

# Opt-Out Form for Long Term Care Schemes



This form is used by applicants who wish to opt out from the AIC schemes listed in Part 1. The schemes provide monthly cash payments to help patients with moderate/severe disabilities with their care expenses.

**Please consider carefully before you opt out.**

<p><b>Part 1:</b></p>	<p><b>1. Select Scheme(s) which you wish to opt out from</b></p> <p><input type="checkbox"/> Interim Disability Assistance Programme for the Elderly (IDAPE)</p> <p><input type="checkbox"/> Pioneer Generation Disability Assistance Scheme (PioneerDAS)</p> <p><input type="checkbox"/> Home Caregiving Grant (HCG)</p> <p><input type="checkbox"/> ElderFund</p> <p><b>NEXT STEP:</b> Please proceed to <u>Part 2</u>.</p>																														
<p><b>Part 2:</b></p> <p><b>About the Patient</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Tip</b></p> <p>All details must be filled in.</p> </div>	<p><b>2. Patient's Details</b></p> <p><b>Patient's NRIC/Birth Certificate No.</b>      <b>Patient's contact number</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="width: 75%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table> <p><b>Date of issue of Patient's NRIC</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> <p><b>NEXT STEP:</b></p> <ul style="list-style-type: none"> <li>• If the Patient lacks mental capacity to provide consent or is below 21 years old, proceed to Part 2a.</li> <li>• Otherwise, proceed to Part 3.</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											D	D	/	M	M	/	Y	Y	Y	Y
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<p><b>Part 2a:</b></p> <p><b>For Patient without mental capacity to provide consent; and/or For Patient below 21 years old</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Tip</b></p> <p><u>If patient lacks mental capacity to provide consent,</u></p> <p>1. A registered doctor can provide certification that the Patient lacks mental capacity to provide</p> </div>	<p><b>2a. Patient's Donee's/ Deputy's/ Caregiver's Details</b></p> <p><i>Complete either Section 1 or Section 2.</i></p> <p><b><u>Section 1: Donee / Deputy details for Patient with donee/ deputy</u></b></p> <p><small>*The donee/ deputy must be appointed in accordance with the Mental Capacity Act (Cap 177) and is authorised to act on behalf of the Patient for the Patient's property and affairs.</small></p> <ul style="list-style-type: none"> <li>• A donee is appointed through a Lasting Power of Attorney (LPA) made by a donor and is authorised to act on the donor's behalf when the donor lacks mental capacity.</li> <li>• A deputy is appointed by the court to make decision on behalf of a person who lacks mental capacity, when the person has not made a LPA.</li> </ul> <p><b>Donee/ Deputy's NRIC/ FIN</b>      <b>Donee/ Deputy's contact number</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="width: 75%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table> <p><b>Date of issue of Donee/ Deputy's NRIC/ FIN</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											D	D	/	M	M	/	Y	Y	Y	Y
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consent for this Opt-Out form. This certification must be submitted with this Opt-Out form.

2. The Patient's donee or deputy may provide consent on behalf of the Patient, if he / she is authorised to act on behalf of the Patient for the Patient's property and affairs.
3. If the Patient does not have a donee or deputy, the Patient's immediate family member (parent, spouse, child) may make this scheme opt out on behalf of the Patient. If immediate family members are unable to act, other related family caregivers may make this scheme opt out on behalf of the Patient

If Patient is below 21 years old,

1. The Patient's parent or legal guardian may make this scheme opt out on behalf of the Patient.

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

**Caregiver's NRIC/ FIN**

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**Caregiver's contact number**

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

D	D	/	M	M	/	Y	Y	Y	Y
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The Patient's caregiver is the (please tick ✓ one only):

- Patient's Parent or Legal Guardian**  
\*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.
- 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)**

<b>Part 3:</b>	<b>Declarations and Consent</b>	
	I wish to opt out of the above scheme(s) for myself/Patient. I understand that in order to be included in the scheme(s) again, I/Patient will need to submit a new application and the eligibility will be reassessed at the point of application.	
	<b>To be endorsed by</b>	<b>Signature / Thumbprint</b>
<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 identified in Part 2a</b>  <i>(Compulsory if the Patient lacks mental capacity to provide consent or is under 21 years old)</i>		

<b>Part 4:</b>	<b>Documents required and how to submit</b>	
<input type="checkbox"/> Completed Opt Out Form with signatures  <input type="checkbox"/> Copy of Lasting Power of Attorney (for donee)/ Court Order (for deputy)  <input type="checkbox"/> Copy of Donee/Deputy/Caregiver's NRIC (front and back)		Email: <a href="mailto:apply@aic.sg">apply@aic.sg</a> (each email size < 15MB, each attachment < 1 MB)  Mail in: 7 Maxwell Road, #04-01, MND Complex Annex B S(069111)  Walk-in: AIC Link, scan the QR code for the list of AIC Links.
		