

Central Provident Fund (MediShield Scheme) (Amendment) Regulations 1996

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CENTRAL PROVIDENT FUND ACT
(CHAPTER 36)

CENTRAL PROVIDENT FUND (MEDISHIELD SCHEME) (AMENDMENT)
REGULATIONS 1996

In exercise of the powers conferred by section 57 of the Central Provident Fund Act, the Minister for Labour hereby makes the following Regulations:

1. These Regulations may be cited as the Central Provident Fund (MediShield Scheme) (Amendment) Regulations 1996 and shall be deemed to have come into operation on 1st July 1996.

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

- (a) by deleting the words “70 years” in the definition of “dependant” and substituting the words “75 years”; and
- (b) by re-numbering the regulation as paragraph (1) of that regulation, and by inserting immediately thereafter the following paragraph:

“(2) In these Regulations, a reference to payment in cash includes —

- (a) where payment is to be made by a member to the Board, payment by cheque, money or postal order, or through any electronic funds transfer systems whereby payment is effected by directing the transfer of funds electronically from the bank account of the member to the bank account of the Board; and
- (b) where payment is to be made by the Board to the member, payment by cheque.”.

3. Regulation 3(a) of the principal Regulations is amended by deleting the words “70 years” and substituting the words “75 years”.

4. Regulation 6 of the principal Regulations is amended —

- (a) by inserting, immediately after the word “Fund” in the second line of paragraph (1), the words “who has not attained the age of 70 years on or before 1st July 1996 and”;
- (b) by deleting the words “with effect from that date” in the last line of

paragraph (1);

- (c) by deleting the words “65 years on 1st July 1992” in the third line of paragraph (2) and substituting the words “70 years on or after 1st July 1996”; and
- (d) by deleting paragraph (3) and substituting the following paragraph:

“(3) Every member of the Fund who was insured under the Scheme under paragraph (1) and —

- (a) whose cover had expired on the ground that he had attained the age of 70 years on or after 1st July 1992 but before 1st July 1996; and
- (b) who has moneys standing to his credit in the Fund in his medisave account on 1st July 1996,

shall be insured under the Scheme in this Division from 1st July 1996.”.

5. Regulation 7 of the principal Regulations is amended by deleting paragraph (1) and substituting the following paragraph:

“(1) Any member who is not insured under the Scheme in this Division and who has not attained the age of 70 years on or before 1st July 1996 may apply to the Board to be insured under the Scheme in this Division.”.

6. Regulation 9 of the principal Regulations is amended —

- (a) by inserting, immediately after “6 (2)” in the second line of paragraph (3), the words “or (3)”;
- (b) by deleting “1992” in the last line of paragraph (3) and substituting “1996”;
- (c) by deleting paragraph (4); and
- (d) by re-numbering paragraph (5) as paragraph (4).

7. Regulation 11 of the principal Regulations is amended —

- (a) by deleting paragraph (1) and substituting the following paragraph:

“(1) Any member who has not attained the age of 70 years on or before 1st July 1996 may apply to the Board to be insured under the Scheme in this Division.”.

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

“(5) Every member of the Fund who was insured under the Scheme in this Division and —

- (a) whose cover had expired on the ground that he attained the age of 70 years on or after 1st July 1994 but before 1st July 1996; and
- (b) who has moneys standing to his credit in the Fund in his medisave account on 1st July 1996,

shall be insured under the Scheme in this Division from 1st July 1996.”.

8. The principal Regulations are amended by inserting, immediately after regulation 12, the following regulation:

“Medisave account deduction limit

12A.—(1) The amount that the Board may deduct from the amount standing to the credit of a member’s medisave account for payment of the premium payable under regulation 12(1) for each insured person shall not exceed \$660 per policy year.

(2) Where the premium payable under regulation 12(1) for an insured person exceeds \$660 per policy year, the member who is liable to pay the premium must pay to the Board in cash the amount that the premium exceeds \$660 and if the member fails to do so —

- (a) the insured person shall not be insured under the Scheme in this Division or the insurance cover of the insured person under the Scheme in this Division shall not be renewed, as the case may be; and
- (b) the insured person shall not be deemed to be insured under the Scheme in Division 2 unless an application is made under regulation 7 for that person to be insured under the Scheme in that Division.”.

9. Regulation 15 of the principal Regulations is amended by deleting paragraph (2) and substituting the following paragraphs:

“(2) Subject to paragraph (3), where the insurance cover of an insured person is cancelled under paragraph (1) —

- (a) any premium deducted from his medisave account, or from the medisave account of the member who insured him, together with the interest that would have accrued thereto if such premium had not

been so deducted, shall be refunded to the medisave account;

- (b) any premium paid by a member in cash under regulation 8(2) (on the ground that the amount standing to the credit of the member's medisave account was insufficient to pay the premium which the member was liable to pay under the Scheme) shall be paid into the member's medisave account;
- (c) any premium paid by a member in cash under regulation 12(2) (on the ground that the amount standing to the credit of the member's medisave account was insufficient to pay the premium which the member was liable to pay under the Scheme) shall be paid into the member's medisave account except that where the sum of the premium paid in cash and the premium deducted from the member's medisave account exceeds \$660 per person per policy year, the amount by which that sum exceeds \$660 per person per policy year shall be paid to the member in cash; and
- (d) any premium paid by a member in cash under regulation 12A(2) (on the ground that the premium exceeded the \$660 limit that the Board may deduct from a member's medisave account) shall be paid to the member in cash.

(3) No refund shall be made under paragraph (2) if the insured person or the member who insured him had made or furnished to the Board any statement or fact that is false or misleading in a material particular at the time of his joining the Scheme.”.

10. The principal Regulations are amended by inserting, immediately after regulation 15, the following regulations:

“Premium rebate

15A.—(1) A member who —

- (a) is or was insured under the Scheme in Division 2, or in a particular Plan in Division 3, immediately before he attains or attained the age of 60 years; and
- (b) continues or continued to be insured under the Scheme in that Division and Plan without a break in cover till attaining the age of 70 years,

is entitled, in respect of the premium payable for renewal of insurance cover under the Scheme in that Division and Plan on or after he attains the age of 70 years, to a