

How to complete the MediSave/MediShield Life Internet Reimbursement E-File Submission

What is this guide about?

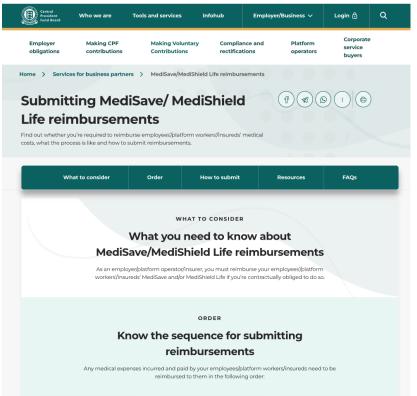
- This guide details how you can submit internet reimbursement via the E-File service. It will
 provide pointers on where to download the excel template (submission file), how to fill in the
 necessary information, where to obtain the information required, and how to submit your
 completed submission file.
- This guide is applicable to employers, platform operators, and insurers.



Part 1: Download the excel template and prepare your submission file

Step 1: Navigate to MediSave/MediShield Life Reimbursement Page on CPF Website

https://www.cpf.gov.sg/employer/services-for-business-partners/medisave-medishield-life-reimbursements



Step 2: Scroll down to "2. Submission" and click on the "Download Excel file"

| What to consider | Order | How to submit | Resources | FAQs |
|--|----------------------------------|------------------------------|---|-----------------------------|
| 2. Submission 1) Scroll down to "2. Submission" | | and fill in the E-File Excel | document ou can start submitting rein | nbursements via E-File. |
| | • Patien • MediSa • MediSa | | amount to be refunded | ation: |
| | | | employee's/platform worker | r's/insured's final medical |



Step 3: Prepare information required for your submission

If you lack the required information and need to obtain them from your employee/platform worker/insured, we urge you to accept <u>digital copies</u> of these documents. Please note that these documents should not be included in your submission.

| Information required | Documents that will help with the submission |
|---|--|
| Medical institution (MI) where treatment was sought Hospital Registration Number (HRN) MediSave Payers' details MediSave/MediShield Life amount used | Your employee/platform worker/insured's final medical bill |
| Medical institution (MI) where treatment was sought Hospital Registration Number (HRN) MediSave/MediShield Life amount used | 2. Digital copy of your employee/platform worker/insured's CPF Online Statement or MediSave deduction notification |

Step 4: Fill in the necessary information in the template

- After opening the excel template, you will notice that row 1 and 2 are already populated. Please do not make any changes to these rows as doing so may result in file rejection during submission.
- Row 1 indicates the column headers
- Row 2 provides more information on what you should input for each column
- For each reimbursement that you wish to submit, fill in the necessary information in each row from row 3 onwards

| MSHL Refund Amt (\$) (*Mandatory field) The MediShield Life |
|--|
| (*Mandatory field) |
| |
| The MediShield Life |
| |
| Refund Amt must be present if there is |
| reimbursement to be |
| made to MSHL. Otherwise, |
| please indicate 0. |
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| r r |

Step 5: Mandatory fields must be filled

• Columns indicating (*Mandatory field) must be filled up correctly for successful file submission:

- Patient ID (Column A)

5 6

- Total Refund Amt (Column D) = MED Refund Amt (Column E) + MSHL Refund Amt (Column F)
- MED Refund Amt (Column E) = Sum of MED payers reimbursement amt (Columns H, J, L and N)
- MSHL Refund Amt (Column F)
- Hospital Registration Number (Column R)

| | A | В | С | D | E | F |
|---|---|--------------|---------------------|-------------------------------------|--|---|
| | Patient Identification no | Patient Name | Admission-date | Total Refund Amt | MED Refund Amt | MSHL Refund Amt |
| | (if NRIC, key in as \$1234567E) | | (DD/MM/YYYY Format) | (\$) | (\$) | (\$) |
| 1 | (*Mandatory field) | | | (*Mandatory field) | (*Mandatory field) | (*Mandatory field) |
| | Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO) | | | Amt + MediShield Life Refund Amt | record to be refunded. At least one MediSave Refund Amt must be present. | reimbursement to be made to MSHL. Otherwise, |
| 2 | | | | | | please indicate 0. |
| 3 | | | | | | |
| 1 | | | | _ | | |

| Policy Number | Claim Number | Filler | Hospital Registration Number (HRN) (*Mandatory field) |
|---|---|---------------------------------|---|
| Based on your internal reference. For example, Insurance policy no. or Employment policy no. | Based on your internal reference. For example, Insurance Claim no. or Employment Claim no. | Please leave this column blank. | HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column. |

