

Long Term Care Schemes

[Quick Guide]



The Long Term Care Schemes are only applicable for Patients who always require assistance with or are unable to perform the Activities of Daily Living (ADLs)

What are the different levels of disability?

Mild Disability: Always require some assistance with at least 1 Activity of Daily Living (ADL)

Moderate Disability: Always require some assistance with at least 3 ADLs

Severe Disability: Unable to perform at least 3 ADLs

Examples of moderate vs severe disability



	Feeding	Bathing	Toileting	Dressing	Moving	Transferring
Moderate Disability (at least 3 of these)	Needs help to cut food into smaller pieces	Needs some help, e.g. to wash legs	Needs help to remove/put on clothing before and after toileting	Needs help to button clothes	Needs help in walking over a distance	Needs some support to maintain balance when moving from chair to bed and vice versa
Severe Disability (at least 3 of these)	Needs to rely entirely on caregiver to be fed or tube-fed	Needs to be bathed entirely by caregiver	Needs to rely entirely on caregiver to manage diapers/catheter	Needs to rely entirely on caregiver to be dressed	Needs to rely on caregiver entirely to walk or push wheelchair	Needs to be fully supported

For more information



Click www.aic.sg

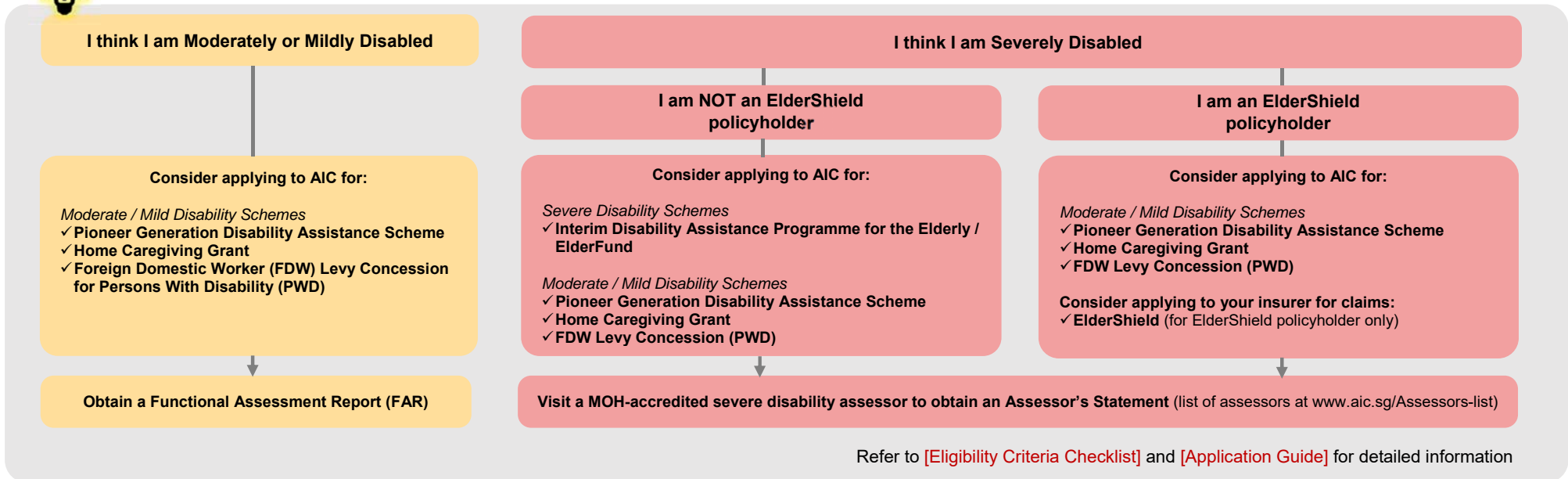


Call 1800 650 6060



Visit AIC Link

Follow this quick guide to find out what scheme(s) you may be eligible for!



