

ElderShield - Opt Back Form (Within 30 days from cancellation request)
乐龄健保：恢复已退保单表格（只限于退保申请30天内）



Policy No.: _____

ElderShield Opt-Back Form

I, _____, NRIC No: _____
wish to be insured under ElderShield. I withdraw my termination request made to you earlier, and I authorize the deduction of premiums from the Medisave account instructed by me previously unless otherwise instructed by me through the ElderShield Options form or Change of Payment Method form.

Signature of Policyholder

Date

Tel No.: _____ (Home) _____ (HP)

Email Address: _____