Step 5 cont'd: Total Refund Amt (Column D)

- Total Refund Amt (Column D) = MED Refund Amt (Column E) + MSHL Refund Amt (Column F)
- Please do not key in excel formula otherwise your file will be rejected

| | A | В | С | D | E | F |
|---|---|--------------|---|-------------------------------------|--|---|
| | Patient Identification no | Patient Name | Admission-date | Total Refund Amt | MED Refund Amt | MSHL Refund Amt |
| | (if NRIC, key in as S1234567E) | | (DD/MM/YYYY Format) | (\$) | (\$) | (\$) |
| 1 | (*Mandatory field) | | | (*Mandatory field) | (*Mandatory field) | (*Mandatory field) |
| | Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO) | | Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field. | Amt + MediShield Life Refund Amt | record to be refunded. At least one MediSave Refund Amt must be present. | The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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| 6 | | | | | | |

Step 5 cont'd: MED Refund Amount (Column E) is the sum of all MED payers reimbursement

- Please indicate "0" if there is no reimbursement to MediSave
- MED Refund Amt (Column E) = Sum of MED Payers reimbursement amount (columns H, J, L and N)
- Please do not key in excel formula otherwise your file will be rejected

| | | Α | В | | С | D | E | F | |
|---|------------|--|---------------------------------|-------------------|---|---|---|---|-----------------------------|
| | | ent Identification no | Patient N | lame | Admission-date | Total Refund Amt | MED Refund Amt | | |
| | • | , key in as \$1234567 | E) | | (DD/MM/YYYY Format) | (\$) | (\$) | (\$) | |
| | | *Mandatory field) | | | | (*Mandatory field) | (*Mandatory field) | (*Mandatory field) | _ |
| | | on No. as per the Hospital RIC/UIN/PASSPORT NO) | Name of the | Patient | Patient's Admission Date as in the Hospital Record. This information | Total of MediSave Refund Amt + MediShield Life | Total MediSave Amt in this record to be refunded. At | The MediShield Life Refund Amt must be | |
| | vecord (IN | | | | | Refund Amt | least one MediSave Refund | | |
| | | | | | hospital bill. | | Amt must be present. | reimbursement to be | |
| | | | | | Not a required field. | | | made to MSHL. Otherwise, | |
| , | | | | | | | | please indicate 0. | |
| 2 | | | | | | | | | L |
| 1 | | | | | | | | | |
| | | G | H | | J | K | L | M | N |
| ; | | Payer CPF A/c (1) | Payer Refund Amt (1) | Payer CPF A/c | 2) Payer Refund Amt (2 | 2) Payer CPF A/c (3 | B) Payer Refund Ar | mt (3) Payer CPF A | /c (4) Payer Refund Amt (4) |
| , | | (if NRIC, key in as | | (if NRIC, key in | as | (if NRIC, key in a | IS | (if NRIC, key | in as |
| | 1 | S1234567E) | | S1234567E) | | S1234567E) | | S1234567 | 'E) |
| | | First Payer CPF A/c No. | First Payer CPF A/c No. must be | 2nd Payer CPF A/c | 2nd Payer Refund Amt | 3rd Payer CPF A/c | 3rd Payer Refund Amt | 4th Payer CPF A/c | 4th Payer Refund Amt |
| | | | present if MediSave Refund | (Optional) | (Optional) | (Optional) | (Optional) | (Optional) | (Optional) |
| | | MediSave Refund Amt is | Amt is not 0. | | | | | | |
| | | not 0. | | | | | | | |
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| | 3 | | | | | | | | |
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Interesting Fact!

Your employee/insured's medical bill could be paid by his relatives. In such a case, the reimbursement for your employee/insured should be made to his relatives' MediSave instead. Our excel template allows you to make reimbursements up to 4 distinct payers.

