

# Long Term Care Schemes Change in Application Details Form



## Instructions:

This form may take about 10 minutes to complete

1. This form may be used to update the application details for the scheme(s) that the Patient is currently receiving. Your request will be processed by the Agency for Integrated Care (AIC) and any other agencies involved in administering these schemes. An incomplete form will delay the processing of your application.
2. Submit the form and the supporting documents (if any) to AIC by:
  - a) Email : [apply@aic.sg](mailto:apply@aic.sg) (Please ensure that each email size does not exceed 15 MB, and each attachment does not exceed 1 MB)
  - b) Mail in : Agency for Integrated Care, Singapore Post Centre Post Office, P.O. Box 1173 S (914040)
  - c) Walk-in : AIC Link, scan the QR code for the list of AIC Link locations.
3. Additional guidance for Patient who lacks mental capacity to provide consent and/or below 21 years old:



a) Patient who lacks mental capacity to provide consent

The Patient's donee/ deputy\* may make the application on Patient's behalf. If the Patient does not have such a donee/ deputy, Patient's caregiver may make the application on Patient's behalf.

\*Donee/ deputy must be appointed in accordance with the Mental Capacity Act (Cap 177) and is authorised to make decision on behalf of the Patient for the Patient's property and affairs.

b) Patient below 21 years old

The Patient's parent or legal guardian^ may make this application on behalf of the Patient.

^Legal guardian refers to a person who has been lawfully appointed in accordance with the Guardianship of Infants Act (Cap. 122)

For more  
information



Click [www.aic.sg](http://www.aic.sg)

OR



Call **1800 650 6060**

OR



Visit **AIC Link**

# Long Term Care Schemes Change in Application Details Form

**Part 1:**  
**Selection of Application Detail(s) to be updated**

## 1. Select Application Detail(s) to be Updated

(may tick ✓ more than one):

Nominated Bank Account to receive the payouts for the following scheme(s):

Interim Disability Assistance Programme for the Elderly (IDAPE) / ElderFund

Pioneer Generation Disability Assistance Scheme (PioneerDAS)

Home Caregiving Grant (HCG)

**NEXT STEP:**

Please proceed to [Part 2](#).

**Part 2a:**  
**About the Patient**

## 2a. Patient's Details

**Tip**

All details must be filled in.

**Patient's NRIC/ Birth Certificate No.**

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**Patient's Contact number**

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**Date of issue of Patient's NRIC**

D	D	/	M	M	/	Y	Y	Y	Y
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**NEXT STEP:**

- If the Patient lacks mental capacity to provide consent or is below 21 years old, proceed to [Part 2b](#).
- If the Patient is able to provide consent, proceed to Part 3.

**Part 2b:**

**For Patient without mental capacity to provide consent;**

**and/or**

**For Patient below 21 years old**

**Tip**

If Patient lacks mental capacity to provide consent.

1. A registered doctor can provide certification that the Patient lacks mental capacity to provide consent for this application. This certification must be submitted with this application.
2. The Patient's donee or deputy may make this application on behalf of the Patient, if he / she is authorised to make decisions on behalf of the Patient in relation to the Patient's property and affairs.
3. If the Patient does not have a donee or deputy who is authorised to make decisions on behalf of the Patient in relation to the Patient's property and affairs, the Patient's immediate family member (parent, spouse, child) may make this application on behalf of the Patient. If immediate family members are unable to act, other related family caregivers may make this application on behalf of the Patient.

If Patient is below 21 years old.

The Patient's parent or legal guardian may make this application on behalf of the Patient.

**2b. Patient's Donee's/ Deputy's/ Caregiver's Details**

Complete either Section 1 or Section 2.

**Section 1: Donee/ deputy details for Patient with donee/ deputy**

\*The donee/ deputy must be appointed in accordance with the Mental Capacity Act (Cap 177) and is authorised to make decisions on behalf of the Patient in relation to the Patient's property and affairs.

- A donee is appointed through a Lasting Power of Attorney (LPA) made by a donor and is authorised to make decisions on the donor's behalf when the donor lacks mental capacity.
- A deputy is appointed by the court to make decisions on behalf of a person who lacks mental capacity, when the person has not made a LPA.

