SG ENABLE
National Agency for Disability

SG Enable (SNSS) Reference Number: **SNSS /_____/_____/_____**

APPLICATION FORM FOR SPECIAL NEEDS SAVINGS SCHEME (SNSS)

Important Notes To Nominating Applicant

The Special Needs Savings Scheme (SNSS) caters to Persons with Special Needs (PSNs) who are nominated by their parents/ legal guardians to draw a fixed monthly payout from the parents'/ legal guardians' CPF savings upon their demise.

SNSS is administered by SG Enable, acting for and on behalf of the Special Needs Trust Company (SNTC), a fully owned subsidiary of SG Enable.

Before proceeding, all applicants are encouraged to check if your child's disability status has already been verified.
Find out more here: https://www.enablingguide.sg/disability-verification

Application Form must be duly completed and signed by the nominating applicant.

The following supporting documents must be submitted together with the application form to **Special Needs Savings Scheme (SNSS) via mail to: Future Care Planning Resource Centre by SG Enable, 22 Lengkok Bahru, Vista, Enabling Village #03-03, Singapore 159824**, or email to: futurecareplanning@sgenable.sg

Nominating Applicant Checklist

- ❑ Copy of NRIC (front and back)
- ❑ Copy of Legal Guardian Court Order, if nominating applicant is a legal guardian

PSN Checklist

- ❑ Copy of Birth Certificate and NRIC (front and back)
- ❑ **If your child's disability status has not been verified :**
  - ❑ Supporting document from the Special Education (SPED) school issued on the school's official letterhead stating that the PSN is currently attending or has previously attended the SPED school **or**
  - ❑ Disability Verification Form (DVF)* completed by a Registered Healthcare Professional (Please note that a submitted Disability Verification Form (DVF) does not mean that your child's disability status has been verified.)
- ❑ Copy of PR documents, if the PSN is a PR below 16 years old

Please read the **Terms of Consent** and **Points for Consideration** before signing and submitting the form.
The processing time is about 15 working days (excluding mailing time), provided all relevant documents are duly submitted.

An **eligibility letter** will be issued to the nominating applicant upon confirmation of the nominated PSN's eligibility for SNSS. The nominating applicant is then required to proceed to the Central Provident Fund (CPF) Board with this eligibility letter to make an SNSS nomination.

For any queries about SNSS, please call **6278 9598**. For CPF nominations, please call CPF Hotline: **1800-227-1188**.

Eligibility

1. The nominating applicant and nominated PSN must be Singapore Citizens or Singapore Permanent Residents (PR) at the time of application for the SNSS scheme.
2. The nominating applicant must be the parent or legal guardian of the nominated PSN.
3. The nominated PSN must be attending or have attended a SPED school or have a permanent disability based on any one of the following:

   a. Physical Disability: Requires some assistance with at least 1 of the 6 Activities of Daily Living due to physical impairment
   b. Moderate visual impairment or worse in the better eye
   c. Moderate hearing loss or worse in the better ear
   d. Intellectual disability
   e. Autism

*Proof of disability must be provided using the Disability Verification Form (DVF) completed by a relevant registered Healthcare professional. The form can be found here: https://www.enablingguide.sg/disability-verification

Particulars of Nominating Applicant

Name : _____

NRIC : _____ **Age** : _____

Address : _____

_____

Relationship to PSN

❑ **Father** ❑ **Mother**

❑ ***Legal Guardian (Please state)** : _____

**Court Order document is required.*

Gender : ❑ Male ❑ Female

Citizenship : ❑ Singaporean

❑ Singapore PR

Contact : (H) _____

(O) _____

(M) _____

Email : _____

Particulars of PSN

Name : _____

NRIC : _____ **Age** : _____

❑ *Tick here if address is same as Nominating Applicant's*

Address : _____

_____

Disability Type : _____

Gender : ❑ Male ❑ Female

Citizenship : ❑ Singaporean

❑ Singapore PR

Contact : (H) _____

(O) _____

(M) _____

Email : _____

Declaration of Nominating Applicant

1. I declare that the information and statements provided above are true and to the best of my knowledge.
2. I have read and understood the attached **Terms of Consent** and agree that:
   a. This application signifies my consent to SG Enable, acting for and on behalf of SNTC, to obtain information from the doctor whom the PSN has consulted or the SPED school that the PSN is attending/had attended or any parties deem related for the purposes of verifying the eligibility status of the PSN, and I authorise the doctor/related parties to release such information to SG Enable.
   b. SG Enable collects, shares, and uses the personal information provided by me and that obtained from the doctor/ related parties, for the following purposes:
      i) To determine my and/or the client's eligibility for services provided or to be provided by SG Enable from time to time;
      ii) To perform the services and execute its obligations under the services that **I/the client am/is** subscribed to.
      iii) To provide me and/or the client with information relating to events and any services by SG Enable;
      iv) For data analysis, evaluation and policy making
   c. The personal information may be shared with relevant organisations, including third party service providers for the above purposes, with suitable controls in place.
   d. SG Enable may also disclose our information provided herein to relevant organisations for the purposes of this application and/or the administration and provision of any services and/or schemes provided or to be provided from time to time by SG Enable and/or relevant organisations.
   e. A photocopy of this form shall be treated as valid and binding as if it were the original.
   f. If I make any false statement or produce any document which I know to be false, my SNSS application will be rejected and/or any eligibility letter issued to me will be withdrawn.
   g. SG Enable's role relating to this SNSS application is solely to assess whether the PSN and I are eligible to participate in SNSS based on the information available to SG Enable and subject to the prevailing guidelines at the time of the application.
   h. SG Enable shall neither be responsible nor answerable for the actions of relevant organisations that have a part in SNSS.
   i. I may in writing withdraw my consent for SG Enable to use, collect or disclose the personal information which I have provided except that the right to withdraw such consent is not extended to any personal information provided by me to SG Enable pursuant to any legal agreement with them. Such withdrawal request may affect their ability to continue providing its services to the PSN and me.

