



**COMMUNITY  
HEALTH  
ASSIST  
SCHEME**



**MINISTRY OF HEALTH  
SINGAPORE**

# Application for CHAS Subsidies

## Benefits

By submitting this form (the “**CHAS Application Form**”) you (the Main Applicant) are applying for the Community Health Assist Scheme (“**CHAS**”) for yourself and on behalf of your Family Member(s) who share the same address as you (as reflected on the NRIC). You and your Family Member(s) may be eligible for subsidies at participating CHAS GP and dental clinics.

## Eligibility

All Singapore Citizens are eligible for CHAS. The CHAS benefits are tiered according to:

- the Household Monthly Income Per Person (for a household with income); or
- the Annual Value of the home as reflected on the NRIC of the Main Applicant (for a household with no income).

## How to Apply

### Apply Online

Visit <https://www.chas.sg/apply> or scan the QR code to apply online.



OR

### Apply Using Hardcopy Form

- 1 COMPLETE** Complete this CHAS Application Form on behalf of all your Family Members who share the same address as you (as reflected on the NRIC). Please include all Family Members who share the same address as you in this CHAS Application Form.
- 2 SIGN** Only you are required to sign this CHAS Application Form on behalf of your Family Members. Please ensure that you have informed all Family Members of this CHAS Application Form and obtained their agreement to submit this CHAS Application Form on their behalf.
- 3 SUBMIT** Send the completed CHAS Application Form to Privy Box No. 920231 Singapore 929292.

Note: Officers from HOMES Operations team may contact you to request for any additional supporting documents or information required by the Government of the Republic of Singapore (represented by the Ministry of Health) (the “**Government**”) for verification purposes.

Visit <https://www.chas.sg> or call **1800-275-2427** (1800-ASK-CHAS) for more information

## Section 1A: Particulars of Main Applicant

**1 Name** (in BLOCK LETTERS, as in NRIC)

**Pink NRIC / Birth Certificate Number** (Main Applicant must be a Singapore Citizen)

[illegible]

**Mailing Address** (if different from NRIC)

Mobile Number

**Home Phone Number**

### Notification Preference

☐ SMS and Mail    ☐ Mail Only

The Main Applicant will be contacted via SMS and mail, if the box “SMS and Mail” is ticked.

☐ SMS and Mail    ☐ Mail Only

The Main Applicant will be contacted via SMS and mail, if the box “SMS and Mail” is ticked.

The Main Applicant must provide a mobile number or home phone number.

Email Address (Optional)

**Dwelling Type** (based on NRIC address)

☐ HDB Flat      ☐ Private Housing  
(incl. Executive Condo)

☐ Private Housing  
(incl. Executive Condo)

(incl. Executive Condo)

☐ Institution (MOH/MSF licensed home)

☐ Others: \_\_\_\_\_  
(please specify)

(please specify)

### Rental Status of Residence

☐ Renting from Government      ☐ Renting from Open Market

☐ Renting from Open Market☐ Not Rented (e.g. bought or owned)

### Section 1B: Particulars of Family Members Sharing the Same NRIC Address as the Main Applicant

**2 Name** (in BLOCK LETTERS, as in NRIC)

Email Address (Optional)

**Pink NRIC / Blue NRIC / Birth Certificate / FIN**  
(Please circle the above and fill in your identification number below)

(Please circle the above and fill in your identification number below)

[illegible]

Mobile Number (Optional)

**Relationship to Main Applicant**  
(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

**Notification Preference**

☐ SMS and Mail    ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

☐ SMS and Mail    ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

## Section 1B: Particulars of Family Members Sharing the Same NRIC Address as the Main Applicant

### 3 Name (in BLOCK LETTERS, as in NRIC)

Email Address (Optional)

**Pink NRIC / Blue NRIC / Birth Certificate / FIN**

(Please circle the above and fill in your identification number below)

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**Mobile Number (Optional)**

**Relationship to Main Applicant**

(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

**Notification Preference**

☐ SMS and Mail ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

### 4 Name (in BLOCK LETTERS, as in NRIC)

Email Address (Optional)

**Pink NRIC / Blue NRIC / Birth Certificate / FIN**

(Please circle the above and fill in your identification number below)

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**Mobile Number (Optional)**

**Relationship to Main Applicant**

(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

**Notification Preference**

☐ SMS and Mail ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

### 5 Name (in BLOCK LETTERS, as in NRIC)

Email Address (Optional)

**Pink NRIC / Blue NRIC / Birth Certificate / FIN**

(Please circle the above and fill in your identification number below)