Refer to [Eligibility Criteria Checklist] and [Application Guide] for detailed information

Long Term Care Schemes

[Eligibility Criteria Self-Assessment Checklist]



Based on the [Quick Guide], check if you meet all the eligibility criteria for each of the schemes you wish to apply for.

Moderate/ Mild Disability Schemes

Pioneer Generation Disability Assistance Scheme

\$100 per month for life

- Pioneer Generation*
- At least moderate disability
- Lives in Singapore

*To check if you are a Pioneer



1800 2222 888

www.pioneers.sg

Home Caregiving Grant

\$200 per month, for the care of a Patient at home

- Singapore Citizen or Permanent Resident (PR should have a parent, child or spouse who is a Singapore Citizen)
- At least moderate disability
- Means-tested:
 - o Household monthly income per person is \$2800 or less; or
 - o Annual value of property for household without income is \$13000 or less
- Lives in Singapore
- Not in a residential long-term care institution (e.g. nursing home)

FDW Levy Concession for Persons with Disabilities

Lower levy of \$60 per month, for a household who hires a Foreign Domestic Worker (FDW) to care for a Patient

- Singapore Citizen
- Age 16 to 66
- At least mild disability
- Lives in Singapore
- Patient is the FDW employer or staying with the FDW employer

For FDW employment, and levy concession (for young child and elderly) related



6438 5122

www.mom.gov.sg

Severe Disability Schemes

Interim Disability Assistance Programme for the Elderly

\$250 or \$150 per month for up to 72 months, for Patients who were not eligible for ElderShield in 2002

- Singapore Citizen
- Either born on or before 30 Sep 1932, **OR** born between 01 Oct 1932 and 30 Sep 1962 (with pre-existing disabilities as at 30 Sep 2002)
- At least severe disability
- Means-tested:
 - o Household monthly income per person is \$2800 or less; or
 - o Annual value of property for household without income is \$13000 or less
- Lives in Singapore

ElderFund

\$250 or \$150 per month for life, for needy Patients

- Not a ElderShield policyholder or IDAPE recipient
- Singapore Citizen
- Age 30 and above
- At least severe disability
- Lives in Singapore
- Guiding financial criteria:
 - o Household monthly income per person is \$1200 or less; and
 - o MediSave balance of less than \$10000

Long Term Care Schemes

[Application Guide]



How do I apply for the scheme(s)?

1 Complete application form

Fill in the Long Term Care Schemes Application Form

2



Undergo disability assessment

For Moderate/ Mild Disability scheme(s) application

(Pioneer Generation Disability Assistance Scheme, Home Caregiving Grant, FDW Levy Concession (PWD))

Visit a general practitioner or arrange with your care provider to obtain a **Functional Assessment Report (FAR)**¹

¹If you are also applying for any of the Severe Disability schemes, you **do not need** to obtain the FAR. Visit a MOH-accredited severe disability assessor instead to obtain an Assessor Statement.

For Severe Disability scheme application^{2,3}

(Interim Disability Assistance Programme for the Elderly, ElderFund)

Visit a MOH-accredited severe disability assessor to obtain an **Assessor Statement** (list of assessors at www.aic.sg/Assessors-list). The assessor will submit the assessment results to AIC directly.



Click www.aic.sg

OR



Call 1800 650 6060

OR



Visit [AIC Link](#)

3



Submit documents below to AIC

- Long Term Care Schemes Application Form
- Copy of Functional Assessment Report (only for Moderate/ Mild scheme(s) application)¹
- Additional supporting documents for Patient who lacks mental capacity

Send the documents to AIC by:

Email : 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.



Additional guidance for Patient who lacks mental capacity to provide consent

1. The Patient's donee/ deputy[#] may make the application on the 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 decisions on behalf of the Patient in relation to the Patient's property and affairs.

2. Please submit the following additional supporting documents:

- Doctor's certification that the Patient lacks mental capacity OR court order of Deputy appointment OR recent medical report stating that the Patient lacks mental capacity; and
- Copy of bank book or statement IF you are nominating an account belonging to a deputy of the Patient or an administrator of the Patient.

