medisave Account Withdrawals) Regulations, Central Provident Fund (MediShield Scheme) Regulations, Central Provident Fund (Private Medical Insurance Scheme) Regulations, and the MediShield Life Scheme Act 2015 and its regulations, and any amendments or re-enactments thereof.

Please read the following Definitions carefully.

30. Acknowledgement

☑ I have read and understood this form fully, including the Definitions above, and I declare that the information that I have provided is accurate.



Kindly note that this MCAF authorisation form requires a witness to sign off for it to be considered complete. The fields are stated as optional as you may have arranged for a witness from the healthcare institution.

Requirements for Witness:
- Different person from Patient / Additional MediSave Payer / Person signing on behalf of Patient or Additional MediSave Payer
- 21 years old and above
- Does not lack capacity
- Singapore Citizen or Permanent Resident

Please note form is complete only with witness sign off.

31. Name of Witness [name_of_witness] (optional)
As per NRIC

32. NRIC of Witness [nric_of_witness] (optional)

33. Witness' Email Address [witness_email] (optional)
Email is required as document will be sent to this email address for further signatories. If the witness is a staff, please indicate the staff's email address.

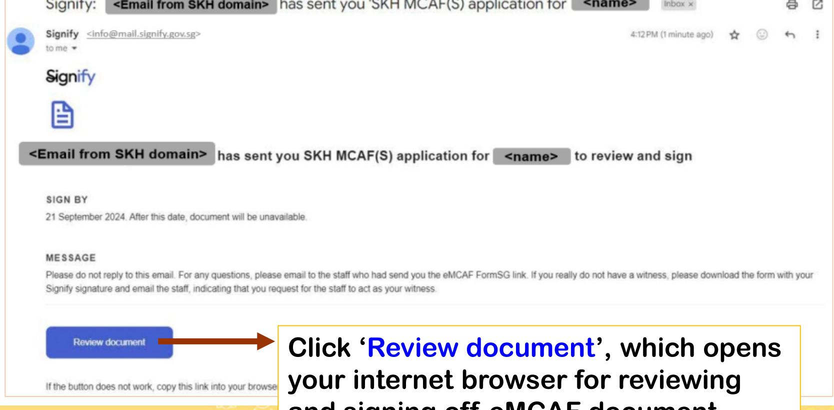
34. Before submitting the form, please take a moment to review your entries above and ensure ALL the information provided is accurate and complete.
You will have to resubmit the form if there is any inaccurate information for this submission.

☑ Yes, I have checked through the form.

Submit now

10. Acknowledge Email from Signify for Document Review

The Authoriser and the Witness will each receive an email from Signify <info@mail.signify.gov.sg> to review and sign the eMCAF document



Click '**Review document**', which opens your internet browser for reviewing and signing off eMCAF document

"Signify is a document hub that provides collaborative SES (Secured Electronic Signing) capability in accordance with Electronic Transactions Act."

"Signify is powered by **Sign by SingPass** where signing certificates are issued by the National Certification Authority. Signatures made using the Sign with **SingPass** will be **regarded as secure electronic signatures under Singapore's Electronic Transactions Act**. More details on Sign with **SingPass** are available on the SingPass website."

Link for more info:
Signify | Signify User Guide

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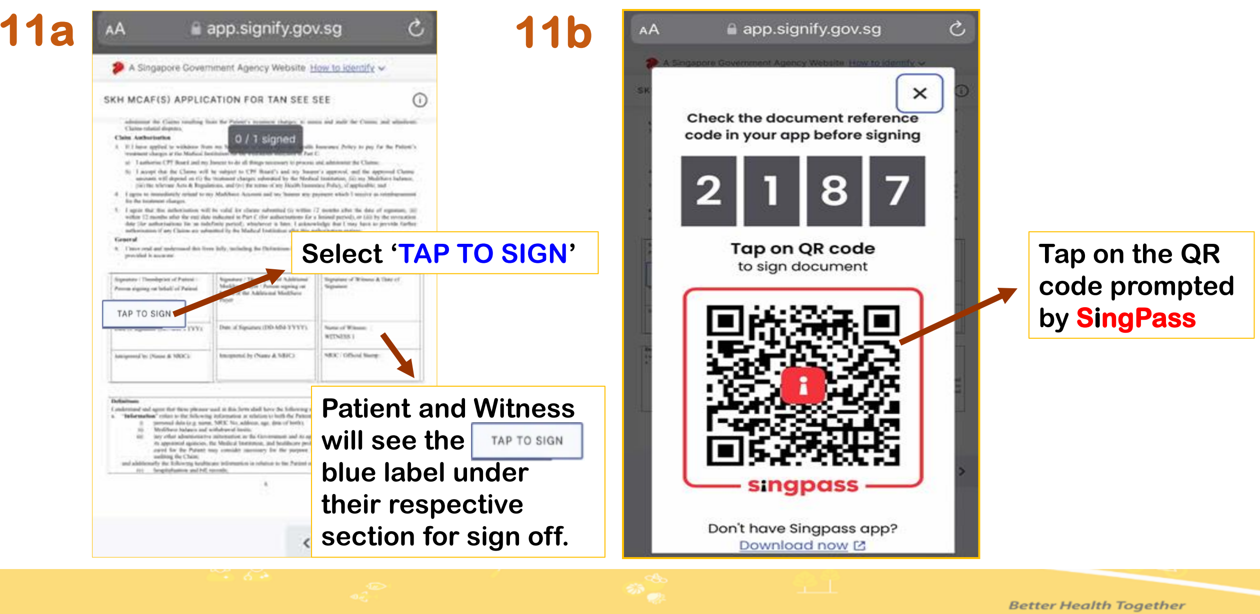
11. Review and Sign via Signify with singpass