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**Mobile Number (Optional)**

**Relationship to Main Applicant**

(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

**Notification Preference**

☐ SMS and Mail ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

## Section 1B: Particulars of Family Members Sharing the Same NRIC Address as the Main Applicant

**6** Name (in BLOCK LETTERS, as in NRIC)

Email Address (Optional)

**Pink NRIC / Blue NRIC / Birth Certificate / FIN**

(Please circle the above and fill in your identification number below)

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**Mobile Number (Optional)**

**Relationship to Main Applicant**

(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

**Notification Preference**

☐ SMS and Mail ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

**7** Name (in BLOCK LETTERS, as in NRIC)

Email Address (Optional)

**Pink NRIC / Blue NRIC / Birth Certificate / FIN**

(Please circle the above and fill in your identification number below)

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**Mobile Number (Optional)**

**Relationship to Main Applicant**

(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

**Notification Preference**

☐ SMS and Mail ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

**8** Name (in BLOCK LETTERS, as in NRIC)

Email Address (Optional)

**Pink NRIC / Blue NRIC / Birth Certificate / FIN**

(Please circle the above and fill in your identification number below)

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**Mobile Number (Optional)**

**Relationship to Main Applicant**

(e.g. Husband, Wife, Father, Mother, Son, Daughter, etc)

**Notification Preference**

☐ SMS and Mail ☐ Mail Only

The Family Member of the Main Applicant will be contacted via SMS and mail, if the Family Member's mobile number is set out and the box "SMS and Mail" is ticked.

## Section 2: Important Notes and Terms and Conditions

### Important Notes

1. Please note that:
  - a) the CHAS benefits that you (the Main Applicant) and your Family Member(s) are eligible for will be assessed based on:
    - (i) the Household Monthly Income Per Person (for a household with income), or
    - (ii) the Annual Value of the home reflected on your NRIC and your Family Member(s)' NRIC; and
  - b) the information provided in this CHAS Application Form may affect you and/or your Family Member(s)' eligibility for other Government healthcare and disability schemes, such as MediShield Life. For more information on how applying for CHAS may affect you and/or your Family Member(s)' eligibility for other Government healthcare and disability schemes, please call 1800-275-2427 (1800-ASK-CHAS) for more information.
2. Singapore Citizens who are on the ComCare Long-Term Assistance Scheme, also known as the Public Assistance Scheme, will receive subsidies for the treatment of conditions covered under CHAS and do not need to apply for CHAS.
3. Incomplete CHAS Application Forms which do not set out:
  - a) your signature or thumbprint; or
  - b) your contact details;will be returned to you for completion before it can be processed.

### Definitions

4. All terms referred to in this CHAS Application Form shall have the meanings ascribed to them as follows, unless otherwise defined herein or the context otherwise requires:
  - a) **"Annual Value"** means the estimated gross annual rent of the property if it were to be rented out (excluding furniture, furnishings and maintenance fees), as determined by IRAS.
  - b) **"CPF Board"** means the Central Provident Fund Board.
  - c) **"deputy"** shall have the same meaning as its definition in the Mental Capacity Act 2008.
  - d) **"donee"** shall have the same meaning as its definition in the Mental Capacity Act 2008.
  - e) **"Family Member"** means a person related to the Main Applicant by blood, marriage (including step-children and in-laws) or legal adoption, whether or not that person lives together with the Main Applicant.
  - f) **"HOMES"** means the Household Means Eligibility System, a Government system supporting public schemes in their conduct of means-tests to determine the level of assistance for citizens. For more information, please go to: <https://www.homes.gov.sg/eservice>.
  - g) **"Household Monthly Income Per Person"** means the Total Gross Household Monthly Income divided by the total number of Family Members sharing the same address (as reflected on the NRIC).
  - h) **"IRAS"** means the Inland Revenue Authority of Singapore.
  - i) **"Participating Agencies"** means all statutory boards and organisations approved by the Government to provide the Participating Schemes (including their authorised agent(s) if any), and **"Participating Agency"** means any one of them.
  - j) **"Participating Schemes"** means the social services and public assistance schemes provided by the Government and/or Participating Agencies, including:
    - i. healthcare, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;
    - ii. any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
    - iii. schemes administered by the CPF Board.
  - k) **"Personal Information"** means my personal data (e.g. name, NRIC No, address, age, gender, family/household structure), financial data (e.g. income, savings, insurance coverage), consumption data (e.g. payment for utilities, housing, healthcare bills, scheme participation), social assistance data (e.g. social assistance history, assessments for eligibility and suitability for social services and public assistance schemes, social worker case reports), medical information (e.g. medical reports), and other information (e.g., savings, payment for utilities) provided by me for the evaluation and administration of social services and public assistance schemes.