Step 5 cont'd: MSHL Refund Amount (Column F)

• Please indicate "0" if there is no reimbursement to your employee/platform worker/insured's MediShield Life

| | A | В | С | D | E | F |
|---|---|---------------------|---|-------------------------------------|--|---|
| | Patient Identification no | Patient Name | Admission-date | Total Refund Amt | MED Refund Amt | MSHL Refund Amt |
| | (if NRIC, key in as S1234567E) | | (DD/MM/YYYY Format) | (\$) | (\$) | (\$) |
| 1 | (*Mandatory field) | | | (*Mandatory field) | (*Mandatory field) | (*Mandatory field) |
| | Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO) | Name of the Patient | Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field. | Amt + MediShield Life Refund Amt | Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present. | The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0. |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| | | | | | | |

Key in amount, include the cents

Step 5 cont'd: Hospital Registration Number (HRN) (Column R)

- The HRN is a 13 alphanumeric characters, unique identifier of a claim.
- It can be found on some Medical Institutions' final medical bill, and your employee/platform worker/insured's CPF Online Statement and MediSave deduction notification
- Refer to Annex for the guide to obtaining the HRN

| 0 | Р | Q | R |
|---|---|---------------------------------|---|
| Policy Number | Claim Number | Filler | Hospital Registration Number (HRN) |
| Based on your internal reference. For example, Insurance policy no. or Employment policy no. | Based on your internal reference. For example, Insurance Claim no. or Employment Claim no. | Please leave this column blank. | (*Mandatory field) HRN is the unique information to identify a claim. Please enter the 13 character HRN no. in this column. |
| | | | |

Step 6: MED Payers details and reimbursement amount (Columns G to N)

- If you are making reimbursements to MediSave, please key in the NRIC of the MED payers and the reimbursement amount accordingly.
- If you are **not** making any reimbursement to MediSave i.e. MED Refund Amt (Column E) is 0, columns G to N should be blank
- It is useful to note that the payer of your employee/platform worker/insured's bill may not be your employee/platform worker/insured. So do examine the bill carefully!

| | G | Н | 1 | J | K | L | M | Ν |
|---|----------------------------------|---------------------------------|---------------------|----------------------|---------------------|----------------------|---------------------|----------------------|
| | Payer CPF A/c (1) | Payer Refund Amt (1) | Payer CPF A/c (2) | Payer Refund Amt (2) | Payer CPF A/c (3) | Payer Refund Amt (3) | Payer CPF A/c (4) | Payer Refund Amt (4) |
| | (if NRIC, key in as | | (if NRIC, key in as | | (if NRIC, key in as | | (if NRIC, key in as | |
| 1 | S1234567E) | | S1234567E) | | S1234567E) | | S1234567E) | |
| | | First Payer CPF A/c No. must be | | 2nd Payer Refund Amt | | 3rd Payer Refund Amt | | 4th Payer Refund Amt |
| | | | (Optional) | (Optional) | (Optional) | (Optional) | (Optional) | (Optional) |
| | MediSave Refund Amt is not 0. | Amt is not 0. | | | | | | |
| | 100.0. | | | | | | | |
| | | | | | | | | |
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| 4 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Key in the NRIC of the first | | | | | | | |
| | | | | | | | | |
| | Med | iSave Payer | | | | | | 10 |
| | | | | | | | | 13 |



Part 2: Saving the excel template in CSV format

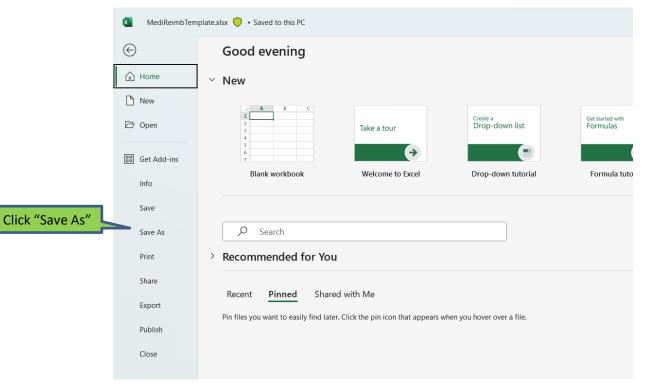
Saving the excel template in CSV format

Step 1: After keying in the necessary information, click "File" on the top left hand corner