Additional guidance for Patient below age 21

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).

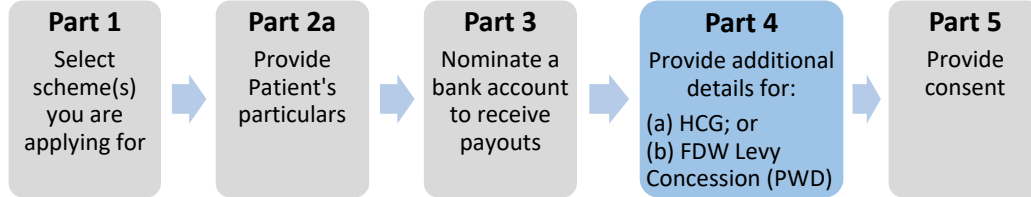
Long Term Care Schemes Application Form

This form may take about 20 minutes to complete

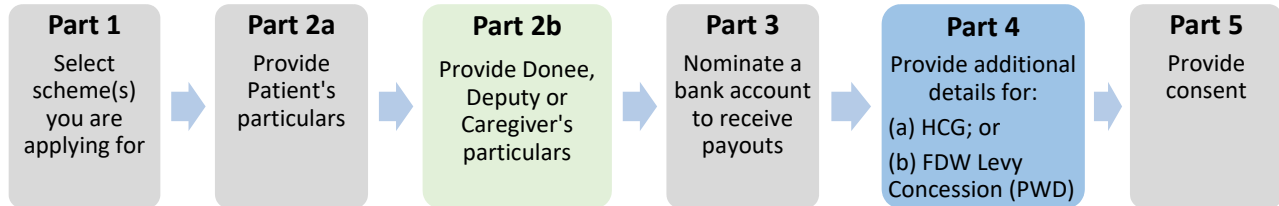
You can use this application form to apply for benefits under the schemes listed in Part 1 below (collectively, the “Schemes” and each, a “Scheme”). Your application will be processed by the Agency for Integrated Care Pte. Ltd. (“AIC”) and any other agencies involved in administering the Schemes.

Complete the application form in the following sequence:

For Patients **with mental capacity** to provide consent



For Patients **without mental capacity** to provide consent and/or **below 21 years old**



Part 1: Selection of Schemes

Tip
Check that the Patient meets the eligibility criteria for the selected Scheme(s).

The application will be rejected if the Patient does not fulfil the eligibility criteria.

1. Select Scheme(s) *(may tick ✓ more than one):*

- Interim Disability Assistance Programme for the Elderly (IDAPE) / ElderFund[^]
[^]AIC will first assess whether the Patient is eligible for IDAPE. If the Patient is not eligible for IDAPE, AIC will automatically assess the Patient for ElderFund.
- Pioneer Generation Disability Assistance Scheme (PioneerDAS)
- Home Caregiving Grant (HCG)
- FDW Levy Concession for Persons with Disabilities (FDW Levy Concession (PWD))

NEXT STEP:
Proceed to [Part 2](#).

Part 2a: About the Patient

Tip
All details must be filled in.

2a. Patient's Details

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

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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](#).
- Otherwise, proceed to:
 - [Part 3](#) if Patient is applying for IDAPE, ElderFund, PioneerDAS or HCG;
 - [Part 4b](#) if Patient is applying for FDW Levy Concession (PWD) only.

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.

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

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

Not an immediate family member or legal guardian, and the Patient's immediate family members are unable to act on behalf of the Patient

Patient's Parent-in-law/ Child-in-law
*Caregiver must be a Singapore Citizen/ Permanent Resident

Patient's Sibling/ Grandparent/ Grandchild (including in-law)
*Caregiver must be a Singapore Citizen/ Permanent Resident

Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)
*Caregiver must be a Singapore Citizen/ Permanent Resident and residing at the same address as the Patient

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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NEXT STEP:

- If Patient is applying for FDW Levy Concession (PWD) only, proceed to Part 4b.
- Otherwise, 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: _____)

Nominated Bank Account Holder's NRIC

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

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Date of issue of Nominated 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:

- If Patient is applying for HCG or FDW Levy Concession (PWD), proceed to [Part 4](#).
- If Patient is applying for IDAPE, ElderFund or PioneerDAS, proceed to [Part 5](#).