**Donee/ Deputy's NRIC/ FIN**

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**Donee/ Deputy's contact number**

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**Date of issue of Donee/ Deputy's NRIC/ FIN**

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If the Patient has more than one donee/ deputy who are required to act jointly, please provide the particulars of all other donees/ deputies using Annex A and ensure that all donees/ deputies sign this application form.

**Section 2: Caregiver details for Patient without a donee/ deputy**

**The Patient's caregiver is the** (please tick ✓ one only):

Immediate family member/ Legal Guardian	<input type="checkbox"/> Patient's Parent or Legal Guardian <small>*Legal guardian refers to a person who has been lawfully appointed in accordance with the Guardianship of Infants Act (Cap. 122) to be guardian of the Patient.</small>
	<input type="checkbox"/> Patient's Child/ Spouse
Not an immediate family member or legal guardian, and the Patient's immediate family members are unable to act on behalf of the Patient	<input type="checkbox"/> Patient's Parent-in-law/ Child-in-law <small>*Caregiver must be a Singapore Citizen/ Permanent Resident</small>
	<input type="checkbox"/> Patient's Sibling/ Grandparent/ Grandchild (including in-law) <small>*Caregiver must be a Singapore Citizen/ Permanent Resident</small>
	<input type="checkbox"/> Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law) <small>*Caregiver must be a Singapore Citizen/ Permanent Resident and residing at the same address as the Patient</small>

**You must declare your relationship with the Patient accurately. We may ask for supporting documentation to verify your declaration.**

**Caregiver's NRIC/ FIN**

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**Caregiver's Contact number**

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**Date of issue of Caregiver's NRIC/ FIN**

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If another Donee, Deputy or Caregiver made the application on behalf of the Patient in a previous application, your application to change the existing arrangement(s) for the Patient may be rejected if you are not authorised to do so. You should discuss your changes with the previous donee / deputy / caregiver where possible.

**NEXT STEP:**

- Proceed to Part 3.

### Part 3:

#### About the Nominated Bank Account Holder (Not Applicable for FDW Levy Concession (PWD))

##### Tip

You must fill in this section, unless you are only applying for FDW Levy Concession (PWD).

A Patient with mental capacity to provide consent can nominate anyone to receive payouts.

If Patient lacks mental capacity to provide consent:

1. The donee(s)/ deputy(ies) in Part 2b can nominate anyone to receive payouts.
2. Otherwise, the caregiver in Part 2b can nominate one of the following to receive payouts:
  - i. the Patient;
  - ii. the Patient's nursing home;
  - iii. the caregiver himself/herself; or
  - iv. another family member of the Patient.

For 2iii and 2iv, the caregiver or another family member has 12 months to obtain a court order appointing him/her as a deputy, failing which the payouts will be suspended.

If Patient is below 21 years old, the parent or legal guardian in Part 2b can nominate anyone to receive the payouts.

Unless the Nominated Bank Account Holder is the Patient, the Nominated Bank Account Holder must be 21 years old and above.

If you nominate an account belonging to a deputy or administrator of the Patient, please provide a copy of the bank book/ statement.

### 3. Nominated Bank Account Holder's Details

The bank account belongs to (please tick ✓ one only, and read the Tip before nominating the bank account):

- Patient
- Patient's Donee/ Deputy
- Patient's Parent or Legal Guardian
- Patient's Child/ Spouse
- Patient's Parent-in-law/ Child-in-law
- Patient's Sibling/ Grandparent/ Grandchild (including in-law)
- Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)
- Nursing Home (Name of home/branch: \_\_\_\_\_)  
\*AIC will use the Nursing Home's bank account in our records
- Others (Please specify: \_\_\_\_\_)

#### Bank Account Holder's NRIC

(not required if account belongs to the Patient or Nursing Home)

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#### Date of issue of Bank Account Holder's NRIC

(not required if account belongs to the Patient or Nursing Home)

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#### Payment Mode (please tick ✓ one only):

- PayNow linked to the Bank Account Holder's NRIC

- Interbank Giro

#### Name of bank

- DBS / POSB       UOB       OCBC

(only these banks are accepted)

#### Nominated Bank Account Number

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#### NEXT STEP:

- Proceed to Part 4.