| Click "File" 『 り マーマ File Home Insert Page Layout F | MediReimbTemplate.xlsx 🔷 • Saved to this PC Formulas Data Review View Automate | | | | |
|---|---|---|---|--|--|
| Paste v v Clipboard rs v Data Protection | $\begin{array}{c c} & & & \\ \hline & & & \\ \hline & & & \\ I & & & \\ \hline I & & & \\ \hline & & & \\ Font & & \\ \hline \\ \hline$ | | Formatting × | ormat as Cell Table → Styles → Cel tyles Cel | ete ∨ wat v v Sort & Fir wat v v Filter v Sel |
| A3 \checkmark : $\times \checkmark f_x$ | | | | | |
| Α | В | С | D | E | F |
| Patient Identification no (if NRIC, key in as S1234567E) (*Mandatory field) | Patient Name | Admission-date (DD/MM/YYYY Format) | Total Refund Amt (\$) (*Mandatory field) | MED Refund Amt (\$) (*Mandatory field) | MSHL Refund Amt (\$) (*Mandatory field) |
| Identification No. as per the Hospital Record (NRIC/UIN/PASSPORT NO) | Name of the Patient | Patient's Admission Date as in the Hospital Record. This information can be found on the patient's hospital bill. Not a required field. | Total of MediSave Refund Amt + MediShield Life | Total MediSave Amt in this record to be refunded. At least one MediSave Refund Amt must be present. | The MediShield Life Refund Amt must be present if there is reimbursement to be made to MSHL. Otherwise, please indicate 0. |
| 2 | | | | | |
| 3 | | | | | |
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Saving the excel template in CSV format

Step 2: Click "Save As"



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Saving the excel template in CSV format

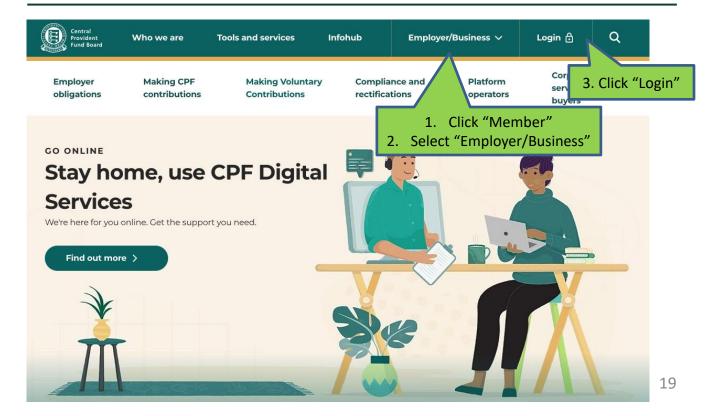
Step 3: After selecting your desired location to save the excel file and deciding on the "File name", select "CSV (Comma delimited)" under "Save as type" and click on "Save"

| Save As X | |
|--|---|
| $\leftrightarrow \rightarrow \checkmark \uparrow$ Home \rightarrow \checkmark C Search Home ρ | Save As X |
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| > 🕐 OneDrive - SGD - V Quick access | Sallery We'll show you recommended files here based on your activity. We'll show you recommended files here based on your activity. |
| Documents Documents Stored locally | V Quick access |
| ↓ Downloads | Documents Documents Documents Stored locally |
| File name: MediReimbTemplate.xlsx | ↓ Downloads * |
| Save as type: Excel Workbook (*xlsx) Authors: Excel Morchook (*xlsx) Excel Morchook (*xlsx) | File name: MediReimbTemplate.csv 🗸 |
| Excel Binary Workbook (*.xlsb) Excel 97-2003 Workbook (*.xls) | Save as type: CSV (Comma delimited) (*.csv) |
| CSV UTF-8 (Comma delimited) (*.csv) XML Data (*.xml) | Authors: hyt Tags: Add a tag |
| Hide Folders Single File Web Page (*.mht*.mhtml) Web Page (*.htm;*.html) Excel Temptate (*.htm) Excel Temptate (*.htm) | |
| Publish Excel Macro-Enabled Template (*.xitm) Excel 97-2003 Template (*.xit) | |
| Text (Tab delimited) (*txt) Unicode Text (*txt) XML Spreadshett 2003 (*xml) Microsoft Excel 5.0/95 Workbook (*xts) CSV (Comma delimited) (*xs) | 2. Click "Save" |
| Formatted Text (Space delimited) (*,pm) Text (Macintosh) (*,bxt) Text (MS-DOS) (*,bxt) | |
| 1. Select "CSV (Comma delimited)" file under "Save as type" | 17 |

