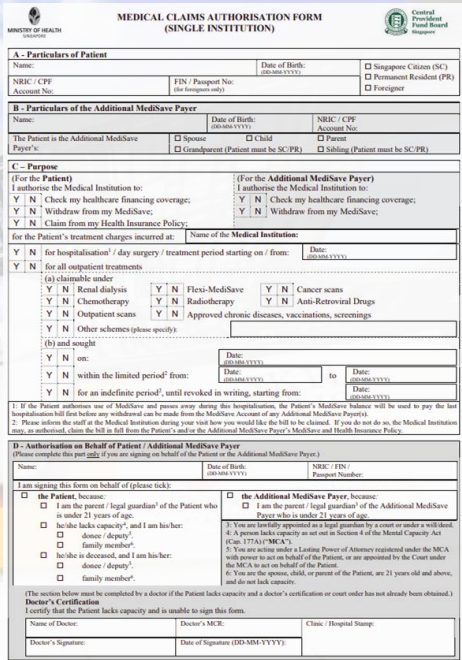


Medical Claims Authorisation Form (MCAF)

Guide for Additional MediSave Payer Claiming from your own MediSave for Patient's Hospitalisation



1








Follow this guide if:

You are signing the electronic MCAF as an Additional MediSave Payer (AMP) to claim from your MediSave for the patient's Hospitalisation / Day Surgery Bill.



You can use your MediSave for yourself or your family members. This includes your spouse, children, parents, grandparents, or siblings.

Spouse (Husband / Wife)	
Child (Son / Daughter)	
Parent (Father / Mother)	
Grandparent (Grandfather / Grandmother) (Grandparent who is the patient, must be SC / PR)	
Sibling (Brother / Sister) (Sibling who is the patient, must be SC / PR)	

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Preparation

Preparation before completing this form

1 PRE-REQUISITES

Please be reminded that you must be over 21 years of age to fill out this form.

2 Gather Email Addresses

Email Addresses for the following (where applicable):

- Patient
- Additional MediSave Payer
- Witness (Cannot be one of the other personnel)
- Person signing on behalf of the Patient and/or Additional MediSave Payer

3 Supporting Documents

Be prepared to upload supporting documents (where applicable):

- Additional MediSave Payer Patient**
NRIC front and back (Source: ICA website)
- Family Member**
Birth Certificate (Source: Todayonline.com)
- Legal Guardian Donee/Deputy**
Lasting Power of Attorney (LPA) Form (Source: ICA website), Court Order or Lasting Power of Attorney Document (Source: Office of the Public Guardian)
- Deceased Patient**
Certificate of Death (Source: ICA website)

Gentle reminder:

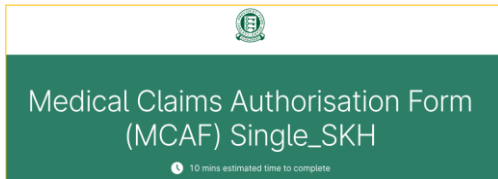
If you do not have the relevant information at the moment, we kindly request that you wait until you have obtained it before completing the form.

Please click "No" in the appropriate fields within the form later if no interpreter was involved.



3

1. Individual completing the eMCAF



1a Access e-MCAF portal via: <https://for.sg/skh-bo-mcaf>



1. Do you have the necessary email addresses and documents?
After completing the necessary details in this form, a copy of the document will be sent to all the email addresses you have provided.

Yes
 No

1b Select 'Yes' to proceed

2. Name of person completing the form

3. Contact number
For SKH staff to contact you in the event that clarifications are required

1c Input your name and contact number

Your Contact number will enable SKH staff to reach out to you if further clarifications are needed



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1. Individual completing the eMCAF

4. Does the patient need an Additional MediSave Payer?

- Yes [involves_amp]
 No [does_not_involve_amp]

→ **1d** Select 'Yes'

2. Authorisation on behalf of Patient and/or AMP

5. Are you signing on behalf of the Patient and/or Additional MediSave Payer?

- Yes [on_behalf]
 No [not_on_behalf]

→ **2** Select 'No'



Select 'Yes' only if the patient or the AMP is below the age of 21.

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3. Particulars of Patient

6. Patient's Name [p_name]

As per NRIC

7. Patient's Date of Birth [p_dob]

8. Patient's Nationality

- Singapore Citizen (SC) [is_SC]
 Permanent Resident (PR) [is_PR]
 Foreigner [is_foreigner]

9. Patient's NRIC / CPF Account No. [p_nric_cpf_acc]

→ **3a** Input the Patient's name and Date of Birth

→ **3b** Select the Patient's nationality

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

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


→ **3c**

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3. Particulars of Patient

10. Please upload a document of the Patient's NRIC (front) (optional)


[Choose file](#) or drag and drop here

Maximum file size: 1 MB

11. Please upload a document of the Patient's NRIC (back) (optional)


[Choose file](#) or drag and drop here

Maximum file size: 1 MB

12. Patient's Email Address [patient_email]
 Email is required as document will be sent to this email address for further signatures.

