## **CP02 - MediClaim User Account Termination/ Re-activation Form**

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| **Part A: To be completed by Requester**  |
| **Application** | **Method** | **Fax/ Email** | **Attn:** |
| MediClaim Portal | Email | mediclaim\_admin@moh.gov.sg | MediClaim Admin |
|  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  NRIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Organisation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HCI Code *(Organization ID* *used for MediClaim login)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Clinic UEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Terminate Application\*? (Yes / No) \* For “Yes”, please specify which application and userID (if any) to delete. \* To request for reactivation of a disabled account by MOH Administrator, select “No”.□ **MediClaim** UserID (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ **MediClaim (PMI)**  UserID (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ **MediClaim (MBE)** UserID (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reasons for Termination(if applicable) & Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Requester’s  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Part B: To be completed by MOH** |
|  Terminated Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--  |
| *MOH to inform Applicant upon deletion of the application UserID (via email).* |