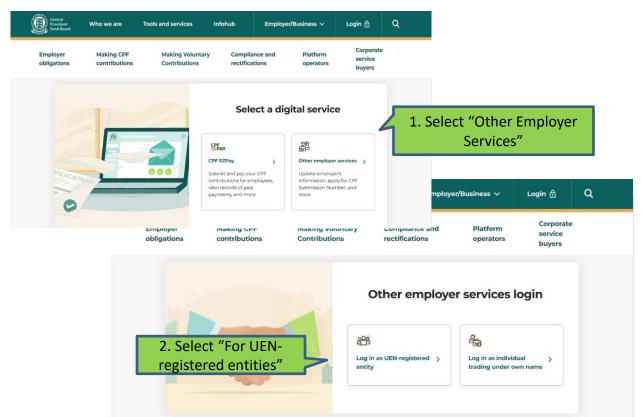


Part 3: Submitting the csv submission file

Step 1: Navigate to <u>www.cpf.gov.sg</u>. Click on "Member" and select "Employer/Business" from the drop down list. Then click "Login"



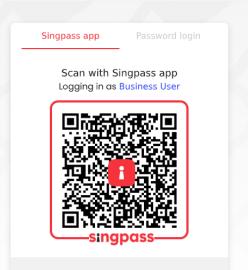
Step 2: Select "Other Employer Services" and then "For UENregistered entities"



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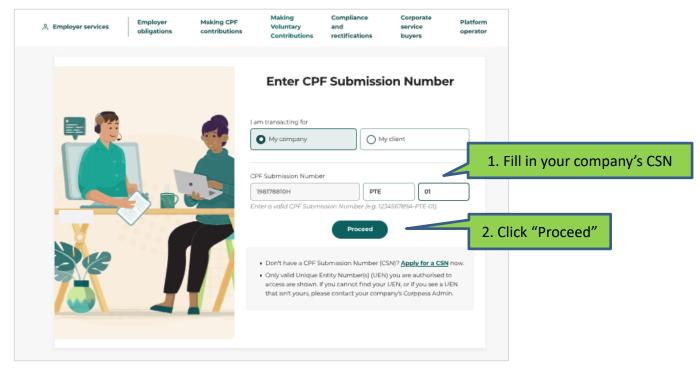
Step 3: Log in with Singpass



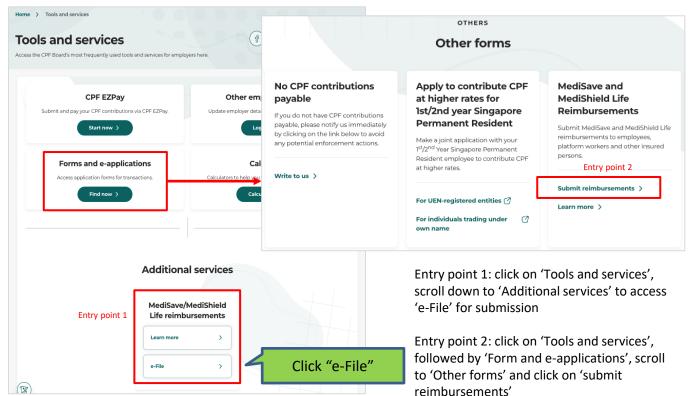


Don't have Singpass app? Download now

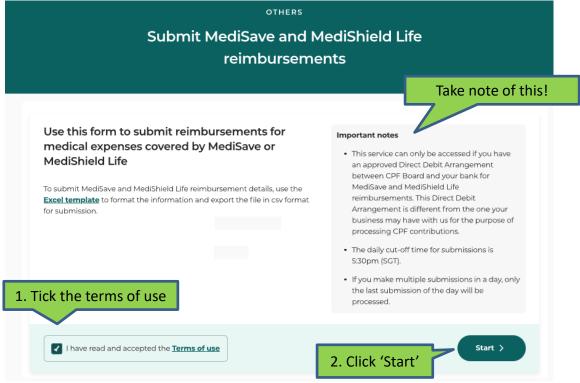
Step 4: Key in your company's CPF Submission Number (CSN) and click "Proceed"



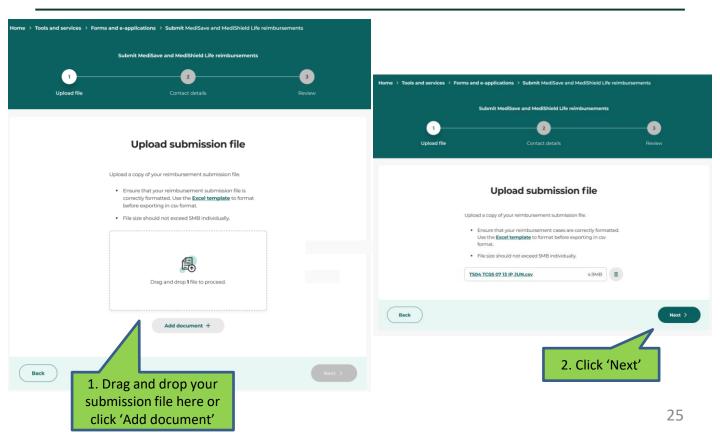
Step 5: Click 'Tools and services'