3d

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

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

3e Input Patient's email address

 Email address is required to complete and sign the eMCAF document



4. Purpose (For the Patient)

13. I authorise the Medical Institution to check my healthcare financing coverage.

I agree to the statement above.

14. I authorise the Medical Institution to withdraw my MediSave. [p_medisave]
 You may select Medisave and/or Health Insurance Policy

Yes
 No

15. I authorise the Medical Institution to claim from my Health Insurance Policy. [p_claim]
 This refers to MediShield Life or Integrated Shield Plan e.g. AIA, GEL, SingLife, NTUC, HSBC Life, RHI, Prudential

Yes
 No

4a Check the box to allow the hospital to verify if patient has sufficient MediSave balance and medical coverage

4b Select 'Yes'

 You may select 'No' if you do not wish to use the patient's MediSave.

4c Select 'Yes'





4. Purpose (For the Patient)

16. Name of Medical Institution [name_of_medical_institution]
For the Patient's treatment charges incurred at

Sengkang General Hospital → **4d** Check 'Sengkang General Hospital'

17. What type of treatment did you receive?

Inpatient [inpatient] → **4e** Select either 'Inpatient' or 'Day Surgery'

Outpatient [outpatient]

Day Surgery [type2]

18. What type of inpatient services did you receive?

Hospitalisation* [type1] → **4f** Select 'Hospitalisation' for Inpatient treatment

19. Patient's Hospitalisation* / Day surgery treatment date starting on/from [date_of_hospitalisation_daysurgery_treat]

dd/mm/yyyy → **4g** Input the treatment date

* If the Patient authorises use of MediSave and passes away during this hospitalisation, the Patient's MediSave balance will be used to pay the last hospitalisation bill first before any withdrawal can be made from the MediSave Account of any Additional MediSave Payer(s).

→ **4h** Read the note

Please note the above.

9



5. Patient's Interpreter

20. Do you have an interpreter for the Patient?

Yes → **5** Select 'No'

No

💡 If you require an interpreter, please select 'Yes' and provide the name and NRIC No of the interpreter.

6. Particulars of the Additional MediSave Payer(AMP)

21. Name of Additional Medisave Payer [amp_name]
As per NRIC

22. Additional Medisave Payer's Date of Birth [amp_dob]
dd/mm/yyyy


23. Additional Medisave Payer's NRIC / CPF Account No [amp_nric_cpf_acc]

→ **6a** Input the AMP's name, Date of Birth and NRIC No.

10

6. Particulars of the Additional MediSave Payer


24. Please upload a document of the Additional MediSave Payer's NRIC (front) (optional)



Choose file or drag and drop here

Maximum file size: 1 MB

25. Please upload a document of the Additional MediSave Payer's NRIC (back) (optional)



Choose file or drag and drop here

Maximum file size: 1 MB

6b Upload the AMP's NRIC (Front and Back) if requested by our staff

6. Particulars of the Additional MediSave Payer

26. How is the patient related to the Additional Medisave payer?

- Spouse [spouse]
- Child [child]
- Parent [parent]
- Grandparent (Patient must be SC / PR) [grandparent]
- Sibling (Patient must be SC / PR) [sibling]

27. Additional MediSave Payer's Email Address [amp_email]
Email is required as document will be sent to this email address for further signatures.



Example: If the patient is your mother, please select 'Parent'.

6c

Select the option to indicate the AMP's relationship with the patient



Email address is required to complete and sign the eMCAF document.

6d

Input the AMP's email address

7. Purpose - Additional MediSave Payer

28. I authorise the Medical Institution to check my healthcare financing coverage.

I agree to the statement above.

29. I authorise the Medical Institution to withdraw from my MediSave.

I agree to the statement above.



7a

Check the boxes to allow the hospital to withdraw from your MediSave balance

8. Additional MediSave Payer's Interpreter

30. Do you have an interpreter for the Additional MediSave Payer?

Yes

No



8a Select 'No'



If you require an interpreter, please select 'Yes' and provide the name and NRIC No of the interpreter.

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9. Consent to Data-Sharing & Use of Information

Consent to Data-Sharing & Use of Information

- 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.
- 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

- 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:
 - I authorise CPF Board and my Insurer to do all things necessary to process and administer the Claims;
 - 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
- I agree to immediately refund to my MediSave Account and my Insurer any payment which I receive as reimbursement for the treatment charges.
- 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

- 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.

9a

Read the Consent to Data-Sharing & Use of Information carefully

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9. 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:

- personal data (e.g. name, NRIC No, address, age, date of birth);
- MediSave balance and withdrawal limits;
- 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:

- hospitalisation and bill records;
- medical information and information relating to the Patient's medical condition and treatment; and
- 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.

31. **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.

9b Read through the Definition carefully

Check the box under 'Acknowledgement' once you have fully read and understood the form, and ensure that all the provided information is accurate

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10. Witness

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.

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

33. **NRIC of Witness [nric_of_witness]** (optional)

34. **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.

