

Central Provident Fund (Private Medical Insurance Scheme) Regulations 1995

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CENTRAL PROVIDENT FUND ACT (CHAPTER 36)

CENTRAL PROVIDENT FUND (PRIVATE MEDICAL INSURANCE SCHEME) REGULATIONS 1995

In exercise of the powers conferred by section 77(1)(ja) of the Central Provident Fund Act, the Minister for Labour, after consultation with the Central Provident Fund Board, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Central Provident Fund (Private Medical Insurance Scheme) Regulations 1995 and shall be deemed to have come into operation on

1st July 1994.

Definitions

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

“dependant”, in relation to a member, means —

- (a) a member’s spouse, child, parent or grandparent; or
- (b) any other person who is dependent on the member and whom the Board may approve for the purpose of these Regulations;

“insurer” means any insurer which is registered under the Insurance Act [Cap. 142];

“Medishield Scheme” means the Medishield Scheme established and maintained by the Board under section 53 of the Act;

“premium” means any premium payable under a private medical insurance policy and includes any goods and services tax thereon;

“private medical insurance plan” means a private medical insurance policy which is approved by the Minister for Health for the purposes of these Regulations;

“Scheme” means the Private Medical Insurance Scheme established and maintained by the Board for the purposes of these Regulations.

Application to withdraw moneys for purchase of private medical insurance plan

3.—(1) A member who wishes to use the whole or part of the available amount in his medisave account to purchase a private medical insurance policy for himself or his dependant under the Scheme shall apply to the Board for the withdrawal of the amount.

(2) The amount withdrawn from the member’s medisave account pursuant to an application made by him under paragraph (1) shall be forwarded to the insurer in payment of the premiums payable by the member or his dependent under the private medical insurance policy.

(3) Every application under paragraph (1) shall be —

- (a) made in such form and in accordance with such procedure as the Board may require; and
- (b) supported by such documents or evidence as the Board may require,

and may be approved by the Board subject to such terms and conditions as the Board may think fit to impose.