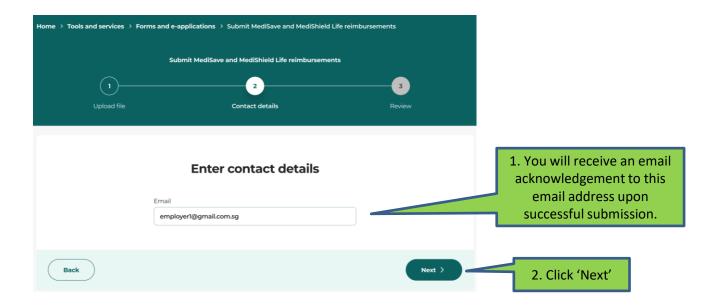
Step 6: Form start page



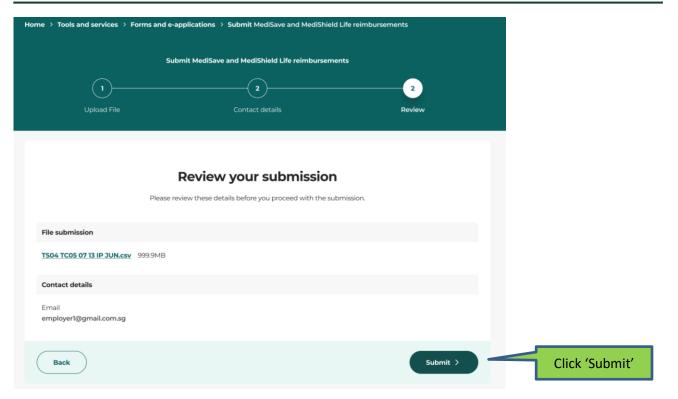
Step 7: Submission file upload page



Step 8: Fill in your contact details



Step 9: Review your submission details



Step 10: Acknowledgement page and email

| Home Tools and services Forms and e-applications Submit MediSave and MediShield Life reimbursements | Sample email acknowledgement: |
|---|--|
| $\textcircled{\textbf{B}}{\textbf{6}}$ | CPF (MediSave/MediShield Life Reimbursement) Service - File Submission Acknowledgement |
| NAME OF EMPLOYER/INSURER, CSN | $\bigcirc CPF Board (UAT) < NoReply \mathrel{eService-ack@cpf.gov.sg} > \bigcirc Reply \; \circledast \; Reply \; \circledast \; Reply \; R$ |
| Submit MediSave and MediShield Life | CB To Fri 10-May-24 4:23 PM |
| reimbursements | |
| | The MediSave / MediShield Life Reimbursement file CPF submission UAT_1.csv has been successfully submitted to the CPF Board. |
| | The 8 reimbursement transactions submitted in the file are now being processed by CPFB. |
| Acknowledgement | Please note your transaction number 3205000009961509 as you may use it later to enquire on the status of your submission. |
| Your submission has been received. | Please ensure your bank account is in order for payment of reimbursements to go through. |
| Submission details | WARNING: This communication is meant only for the addressee(s) named above and may contain information which is confidential and/or legally privileged. If you are not the named addressee(s), or the agent responsible for receiving and delivering this communication to the named addressee(s), this communication has been smooth to you in error. If no, kindly notify the section and delete the information immediately. Unauthorised dissemination, claritoution, copying or relance on this communication is prohibited and may attract criminal penalties. |
| Transaction details | |
| Service name Submit MediSave and MediShield Life reimbursements | |
| Submission progress | |
| Cases submitted Take note of the transaction number as | |
| you will need it to enquire the status of | |
| (CSV, 2.2MB) your submission. | |
| Contact details | |
| Email | |
| employer1@gmail.com.sg | nitor your submission employer 'Activities'. |
| | 20 |



Annex: Where to obtain the Hospital Registration Number (HRN)

There are 3 sources to obtain the HRN

- Your employee/platform worker/insured's final medical bill
- Your employee/platform worker/insured's CPF Online Statement (MediSave and Healthcare Insurance Claims and Reimbursement Online Statement)
- Your employee/platform worker/insured's MediSave deduction notification or hardcopy MediSave Transaction Statement