35. **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



A witness is required to sign off the form for it to be considered valid and completed.

The witness cannot be the patient, Additional MediSave Payer or the Person signing on Behalf of.

10a Read the requirements for Witness

10b Input the Name, NRIC, Email Address of Witness

10c Check the box once you have reviewed all the entries in the form

10d Click 'Submit now'

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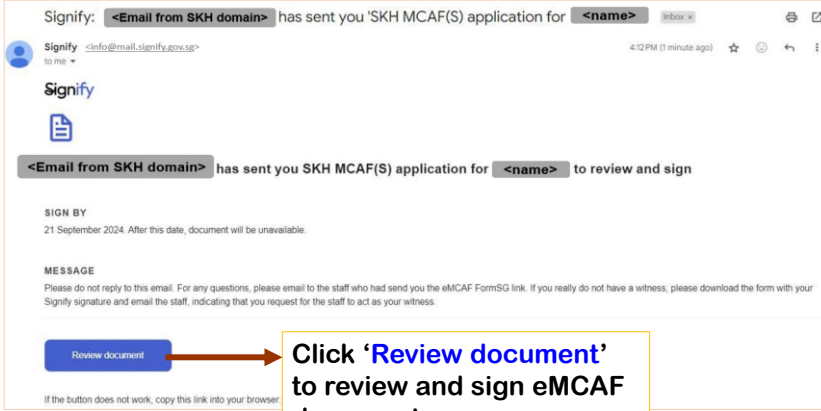
11. Acknowledge Email from Signify for Document Review

The Additional MediSave Payer, Patient (if needed) and Witness will each receive an email from Signify < info@mail.signify.gov.sg > to review and sign the eMCAF document

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

i “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](#)



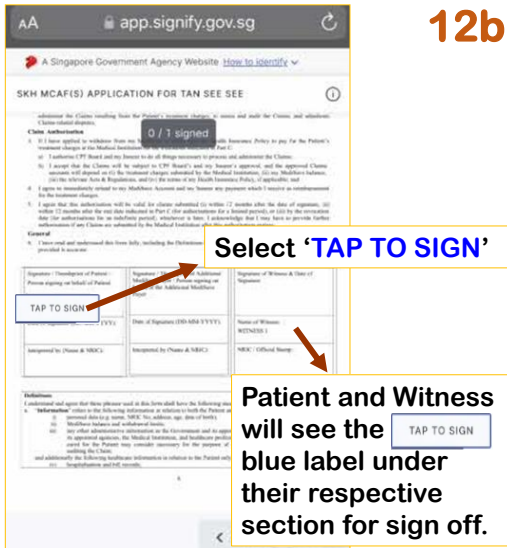
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12. Review and Sign via Signify with singpass

12a



12b

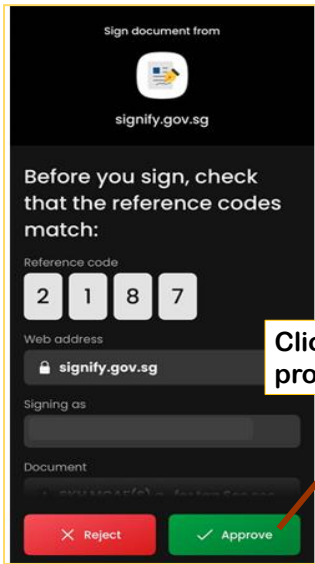


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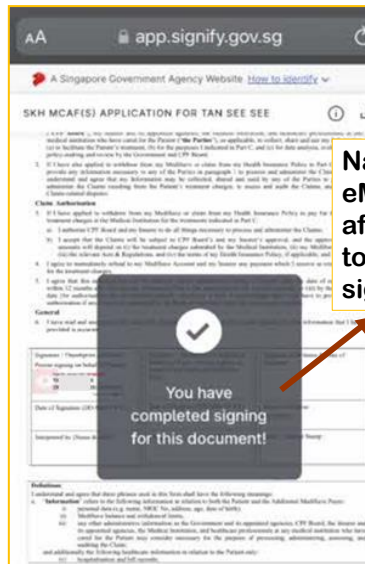
12. Review and Sign via Signify with Singpass

12c



Click 'Approve' to proceed

12d



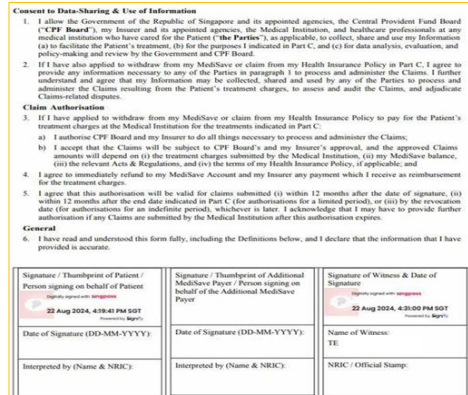
Navigate back to the eMCAF document, after being prompted to have successfully signed the document

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13. Completion Email from Signify



Click 'Download Document' to view the final completed form



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

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