

Proposer Name: _____

Declaration for Entitlement of Waiver of first year premiums for MyShield Plus

Attaching to my/our application for MyShield Plus Insurance is this declaration for Aviva to consider the waiver of my/our first year premium for MyShield Plus.

I/We declare that the statements below are true for the following insureds:

	Full Name	Identity Numbers
Proposer		
Dependant 1/()		
Dependant 2/()		
Dependant 3/()		

- I/We am/are currently insured under one of the Private Medisave-Approved Shield Plan (excluding Aviva MyShield);
- I/We have not made any claims under any Hospital and Surgical Plans(including Private Medisave-Approved Shield Plan or Employee Benefits) in the last 3 years;
- I/We have not been admitted to any hospital as an inpatient for any accident, injury, surgery, observations, investigations or treatment within the last 3 years.

I/We am/are aware that Aviva reserve the right to request for the waived premiums should I/We provide incorrect information.

	Dependant 1/()	Dependant 2/()	Dependant 3/()	
Signature of Proposer	Signature of all Dependants who are above 16 years old			Name & Signature of Witness, Financial Adviser
Declared by the Proposer in Singapore on _____ (dd/mm/yyyy)				