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**CENTRAL PROVIDENT FUND ACT
(CHAPTER 36)**

**CENTRAL PROVIDENT FUND
(MEDISHIELD SCHEME) (AMENDMENT)
REGULATIONS 2013**

In exercise of the powers conferred by section 57 of the Central Provident Fund Act, Mr Tan Chuan-Jin, Senior Minister of State, charged with the responsibility of the Minister for Manpower, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Central Provident Fund (MediShield Scheme) (Amendment) Regulations 2013 and shall come into operation on 1st March 2013.

Amendment of regulation 2

2. Regulation 2 of the Central Provident Fund (MediShield Scheme) Regulations (Rg 20) (referred to in these Regulations as the principal Regulations) is amended —

(a) by inserting, immediately after the definition of “incapacitated”, the following definition:

“ “in-patient” means a patient who —

(a) is hospitalised, for any treatment other than day surgical treatment, for a period of not less than 8 hours; or

(b) has died within 8 hours after being hospitalised for any treatment other than day surgical treatment;”;

(b) by inserting, immediately after sub-paragraph (i) of paragraph (a) of the definition of “medical treatment”, the following sub-paragraph:

“(ia) any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition;”;

(c) by inserting, immediately after the definition of “medical treatment”, the following definition:

““MediShield Component”, in relation to an integrated medical insurance plan, means the insurance cover under the Scheme in Division 2 of Part II which forms part of the integrated medical insurance plan;”;

(d) by inserting, immediately after the definition of “organ transplantation costs”, the following definition:

““out-patient” means a patient other than an in-patient or a patient receiving day surgical treatment;”;

(e) by deleting the definition of “policy year” and substituting the following definition:

““policy year” means —

(a) in relation to any insurance cover under the Scheme in Division 2 of Part II for a period referred to in regulation 9(1)(ca)(i), (2)(a) or (3)(a), that period; or

(b) in relation to any other insurance cover under the Scheme, a period of 12 months from the date of the commencement or renewal of that insurance cover;”.

Amendment of regulation 3

3. Regulation 3(1) of the principal Regulations is amended by deleting the words “85 years” in paragraph (a) and substituting the words “90 years”.

Amendment of regulation 4

4. The principal Regulations are amended by renumbering regulation 4 as paragraph (1) of that regulation, and by inserting immediately thereafter the following paragraph:

“(2) Subject to regulation 16(1A), no person shall be insured concurrently under the Scheme in Division 2 and under an integrated medical insurance plan.”.

Amendment of regulation 6

5. Regulation 6 of the principal Regulations is amended —

(a) by inserting, immediately after paragraph (2), the following paragraph:

“(2A) Every person —

(a) who immediately before 1st March 2013 was insured under the Scheme under paragraph (1);

(b) who attains the age of 85 years, but is below the age of 90 years, on or after that date; and

(c) who has money standing to his credit in his medisave account on that date, or is a person for whom the premium is paid by a member,

shall continue to be insured under the Scheme in this Division from that date.”;

(b) by inserting, immediately after paragraph (6), the following paragraph:

“(6A) The Board may, on its own motion, issue to any person a new cover under the Scheme in this Division, subject to such terms and conditions as the Board may impose, if —

(a) the person was insured under the Scheme in this Division before 1st March 2013; and

(b) his insurance cover under the Scheme in this Division had expired on the ground that —

- (i) he had attained the age of 85 years before 1st March 2013; or
 - (ii) he had reached the lifetime claim limit specified in regulation 10(1)(c) before 1st March 2013.”; and
- (c) by inserting, immediately after the words “issued by the Board” in paragraph (7), the words “under paragraph (6A) or”.

Amendment of regulation 7

6. Regulation 7(1) of the principal Regulations is amended by deleting the words “75 years” and substituting the words “90 years”.

Amendment of regulation 8

7. Regulation 8 of the principal Regulations is amended —

- (a) by deleting the words “paragraphs (2), (4), (4A) and (5)” in paragraph (1) and substituting the words “paragraphs (2), (3A), (3B), (4), (4A), (4B) and (5)”;
- (b) by deleting the words “or IV” in paragraph (1)(a) and substituting the words “, IV or V”;
- (c) by inserting, immediately after paragraph (3), the following paragraphs:

“(3A) Where a person is insured under the Scheme in this Division by virtue of regulation 6(1)(f) or (g), the premium payable for his insurance cover (if any) under that Scheme for the period referred to in regulation 9(1)(ca)(i) shall be such proportion of the premium that would (but for this paragraph) have been payable by or for him, under the Table set out in Part V of the Second Schedule, as that period bears to the period of 12 months.

(3B) Where a person (being a citizen or permanent resident of Singapore) is insured under the Scheme in this Division by virtue of regulation 7(1) or (2), the premium payable for his insurance cover (if any) under

that Scheme for the period referred to in regulation 9(2)(a) or (3)(a), as the case may be, shall be such proportion of the premium that would (but for this paragraph) have been payable by or for him, under the Table set out in Part V of the Second Schedule, as that period bears to the period of 12 months.”;

- (d) by inserting, immediately after paragraph (4A), the following paragraph:

“(4B) An additional premium shall be payable in respect of an insured person whose annual insurance cover under the Scheme commenced or was renewed at any time on or after 1st April 2012 but before 1st March 2013, and the additional premium shall be the pro-rated difference between —

- (a) the premium paid in accordance with the Table set out in Part IV of the Second Schedule less any premium rebate to which the insured person is entitled in accordance with the Table set out in Part IV of the Fifth Schedule; and
- (b) the premium payable in accordance with the Table set out in Part V of the Second Schedule less any premium rebate to which the insured person is entitled in accordance with the Table set out in Part V of the Fifth Schedule,

for the unexpired policy year.”;

- (e) by deleting the words “paragraph (4) or (4A) or both” in paragraph (5) and substituting the words “all or any of paragraphs (4), (4A) and (4B)”;
- (f) by deleting the words “insurance cover under the Scheme in this Division” in paragraphs (13) and (14) and substituting in each case the words “MediShield Component”; and
- (g) by inserting, immediately after paragraph (14), the following paragraph: