

Central Provident Fund (Dependants' Protection Insurance Scheme) Regulations

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**CENTRAL PROVIDENT FUND ACT
(CHAPTER 36, SECTION 51)**

**CENTRAL PROVIDENT FUND (DEPENDANTS' PROTECTION INSURANCE
SCHEME) REGULATIONS**

Rg 19

G.N. No. S 595/2005

REVISED EDITION 2010

(31st May 2010)

[17th September 2005]

Citation

1. These Regulations may be cited as the Central Provident Fund (Dependants' Protection Insurance Scheme) Regulations.

Definitions

2. In these Regulations, unless the context otherwise requires —

“appointed insurer” has the same meaning as in section 40 of the Act;

[Deleted by S 255/2012 wef 31/01/2011]

[Deleted by S 232/2021 wef 01/04/2021]

[Deleted by S 232/2021 wef 01/04/2021]

[Deleted by S 232/2021 wef 01/04/2021]

“permitted period”, in relation to the payment of an insured person's annual premium, means —

- (a) a period of 60 days beginning on the date when the insurance cover under the Scheme is to be renewed; or
- (b) if the Board is satisfied that the member has a good reason for failing to pay the premium before the period mentioned in paragraph (a) expires, such longer period as the Board may specify in the particular case;

[S 719/2018 wef 31/10/2018]

[Deleted by S 232/2021 wef 01/04/2021]

“Scheme” has the same meaning as in section 40 of the Act.

Minimum age of person insured under Scheme

2A. Section 42(1) of the Act shall not apply to any member of the Fund who has not attained the age of 21 years, being the age which the Minister has prescribed for that purpose under section 42(2)(a) of the Act.

[S 680/2012 wef 01/01/2013]

Maximum age of person insured under Scheme

3. Section 42(1) of the Act does not apply to any member of the Fund who attains the age of 65 years on or before the date of commencement or renewal of his insurance cover under the Scheme, being the age which the Minister has prescribed for that purpose under section 42(2)(a) of the Act.

[S 232/2021 wef 01/04/2021]

Premium

4.—(1) Subject to paragraph (3), the premium for an insurance cover under the Scheme which commences or is renewed on or after 1 April 2021 is the applicable premium specified in the First Schedule.

(2) The premium mentioned in paragraph (1) may be paid —

- (a) by a deduction by the Board from the contributions standing to the insured person's credit in his ordinary account or special account; or
- (b) by payment otherwise directly to the appointed insurer.

(3) The Board may determine a reduced premium for the insurance cover in accordance with paragraph 1 of the Second Schedule where —

- (a) the premium mentioned in paragraph (1) has not been fully paid in accordance with paragraph (2); and
- (b) the amount deducted in accordance with paragraph (2)(a) is at least the premium payable for an insured sum of \$5,000.

[S 232/2021 wef 01/04/2021]

Insured sum

5.—(1) Where the premium paid for an insurance cover under the Scheme (which commences or is renewed on or after 1 April 2021) is the premium under regulation 4(1), the insured sum is the applicable maximum insured sum specified in the First Schedule.

(2) Where the premium paid for an insurance cover under the Scheme (which commences or is renewed on or after 1 April 2021) is a reduced premium determined by the Board under regulation 4(3), the insured sum is the reduced insured sum corresponding to the reduced premium paid, calculated in accordance with paragraph 2 of the Second Schedule.

(3) Where the premium paid for an insurance cover under the Scheme (which commenced or was renewed on or after 2 April 2020 but before 1 April 2021) was the maximum annual premium payable specified in the First Schedule, as in force immediately before 1 April 2021, the insured sum payable on the insured person's death or incapacity (or deemed death or incapacity) on or after 1 April 2021 during the period of the insurance cover is the applicable maximum insured sum specified in the Third Schedule.

(4) Where the premium paid for an insurance cover under the Scheme (which commenced or was renewed on or after 2 April 2020 but before 1 April 2021) was the annual premium payable for an insured sum of less than \$46,000 under regulation 4(1)(b), as in force immediately before 1 April 2021, the insured sum payable on the

insured person's death or incapacity (or deemed death or incapacity) on or after 1 April 2021 during the period of the insurance cover is the amount (rounded up to the nearest \$1,000) calculated in accordance with the formula

$$\frac{A}{46,000} \times M,$$

where —

- (a) A is the sum for which the insured person was insured under the Scheme immediately before 1 April 2021; and
- (b) M is the maximum insured sum specified in the Third Schedule that applies to the insured person.

(5) Subject to regulation 14(3), where the date of commencement of an insured person's insurance cover under the Scheme is on or after 1 April 2021, the Board or the appointed insurer (as the case may be) is not liable to pay the insured sum in respect of the insurance cover in any of the following circumstances:

- (a) if the insured person's death or incapacity is the result of suicide or deliberate self-injury committed within one year starting on the date of commencement;
- (b) if the insured person's death arises from capital punishment for any criminal act committed within one year starting on the date of commencement;
- (c) if the insured person's death or incapacity, directly or indirectly, arises out of or is consequent upon or contributed by his own intentional criminal act committed within one year starting on the date of commencement;
- (d) if the insured person's death or incapacity arises from war or any warlike operations or participation in any riot;
- (e) if the insured person makes or provides to the Board or the appointed insurer (as the case may be) any statement or fact that is false or misleading in a material particular;
- (f) if the insured person is incapacitated or suffering from serious illness on or before the date of commencement.

[S 232/2021 wef 01/04/2021]

Refund of premium where suicide, etc., occurs within first year of insurance cover

6. Where the Board or the appointed insurer (as the case may be) is not liable to pay the insured sum under regulation 5(5)(a), (b) or (c) in respect of an insured person, the