**Part 4:  
Declarations and  
Consent**

**4. Declarations and Consent for Disclosure and Use of Personal Information**

By signing and/or affixing my/our thumbprint(s) below, I/we acknowledge and agree that:

- (a) I/we have read, understood and agreed to the Declarations and Consent(*which may be found overleaf or may be accessible via [www.aic.sg/schemes-terms-conditions](http://www.aic.sg/schemes-terms-conditions)*); and
- (b) I/we have accessed the terms and conditions applicable to these Schemes which is accessible via [www.aic.sg/schemes-terms-conditions](http://www.aic.sg/schemes-terms-conditions) (the “Terms and Conditions”) and I/we have read and fully understood the Terms and Conditions.

**Tip**  
If you intend the payouts under the relevant Scheme(s) to be made to a nursing home, please ask the staff at the nursing home for the authorised signatory name, designation and organisation stamp. These should be entered here.

To be endorsed by	Signature / Thumbprint
<b>Patient in Part 2</b>  <i>(Compulsory unless the Patient lacks mental capacity to provide consent or is under 21 years old)</i>	
<b>Donee / Deputy / Caregiver in Part 2b</b>  <i>(Compulsory if the Patient lacks mental capacity to provide consent or is under 21 years old)</i>	
<b>Nominated Bank Account Holder in Part 3</b>  <i>(Not required if bank account belongs to the Patient.)</i>	

**FINAL STEP:**

Send the completed application form with the supporting documents (if applicable) to AIC via:

- Email : [apply@aic.sg](mailto:apply@aic.sg) (each email size < 15MB, each attachment < 1 MB)
- Mail in : Agency for Integrated Care, Singapore Post Centre Post Office, P.O. Box 1173 S(914040)
- Walk-in : AIC Link, scan the QR code for the list of AIC Link locations.



## Annex A

### Part 2b:

**For Patient without mental capacity to provide consent;**

**and**

**has more than 1 Donee/ Deputy who are required to act jointly**

### 2b. Patient's Donee's/ Deputy's Details

By signing and/or affixing my/our thumbprint(s) below, I/we acknowledge and agree that:

- (a) I/we have read, understood and agreed to the Declarations and Consent (*which may be found overleaf or may be accessible via [www.aic.sg/schemes-terms-conditions](http://www.aic.sg/schemes-terms-conditions)*); and
- (b) I/we have accessed the terms and conditions applicable to these Schemes which is accessible via [www.aic.sg/schemes-terms-conditions](http://www.aic.sg/schemes-terms-conditions) (the "Terms and Conditions") and I/we have read and fully understood the Terms and Conditions.

**2<sup>nd</sup> Donee/ Deputy's NRIC**

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**Date of issue of 2<sup>nd</sup> Donee/ Deputy's NRIC**

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**2<sup>nd</sup> Donee/ Deputy's Signature/ Thumbprint**

**3<sup>rd</sup> Donee/ Deputy's NRIC**

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**Date of issue of 3<sup>rd</sup> Donee/ Deputy's NRIC**

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**3<sup>rd</sup> Donee/ Deputy's Signature/ Thumbprint**

**4<sup>th</sup> Donee/ Deputy's NRIC**

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**Date of issue of 4<sup>th</sup> Donee/ Deputy's NRIC**

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**4<sup>th</sup> Donee/ Deputy's Signature/ Thumbprint**

**5<sup>th</sup> Donee/ Deputy's NRIC**

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**Date of issue of 5<sup>th</sup> Donee/ Deputy's NRIC**

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**5<sup>th</sup> Donee/ Deputy's Signature/ Thumbprint**