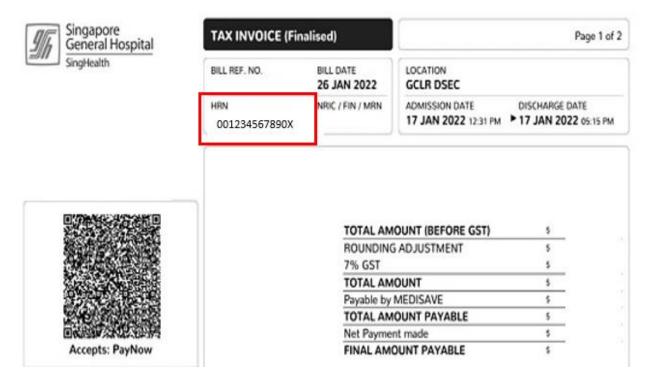


Please note that CPF Board does not require these documents from employers/platform operators/insurers to process the MediSave/MediShield Life reimbursement.

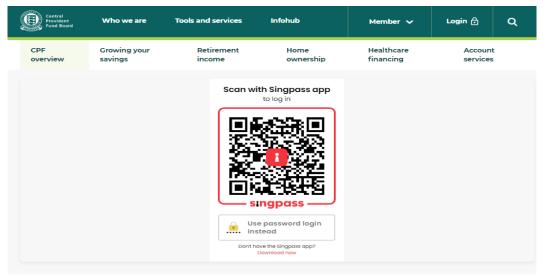
Should you need to request these documents from your employee/platform worker/insured to obtain the HRN, we urge you to accept **digital copies** over physical documents.

Source 1: Your employee/platform worker/insured's final medical bill

• The HRN can be found under "CCPS HRN" on some medical institutions' final bill.



- Your employee/platform worker/insured can login to their CPF Online Statement to obtain the HRN by following these steps:
- Step 1: Log in to Healthcare dashboard (cpf.gov.sg/healthcare) under my cpf digital services. Your employee/platform worker/insured will be prompted to login to the Healthcare dashboard via his/her Singpass.



• Step 2: Scroll down to "Latest healthcare payments and claims" section or select "Latest healthcare payments and claims" from the menu bar.

| A Singapore Govern | iment Agency website | | | | | |
|------------------------------------|----------------------|--------------------------------|-----------------------|-------------------|-------------------------|--|
| Central Provident Fund Board | Who we are | Tools and servic | es Infohub | | Member 🗸 | |
| 은 my cpf | CPF overview | Growing your savings | Retirement income | Home ownership | Healthcare financing | Account services |
| Home > my cpf | > Healthcare | | | | | |
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| | | | as at 17 Nov 2021 | | | |
| | | Me | ediSave Account balar | nce () | | |
| | | | \$30,000.00 | | | |
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| To chec | k if you have othe | r messages, go to <u>My Me</u> | <u>essages.</u> | | | |
| _ | | | | - ۲ | _ | — — ¬ |
| Health | insurance | Utilisation of he | althcare benefits | Late | st healthcare paym | ents and claims |

- Step 3: The latest five healthcare payments and claims will be displayed here. Select the particular medical episode your employee/platform worker/insured is making a claim for. Locate the HRN under "For Hospital Registration Number".
- If there are more than five medical episodes, or if your employee/platform worker/insured is making a claim for a past medical episode, please proceed to click the button "View past 15 months". Please refer to the next page for sample image.

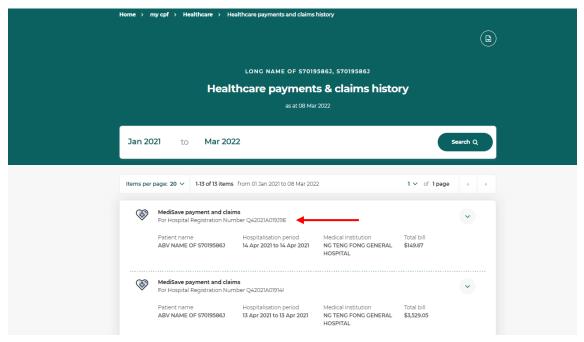
Step 3: Cont.