Name of Nominating Applicant	**Signature of Nominating Applicant**	**Date**

FOR OFFICIAL USE ONLY

Document Verification

- ❑ NRIC of Nominating Applicant
- ❑ NRIC of Nominee (PSN)
- ❑ Birth Certificate of Nominee (PSN)
- ❑ Others (please specify): _____
- ❑ Annex A: SPED school Certification Letter
- ❑ Disability Verification Form (DVF) (If required)

Assessment by: For and on behalf of SNTC, SG Enable

Application is Eligible / Ineligible — Signature: _____

Disability is Permanent? Yes / No / NA — Name: _____ (dated ____)

Review by: For and on behalf of SNTC, SG Enable

Application is Supported / Not Supported — Signature: _____

Remarks _____ — Name: _____ (dated ____)

Approval by MSF (escalated on ____)

Application is Approved / Rejected — Name/Designation: _____ dated _____

Remarks _____

Eligibility Letter / Letter of Rejection mailed to Nominating Applicant by: _____ (dated ____)

Terms of Consent

a) Client refers to person for whom the service of SG Enable, acting for and on behalf of SNTC, is intended to benefit. This includes the settlor and/or the beneficiaries of a Special Needs Trust (SNT); applicants and nominees under the **Special Needs Savings Scheme**; and any other beneficiary of SG Enable's future services. Client includes both potential clients and those who have already signed up for SG Enable's services.

b) Personal information of the nominating applicant and PSN includes but is not limited to:

i) Personal data (includes name, NRIC number, address, age, gender, family, household structure)
ii) Financial data (includes income, insurance coverage, wills)
iii) Medical reports
iv) Special education certification
v) Other information provided for SG Enable's evaluation and administration of its services

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

c) "SG Enable's Services" refers to the current and any future services provided by SG Enable, including but not limited to:

i) Drawing up a care plan
ii) Special Needs Trust (SNT) Service
iii) Gift Of A Lifetime (GOAL) Sponsorship Scheme
iv) Gift Of A Lifetime Plus (GOAL+) Sponsorship Scheme
v) Special Needs Savings Scheme
vi) Senior Trust Planning Service

d) "Relevant organisations" refers to organisations which are involved in the provision/ administration of SG Enable's Services, including but not limited to the Public Trustee's Office, Ministry of Social and Family Development, Office of the Public Guardian and Central Provident Fund Board, Agency for Integrated Care.

e) "Third party service providers" includes but is not limited to service providers who maintain SG Enable's computer systems and software, auditors, lawyers, and consultants which SG Enable may engage from time to time.

Points for Consideration

1. *Can your PSN child manage the fixed monthly payout on his/her own?*

The fixed monthly payout will be disbursed to your PSN child's bank account upon your demise. If he/she is a minor at the point of your demise, the payouts will be made to the legal guardian(s) until your child reaches 18 years of age.

For nominees who lack mental capacity and have donees or deputies appointed under the Mental Capacity Act, the payouts will be made to their donee or court-appointed deputy. To find out more about the Lasting Power of Attorney (LPA) or Deputyship, please visit the website of the **Office of Public Guardian**.

2. *Do you know if the monthly payout is sufficient to meet your PSN child's monthly expenses upon your demise?*

The minimum monthly payout under SNSS for each nominee is $250 from each nominating applicant. The payout amount indicated at the point of nomination can be adjusted by making a new nomination but cannot be changed upon your demise. Your spouse may also provide for your PSN child through SNSS by submitting a separate application.

If the combined balance of your CPF accounts is less than a year's worth of payout at the point of your demise (e.g. for an indicated monthly payout of $250, a year's worth of payout is $250 x 12 = $3,000), the CPF savings will be disbursed to your PSN child as a lump sum instead. To accumulate more CPF savings to benefit your PSN child, you can top up your CPF accounts and/or opt not to receive your monthly CPF payouts under the Retirement Sum Scheme or CPF LIFE. Please enquire with **CPF Board** for more details on these options.

3. *Do you wish to provide for your PSN child's future medical expenses?*

SNSS provides you with the flexibility to arrange for the funds in your Medisave Account to be transferred to your PSN child's Medisave Account on a periodic basis, and the funds from your other CPF accounts (Ordinary Account, Special Account, and Retirement Account) to be disbursed in fixed monthly payouts to your child's bank account.

4. *Are there any other assets (e.g. via insurance/Will) you or your loved ones intend to leave behind for your PSN child to support his/her future financial needs?*

SNSS only caters for your CPF savings. If you have substantial assets outside of CPF meant for your PSN child, you may wish to explore setting up a Special Needs Trust to safeguard his/her financial interests. To find out more about the Special Needs Trust, please call **6278 9598** or visit https://www.sntc.sg/.