## Declarations and Consent for Disclosure and Use of Personal Information

### A. Definitions

#### 1. In this document:

- (a) **“AIC”** means the Agency for Integrated Care Pte. Ltd.;
- (b) **“Application”** has the same meaning as ascribed to this term in the Terms and Conditions. For the avoidance of doubt, any references to parts of this Application are references to the parts in the Long Term Care Schemes Application Form. For example, Part 2a of this Application refers to the section in the Long Term Care Schemes Application Form with the heading, “About the Patient”, where the Patient’s details and particulars are provided;
- (c) **“Cooperating Parties”** means the Government, participating statutory boards (including CPF Board), and organisations approved by the Government that are involved in or assisting in the provision and delivery of the Services and Schemes. For the avoidance of doubt, Cooperating Parties include AIC and the Insurers;
- (d) **“CPF Board”** means the Central Provident Fund Board;
- (e) **“Declarations and Consent”** means this document, as may be amended, altered or added to from time to time;
- (f) **“Government”** means the Government of the Republic of Singapore;
- (g) **“Insurers”** means the Government-appointed insurers who are providing ElderShield, ElderShield Supplements and/or policies or services under other Government-related insurance schemes;
- (h) **“Patient”** means the individual whose details are provided in Part 2a of this Application;
- (i) **“Personal Information”** in relation to an individual means that individual’s personal data (including name, NRIC number, email address, contact number, address, age, gender, family or household structure), financial data (including income, savings, insurance coverage), consumption data (including payment for utilities, housing, healthcare bills, scheme participation), social assistance data (including social assistance history, assessments for eligibility and suitability for various Services and Schemes, social worker case reports) or medical information, that is relevant for the Purposes (as defined in section C below), regardless of whether such data or information relates to matters occurring before, on or after the date of receipt of this Application;
- (j) **“Schemes”** means the same meaning as ascribed to this term in the Terms and Conditions; and
- (k) **“Services”** means social services and schemes, financial assistance schemes and insurance schemes, including:
  - (a) the Schemes;
  - (b) financial assistance schemes and insurance schemes administered by AIC;
  - (c) healthcare, aged care, childcare, education, social assistance and counselling services and schemes;
  - (d) any form of financial assistance such as subsidies, grants, tax reliefs, levy concessions, vouchers or bursaries; and
  - (e) retirement, savings and insurance schemes operated by the Government, CPF Board or their appointed agents (including Medisave and MediShield Life).
- (l) **“Terms and Conditions”** means the terms and conditions applicable to the Schemes which is accessible via [www.aic.sg/schemes-terms-conditions](http://www.aic.sg/schemes-terms-conditions).
- (m) **“We”, “Us”, “Our”** refers to the following:
  - (i) the Patient;
  - (ii) each Donee whose details are provided in Part 2b of this Application;
  - (iii) each Deputy whose details are provided in Part 2b of this Application;
  - (iv) the Caregiver whose details are provided in Part 2b of this Application;
  - (v) the Nominated Bank Account Holder whose details are provided in Part 3 of this Application; and the FDW Employer whose details are provided in Part 4b of this Application, and **“I”, “Me” or “My”** refers to any one of them.

B. Declarations and Agreement

2. I/We declare that the information provided in this Application (including all documents submitted) is complete, true and accurate, and that I/We have not withheld any information. I/We understand that I/We may be asked to provide supporting documents to AIC for verification purposes, and the failure to do so may result in this Application being rejected or delayed.
3. I/We undertake to immediately inform AIC in writing of any changes in the information provided in or with this Application.
4. I/We acknowledge and agree that:
  - (a) this Application is subject to the approval of the Government, and the Government's decision will be final; and
  - (b) I/We have accessed the Terms and Conditions and I/We have read and fully understood the Terms and Conditions. I/We undertake on the Government's approval and acceptance of this Application, to abide and be bound by the Terms and Conditions and all amendments, alterations and additions to the Terms and Conditions as may be made from time to time. This Declarations and Consent, the Terms and Conditions, together with the Government's written approval of this Application, shall constitute a binding agreement (to the extent accepted and approved by the Government) between Me/Us and the Government in relation to this Application.
5. Where I am the donee, deputy, or caregiver of the Patient, or parent or legal guardian of the Patient who is below 21 years old, I declare as follows (as applicable):
  - (a) *Donee*: I am the Patient's appointed donee acting under a lasting power of attorney made in accordance with the Mental Capacity Act (Cap. 177A) and I am authorised to make decisions on the Patient's behalf in relation to the Patient's property and affairs;
  - (b) *Deputy*: I am the Patient's deputy appointed by the Court under the Mental Capacity Act (Cap. 177A) to make decisions on behalf of the Patient in relation to the Patient's property and affairs;
  - (c) *Parent of Patient below 21 years old*: I am the Patient's parent;
  - (d) *Legal guardian*: I have been lawfully appointed in accordance with the Guardianship of Infants Act (Cap. 122) to be guardian of the Patient;
  - (e) *Caregiver*: I declare that:
    - (i) I am the Patient's caregiver;
    - (ii) the Patient does not have an appointed donee or deputy authorised to make decisions on behalf of the Patient in relation to the Patient's property and affairs; himself, and where the Patient has mental capacity, the Patient has authorised Me to submit this Application on his behalf; and
    - (iii) in the case where the Patient is under 21 years of age, the Patient's parents and the Patient's legal guardian (if any) are unable to act on behalf of the Patient.
6. Where I am representing the nursing home that the Patient is residing in ("**Nursing Home**") and the Nursing Home is the Nominated Bank Account Holder, I, declare as follows:
  - (a) I am duly authorised to submit this Application and agree to this Declarations and Consent on behalf of the Nursing Home;
  - (b) the Patient does not have an appointed donee or deputy authorised to make decisions on behalf of the Patient in relation to the Patient's property and affairs; and
  - (c) the Patient is unable to submit this Application himself and has no caregivers to submit this Application on his behalf.
7. I/We agree that if any of the information provided (including all documents submitted) in this Application is false or inaccurate, or there is a breach of or non-compliance with this Declarations and Consent and/or the Terms and Conditions (as may be amended, altered or added to from time to time), I/We will be personally liable to repay in full the value of any assistance granted or payouts made (including all administrative expenses and fees reimbursed).
8. I/We agree and undertake to apply the payouts made under the Schemes (or any of them) for the care of the Patient (whether such payouts are paid into the Nominated Bank Account or otherwise). If any of such payouts is not first applied for the care of the Patient, without reasonable excuse, or if the Patient no longer fulfils the eligibility criteria for the Scheme(s), I/We shall repay to the Government, AIC and/or CPF B such amounts as may be demanded by