| | Latest | t healthcare pay | ments and clai | ms | |
|----|---|---|---|---------------------------------|---|
| | | as at 08 Mar | 2022 | | |
| ¢ | MediSave payment and clain For Hospital Registration Nur | | | | ~ |
| | Patient name ABV NAME OF S7019586J | Hospitalisation period 14 Apr 2021 to 14 Apr 2021 | Medical institution NG TENG FONG GENERAL HOSPITAL | Total bill \$149.67 | |
| Ð | MediSave payment and clair For Hospital Registration Nur | | | | ~ |
| | Patient name ABV NAME OF S7019586J | Hospitalisation period 13 Apr 2021 to 13 Apr 2021 | Medical institution NG TENG FONG GENERAL HOSPITAL | Total bill \$3,529.05 | |
| \$ | MediSave payment and clair For Hospital Registration Nur | | | | ~ |
| | Patient name ABV NAME OF S7019586J | Hospitalisation period 05 Apr 2021 to 05 Apr 2021 | Medical institution NG TENG FONG GENERAL HOSPITAL | Total bill \$212.00 | |
| Ð | MediSave payment and clair For Hospital Registration Nur | | | | ~ |
| | Patient name ABV NAME OF S7019586J | Hospitalisation period 05 Apr 2021 to 05 Apr 2021 | Medical institution NG TENG FONG GENERAL HOSPITAL | Total bill \$52.08 | |
| ð | MediSave payment and clain For Hospital Registration Nur | | | | ~ |
| | Patient name ABV NAME OF S7019586J | Hospitalisation period 29 Mar 2021 to 29 Mar 2021 | Medical institution NG TENG FONG GENERAL HOSPITAL | Total bill \$39.75 | |

• Step 4: Select the time period in which the medical bill was incurred and click "Search".

| | Home > my cpf | > Healthcare > | Healthcare paym | ents and claims h | istory | | |
|--|---------------|----------------|-----------------|-------------------------|---|-------------------------------|-----------------------|
| | | | | | | | |
| | | | LONG N | AME OF 570195 | 86J, S7019586J | | |
| | | Hea | lthcare p | payments | s & claims histo | ry | |
| 1. Select the time per and click "Search" | | | | as at 08 Mar 2 | 2022 | | |
| | 01/2021 | to Mar 2 | 022 | | | Se | earch Q |
| | < | 2021 | > | | | | |
| | Jan | Feb | Mar | 1 to 08 Mar 2022 | | 1∨ of 1page | ↓ |
| | Apr | May | Jun | | | | |
| | Jul | Aug | Sep | 19E | | | ~ |
| | Oct | Nov | Dec | n period 14 Apr 2021 | Medical institution NG TENG FONG GENERAL | Total bill \$149.67 | |

• Step 5: The system will extract all medical episodes during the selected time period. Click on the particular medical episode your employee/platform worker/insured is trying to make a claim for to view more details. Locate the HRN under "For Hospital Registration Number".



Source 3: Your employee/platform worker/insured's MediSave Withdrawal Statement

• If your employee/platform worker/insured received a MediSave Withdrawal Statement for his medical expenses, the HRN can be found under "Hospital Registration No.".

| MediSave Witho | drawals for Medical Expenses | |
|--|---|---|
| For Period | : 05 June 2020 to 11 June 2020 | |
| From MediSave A | ccount of : | |
| Account No. | : SXXXX778B | |
| The withdrawals fr | rom the above MediSave Account for the medical expen | ses incurred by the patient(s) are list |
| below. | | |
| Please contact the r | medical institution if you require any clarifications regarding vithdrawals, please contact CPF Board immediately. | g the MediSave withdrawals. If there a |
| Please contact the r | | g the MediSave withdrawals. If there a Withdrawal Amount \$ |
| Please contact the r any unauthorised w | vithdrawals, please contact CPF Board immediately. | Withdrawal Amount |
| Please contact the r any unauthorised w Withdrawal Date | N U H (INPATIENT) | Withdrawal Amount |
| Please contact the r any unauthorised w Withdrawal Date | NUH (INPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BCO | Withdrawal Amount |
| Please contact the r any unauthorised w Withdrawal Date | N U H (INPATIENT) | Withdrawal Amount |
| Please contact the r any unauthorised w Withdrawal Date | NUH (INPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BCO | Withdrawal Amount |
| Please contact the r any unauthorised w Withdrawal Date 10 Jun 2020 | NUH (NIPATIENT) HOSPITAL REGISTRATION NO.: 12345678A9BCO | Withdrawal Amount \$ 2,788.4 |