**Part 4a:
For HCG application
only**

Tip

This section is NOT necessary if the Patient is a Singapore Citizen.

You must fill in this section if the Patient applying for the HCG is a Permanent Resident.

The Patient's immediate family member must be the Patient's parent, child or spouse and that family member must be a Singapore Citizen.

4a. HCG Immediate Family Member's Details

For Patient who is a Permanent Resident, the Patient's immediate family member (i.e. parent, child or spouse) must be a Singapore Citizen.

The immediate family member is *(please tick ✓ one only):*

Patient's Parent

Patient's Child/ Spouse

Patient's Immediate Family Member's NRIC/ Birth Certificate No.

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Date of issue of Patient's Immediate Family Member's NRIC

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You must declare the family member's details accurately. We may ask for supporting documentation where deemed necessary to verify your declaration.

NEXT STEP:

- If Patient is applying for FDW Levy Concession (PWD), proceed to Part 4b.
- Otherwise, proceed to Part 5.

**Part 4b:
For FDW Levy
Concession (PWD)
application only**

Tip

You must fill in this section if you are applying for the FDW Levy Concession (PWD).

If the FDW employer is not the Patient, the FDW employer must reside at the same address the Patient as set out in the respective NRIC.

4b. FDW Employer's Details

The FDW is employed by *(please tick ✓ one only):*

Patient

Patient's Parent

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)

Others (Please specify: _____)

FDW Employer's NRIC

(not required if FDW Employer is the Patient)

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Date of issue of FDW Employer's NRIC

(not required if FDW Employer is the Patient)

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NEXT STEP:

Proceed to Part 5.

**Part 5:
Declarations and
Consent**

**5. 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); and
- (b) I/we have accessed the terms and conditions applicable to these Schemes which is accessible via 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
Patient in Part 2 <i>(Compulsory unless the Patient lacks mental capacity to provide consent or is under 21 years old)</i>	
Donee / Deputy / Caregiver in Part 2b <i>(Compulsory if the Patient lacks mental capacity to provide consent or is under 21 years old)</i>	
Nominated Bank Account Holder in Part 3 <i>(Not required if account belongs to the Patient.)</i>	
FDW Employer in Part 4b <i>(For FDW Levy Concession (PWD) only. Not required if FDW Employer is the Patient)</i>	

Marketing Consent

I/We, the Patient / donee / deputy/ caregiver (delete accordingly) agree(s) to receive news and information on caregiving resources, events, and talks via the following:

Direct Mailer
 Email
 SMS

FINAL STEP:

Attend disability assessment and send the completed application form with the supporting documents (if applicable) to AIC via:

- Email : 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*); and
- (b) I/we have accessed the terms and conditions applicable to these Schemes which is accessible via www.aic.sg/schemes-terms-conditions (the "Terms and Conditions") and I/we have read and fully understood the Terms and Conditions.

2nd Donee/ Deputy's NRIC

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Date of issue of 2nd Donee/ Deputy's NRIC

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**2nd Donee/ Deputy's
Signature/
Thumbprint**

3rd Donee/ Deputy's NRIC

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Date of issue of 3rd Donee/ Deputy's NRIC

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**3rd Donee/ Deputy's
Signature/
Thumbprint**

4th Donee/ Deputy's NRIC

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Date of issue of 4th Donee/ Deputy's NRIC

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**4th Donee/ Deputy's
Signature/
Thumbprint**

5th Donee/ Deputy's NRIC

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Date of issue of 5th Donee/ Deputy's NRIC

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**5th 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.
- (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 B, within 30 days of such demand, regardless of whether such amounts of the payouts have been used. If the Government, AIC and/or CPF B, requires, I/We shall also pay to the Government, AIC and/or CPF B 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 B.

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.