the Government, AIC and/or CPF, within 30 days of such demand, regardless of whether such amounts of the payouts have been used. If the Government, AIC and/or CPF, requires, I/We shall also pay to the Government, AIC and/or CPF interest on such amounts from the date of receipt of each of the payouts to the date such amounts are repaid to the Government, AIC and/or CPF.

C. Consent For Disclosure And Use Of Personal Information

9. I/We understand that the sharing of My/Our Personal Information and the Personal Information of any other individual provided in this Application between the Cooperating Parties will assist in the evaluation of My/the Patient's and that individual's suitability and eligibility for the Services and Schemes.
10. If I/We provide any of the Cooperating Parties with any Personal Information belonging to and/or relating to any other individual for the Purposes (as defined below), I/We represent and warrant that I am / We are authorised to do so and/or have obtained the consent of that individual to provide the Cooperating Parties with such Personal Information for the Purposes.
11. I/We agree that:
  - (a) any Cooperating Party may collect any individual's Personal Information for the purposes of:
    - (i) evaluating My/Our or the Patient's suitability and eligibility for the Services at any time;
    - (ii) the administration and provision of the Services in relation to Me/Us or the Patient; and
    - (iii) data analysis, evaluation and policy formulation, in which I/We shall not be identified as specific individuals or households(collectively known as the "**Purposes**");
  - (b) any Cooperating Party may disclose any individual's Personal Information to any of the other Cooperating Parties, for the Purposes;
  - (c) any Cooperating Party, except the Insurers, may use any individual's Personal Information for the Purposes; and
  - (d) the Insurers may use any individual's Personal Information only for the purpose of administering My/the Patient's policy under ElderShield, ElderShield Supplements and/or other Government related insurance schemes.
12. Where I am the Patient or the Patient's parent, guardian, deputy or donee, I consent to AIC obtaining the Patient's medical information from any healthcare professional or institution who is providing or has provided medical care or treatment to, or has medically assessed the Patient.
13. I understand and accept that AIC's Data Protection Policy (available at <https://www.aic.sg/data-protection-policy>) also applies to the collection, use and/or disclosure of my Personal Information by AIC. Therefore, in addition to the Purposes which I have consented to above, I also consent to the collection, use and/or disclosure of my Personal Information by AIC for the purposes set out in AIC's Data Protection Policy. In the event of any conflict between this Declarations and Consent and AIC's Data Protection Policy, the conflict will be resolved in the following order of priority: (1) this Declarations and Consent; and (2) AIC's Data Protection Policy.

D. Indemnity

14. I/We agree to fully indemnify and hold harmless all the Cooperating Parties from and against any and all liabilities, losses, damages, costs and expenses whatsoever (including legal costs on a full indemnity basis) incurred, paid for or suffered by any of the Cooperating Parties arising out of or in connection with the collection, use and disclosure of any individual's Personal Information in accordance with this Declarations and Consent.
15. This Declarations and Consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.