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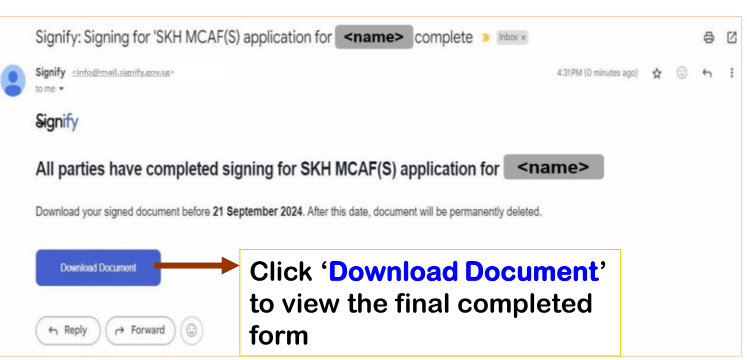
11. Review and Sign via Signify with singpass

12. Completion Email from Signify



Consent to Data-Sharing & Use of Information

1. I allow the Government of the Republic of Singapore and its appointed agencies, the Central Provident Fund Board ("**CPF Board**"), my Insurer and its appointed agencies, the Medical Institution, and healthcare professionals at any medical institution who have cared for the Patient ("**the Parties**"), as applicable, to collect, share and use my Information (a) to facilitate the Patient's treatment, (b) for the purposes I indicated in Part C, and (c) for data analysis, evaluation, and policy-making and review by the Government and CPF Board.
2. If I have also applied to withdraw from my MediSave or claim from my Health Insurance Policy in Part C, I agree to provide any information necessary to any of the Parties in paragraph 1 to process and administer the Claims. I further understand and agree that my Information may be collected, shared and used by any of the Parties to process and administer the Claims resulting from the Patient's treatment charges, to assess and audit the Claims, and adjudicate Claims-related disputes.

Claim Authorisation

3. If I have applied to withdraw from my MediSave or claim from my Health Insurance Policy to pay for the Patient's treatment charges at the Medical Institution for the treatments indicated in Part C:
   a) I authorise CPF Board and my Insurer to do all things necessary to process and administer the Claims;
   b) I accept that the Claims will be subject to CPF Board's and my Insurer's approval, and the approved Claims amounts will depend on (i) the treatment charges submitted by the Medical Institution, (ii) my MediSave balance, (iii) the relevant Acts & Regulations, and (iv) the terms of my Health Insurance Policy, if applicable; and
4. I agree to immediately refund to my MediSave Account and my Insurer any payment which I receive as reimbursement for the treatment charges.
5. I agree that this authorisation will be valid for claims submitted (i) within 12 months after the date of signature, (ii) within 12 months after the end date indicated in Part C (for authorisations for a limited period), or (iii) by the revocation date (for authorisations for an indefinite period), whichever is later. I acknowledge that I may have to provide further authorisation if any Claims are submitted by the Medical Institution after this authorisation expires.

General

6. I have read and understood this form fully, including the Definitions below, and I declare that the information that I have provided is accurate.

Signature / Thumbprint of Patient / Person signing on behalf of Patient	Signature / Thumbprint of Additional MediSave Payer / Person signing on behalf of the Additional MediSave Payer	Signature of Witness & Date of Signature
Digitally signed with singpass 22 Aug 2024, 4:19:41 PM SGT Powered by Signify		Digitally signed with singpass 22 Aug 2024, 4:31:00 PM SGT Powered by Signify
Date of Signature (DD-MM-YYYY):	Date of Signature (DD-MM-YYYY):	Name of Witness: TE
Interpreted by (Name & NRIC):	Interpreted by (Name & NRIC):	NRIC / Official Stamp:

A sample of a completed signed document with the necessary timestamps of each individual involved.