Personal Information includes information collected and kept by various Government ministries, departments and statutory boards, including the following information collected and kept by the IRAS and the CPF Board:

- i. my income information;
- ii. information relating to and derived from my Central Provident Fund Account(s) and Central Provident Fund ("CPF") contributions (e.g. CPF Account(s) balance, CPF withdrawal details); and
- iii. information relating to my participation in schemes administered by the CPF Board (e.g. medical information, insurance coverage).

Information collected from surveys conducted by IRAS and CPF Board is excluded.

Personal Information may relate to past, present or future matters.

## Section 2: Important Notes and Terms and Conditions

- l) **"registered medical practitioner"** shall have the same meaning as its definition in the Medical Registration Act 1997.
- m) **"Total Gross Household Monthly Income"** means the total gross income received by the Main Applicant and his Family Members who share the same address (as reflected on the NRIC). This includes basic employment income, trade/self-employed income, overtime pay, allowances, cash awards, commissions, and bonuses.
- n) **"Working Day"** means a day which is not a Saturday, Sunday or a public holiday in Singapore.

### Consent

- 5. By submitting this CHAS Application Form, I consent and agree that the Government, the IRAS and the CPF Board may collect, use and disclose my Personal Information, regardless of whether my Personal Information relates to matters occurring before, on, or after the date of this consent, for the purposes of:
  - a) evaluating my and/or my Family Member(s)' eligibility for the different CHAS tiers at any time;
  - b) the administration and provision of CHAS in relation to me and/or my Family Member(s); and/or
  - c) data analysis, evaluation and policy formulation, in which I and/or my Family Member(s) shall not be identified as specific individuals or households.
- 6. I understand that my consent given in accordance with paragraph 5 above shall remain valid unless and until I withdraw it in writing. I accept that it could take up to 7 Working Days from the date of receipt by the Government before any withdrawal of consent takes effect.
- 7. This CHAS Application Form shall be governed by and construed in accordance with the laws of the Republic of Singapore.

### Declaration

- 8. I declare that:
  - a) I am the Main Applicant and I am authorised to submit this CHAS Application Form on behalf of my Family Member(s); or
  - b) I am an individual authorised to provide consent and submit this CHAS Application Form on behalf of the Main Applicant and the Main Applicant's Family Member(s).
- 9. Where I am submitting this CHAS Application Form on behalf of the Main Applicant who is under 21 years of age, I further declare that I am:
  - a) the parent of Main Applicant; or
  - b) the legal guardian of Main Applicant
- 10. Where I am submitting this CHAS Application Form on behalf of the Main Applicant who lacks mental capacity, I further declare that I am:
  - a) the donee of the Main Applicant; or
  - b) the deputy of the Main Applicant
- 11. I declare that all the information provided by me in this CHAS Application Form is true and accurate.
- 12. I understand and acknowledge that if any of the information provided by me in this CHAS Application Form is false or inaccurate, I and/or my Family Member(s):
  - a) shall be liable to repay in full the value of any assistance granted, inclusive of all administrative expenses; and
  - b) may face criminal prosecution.
- 13. I further undertake to be liable for, and to indemnify the Government and all Participating Agencies against, all losses, expenses, costs (including legal costs calculated on a full indemnity basis), damages and liabilities that may be suffered or incurred by the Government and all Participating Agencies arising out of or in connection with my application in this CHAS Application Form including but not limited to that arising out of or in connection with claims from or by my Family Member(s) in relation to this CHAS Application Form.
- 14. If I submit this CHAS Application Form by email, I confirm that I am aware of the risks of transmitting my Personal Information to the Government and/or Participating Agencies via email. I agree that I shall not hold the Government and/or Participating Agencies responsible or liable for any loss of my Personal Information arising from any unauthorised access of my email or my email account.

## Section 3: Declaration

### Declaration by Main Applicant on Behalf of Family

#### 1 Main Applicant's Name

#### Signature/Thumbprint (Date):

#### Name of Signatory

(Where this CHAS Application Form is provided on behalf of the Main Applicant)\*\*:

I hereby confirm that I understand and agree to all the provisions in this form.

