

Underwritten by:



Administered by:



AIG Medi-Care Authorisation Form

AIG Medi-Care - Authorisation Form

Note: this form must be completed and signed by the primary policyholder.

I, the primary policyholder, hereby authorise:

- The below-named individual to act on my behalf regarding matters relating to my AIG policy such as providing information to AIG Asia Pacific Insurance Pte. Ltd. (“AIG”) and Cigna Europe Insurance Company S.A.-N.V. (Singapore Branch) (“Cigna”) (including Cigna’s related corporations who are involved in the processing of my/our personal information) and dealing with all aspects of claims from submission to payment.
- The below-named individual to have access to all information, including sensitive medical claims information, relevant to my AIG policy.
- AIG and Cigna to discuss, disclose and release all information, including sensitive medical claims information, relevant to my AIG policy to the below-named individual.

For the avoidance of doubt, I understand the following responsibilities cannot be delegated to the below-named individual and will remain with me:

- Submitting updates to personal details such as postal addresses, bank details and dates of birth for me and any beneficiaries I have on cover.
- Submitting requests regarding my website account such as access and password reset requests.
- Submitting a policy cancellation notice, even in the event that my authorised representative also administers payment of the premium, as the policy is the sole property of the primary policyholder.

I understand that by providing authorisation, the below-named individual will also have the same access to information, including sensitive medical claims information, held by AIG for any beneficiaries I have on cover. I have discussed the implications of this with them and they are happy for the below-named individual to be given this authorisation.

Insofar as applicable, I also confirm that I hold the parental responsibility for my beneficiaries under the legal age and I consent to my authorised representative having access to information, including sensitive medical claims information of those beneficiaries that are under the legal age.

I also understand that I can retract this consent at any time by contacting AIG in writing, and must advise AIG in writing if there is any change to the authorised individual details.

Authorised individual details						
Name						
Date of birth						
Telephone number						
Email address						
Family Relationship	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	State Relationship	
Other i.e. Broker/Legal Advisor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	State Profession	

Primary policyholder details	
Name	
Signature	
Date signed	

Cover details for beneficiaries under the legal age

Details of beneficiaries on cover (only beneficiaries under the legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	

Details of beneficiaries on cover (only beneficiaries under the legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	

Details of beneficiaries on cover (only beneficiaries under the legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	

Details of beneficiaries on cover (only beneficiaries under the legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	

Details of beneficiaries on cover (only beneficiaries under the legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	

(Please print additional pages as required)

Authorisation of beneficiaries of legal age

Details of beneficiaries on cover (only beneficiaries of legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	
Signature	
Date signed	

Details of beneficiaries on cover (only beneficiaries of legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	
Signature	
Date signed	

Details of beneficiaries on cover (only beneficiaries of legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	
Signature	
Date signed	

Details of beneficiaries on cover (only beneficiaries of legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	
Signature	
Date signed	

Details of beneficiaries on cover (only beneficiaries of legal age)	
Name	
Policy ID (9 digit number shown on the beneficiary's membership card)	
Signature	
Date signed	

(Please print additional pages as required)

Once completed and signed, primary policyholder must return this form to AIGMediCareSales@Cigna.com.

American International Group, Inc. (AIG) is a leading global insurance organisation. AIG member companies provide a wide range of property casualty insurance, life insurance, retirement solutions, and other financial services to customers in approximately 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange.

Additional information about AIG can be found at www.aig.com | YouTube: www.youtube.com/aig | Twitter: @AIGinsurance www.twitter.com/AIGinsurance | LinkedIn: www.linkedin.com/company/aig. These references with additional information about AIG have been provided as a convenience, and the information contained on such websites is not incorporated by reference herein.

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This Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your Policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC websites (www.aig.sg, www.gia.org.sg or www.sdic.org.sg).

AIG Medi-Care is underwritten by AIG Asia Pacific Insurance Pte. Ltd. and administered by Cigna Europe Insurance Company S.A.-N.V. Singapore Branch.

AIG Asia Pacific Insurance Pte Ltd (Registration Number: 201009404M), registered address 78 Shenton Way #09-16, AIG Building Singapore 079120. Tel: +65 6419 3000.

Cigna Europe Insurance Company S.A.-N.V. Singapore Branch (Registration Number: T10FC0145E), is a foreign branch of Cigna Europe Insurance Company S.A.-N.V., registered in Belgium with limited liability, with its registered office at 152 Beach Road, #33-05/06 The Gateway East, Singapore 189721. Tel: +65 6549 3636.

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AIG Medi-Care Authorisation Form 10/2021

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