\*\* Tick one of the following, where applicable:

☐ I am the parent / legal guardian and have submitted this CHAS Application Form on behalf of the Main Applicant who is under 21 years of age.

☐ I am/ We are the donee/deputy and have submitted this CHAS Application Form on behalf of the Main Applicant who lacks mental capacity.

#### Responsibilities of Main Applicant:

Please ensure that:

- a) you have informed all Family Members that you are submitting this CHAS Application Form on their behalf, and
- b) you are authorised to submit this CHAS Application Form on behalf of your Family Members.

Please note that your Family Member will receive a SMS notification upon the submission of this CHAS Application Form, if you provide the mobile number of that Family Member and ticked the box "SMS and Mail" as a notification preference for that Family Member at Section 1B (Particulars of Family Members Sharing the Same NRIC Address as the Main Applicant) above.

#### Instructions:

1. If the Main Applicant is under 21 years of age:
  - a) please note that the signatory must be the parent/legal guardian of the Main Applicant; and
  - b) please provide a copy of the NRIC/passport of the signatory who is submitting this CHAS Application Form on behalf of the Main Applicant.
2. If the Main Applicant lacks mental capacity, please check whether the donee or deputy of the Main Applicant may act singly or has to act jointly with other donee(s)/deputy(s). If the donees or deputies are required to act jointly, all donees or deputies must sign and submit this CHAS Application Form on behalf of the Main Applicant. Please provide a copy of (i) the Lasting Power of Attorney or Order of Court and (ii) NRIC/passport of the donee(s)/deputy(s) who is submitting this CHAS Application Form on behalf of the Main Applicant.
3. If the Main Applicant is 21 years of age or above and:
  - a) is unable to submit this CHAS Application Form due to his lack of mental capacity;
  - b) has no donee appointed to act for him under a Lasting Power of Attorney, and no deputy appointed to act for him by the Court under the Mental Capacity Act 2008; and
  - c) has no Family Member who is a Singapore Citizen and shares the same NRIC address as the Main Applicant, please complete Section 4A (Main Applicant Unable to Submit CHAS Application Form for Himself or on Behalf of Family Members) and Section 4B (Registered Medical Practitioner's Certification for Inability to Submit CHAS Application Form due to Mental Incapacity) of this CHAS Application Form.
4. If the above signatory does not read English, please state the name and details of the interpreter below.

The name of the interpreter is \_\_\_\_\_ (name),  
\_\_\_\_\_ (NRIC), \_\_\_\_\_ (contact number).



## Section 4A: Main Applicant Unable to Submit CHAS Application Form for Himself or on Behalf of Family Members

The following Main Applicant (aged 21 and above):

- a) is unable to submit this CHAS Application Form due to his lack of mental capacity;
- b) has no donee appointed to act for him under a Lasting Power of Attorney, and no deputy appointed to act for him by the Court under the Mental Capacity Act 2008; **and**
- c) has no Family Member who is a Singapore Citizen and shares the same NRIC address as the Main Applicant\*.

If all of the above conditions are met, please fill in Section 4B (Registered Medical Practitioner's Certification for Inability to Submit CHAS Application Form due to Mental Incapacity) below.

Name (as in NRIC): \_\_\_\_\_

\* This Section 4A does not apply where the Main Applicant lacks mental capacity but has an appointed donee or deputy. The donee or deputy can submit this CHAS Application Form on behalf of the Main Applicant, and a registered medical practitioner's certification is not required.

If the Main Applicant has other Family Members who are Singapore Citizens and share the same NRIC address, the CHAS Application Form should be submitted by one of the other Family Members

## Section 4B: Registered Medical Practitioner's Certification for Inability to Submit CHAS Application Form due to Mental Incapacity

I certify that the above-named Main Applicant:

- ☐ **Temporarily** lacks mental capacity and is unable to submit this CHAS Application Form.
- ☐ **Permanently** lacks mental capacity and is unable to submit this CHAS Application Form.

_____ Name of Registered Medical Practitioner		_____ Signature of Registered Medical Practitioner	Official stamp of clinic/hospital
_____ Date	_____ MCR number	_____ Contact number	

### Instructions:

- Date of registered medical practitioner's certification must be within the period of 6 months prior to the date on which this CHAS Application Form is submitted unless the Main Applicant permanently lacks mental capacity.
- If the registered medical practitioner is not present to certify and sign this CHAS Application Form, a separate doctor's memo indicating that the Main Applicant is unable to submit this CHAS Application Form due to the relevant medical reason may be attached.

## For Official Use

This application is verified/processed by: