Central Provident Fund (Private Medical Insurance Scheme) Regulations

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CENTRAL PROVIDENT FUND ACT
(CHAPTER 36, SECTION 77(1)(*k*))

CENTRAL PROVIDENT FUND (PRIVATE MEDICAL INSURANCE SCHEME) REGULATIONS

Rg 26

G.N. No. S 428/2005

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(30th November 2006)

[1st July 2005]

Citation

1. These Regulations may be cited as the Central Provident Fund (Private Medical Insurance Scheme) Regulations.

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;

"Government premium rebate" means —

(*a*) the sum of money, equivalent to the amount of premium payable under the MediShield Scheme in Division 2 of Part II of the Central Provident Fund (MediShield Scheme) Regulations 2005 (G.N. No. S 427/2005); or

(*b*) the amount of premium payable after deducting any premium rebate given by the insurer,

whichever is the lower, which may be paid by the Government to a person under the MediShield Scheme for the Elderly;

"insurer" means any insurer which is registered under the Insurance Act (Cap. 142);

"integrated medical insurance plan" means any plan under which a person is

insured —

(*a*) under a medical insurance policy which is approved by the Minister for Health for the purposes of regulation 4(1)(*b*); and

(*b*) where applicable, under the MediShield Scheme in Division 2 of Part II of the Central Provident Fund (MediShield Scheme) Regulations 2005;

"MediShield Component", in relation to a person insured under an integrated medical insurance plan, means his insurance cover under the MediShield Scheme in Division 2 of Part II of the Central Provident Fund (MediShield Scheme) Regulations 2005 which forms part of his integrated medical insurance plan;

"MediShield Scheme" means the MediShield Scheme established and maintained by the Board under section 53 of the Act;

"member" includes a member who is an undischarged bankrupt;

"policy year" means a period of 12 months from the date of the commencement or renewal of a person's insurance cover under these Regulations;

"premium" means any premium payable under these Regulations and includes any goods and services tax thereon;

"private medical insurance plan" means a medical insurance policy which is approved by the Minister for Health for the purposes of regulation 4(1)(*a*).

Application

3. These Regulations shall apply to persons in respect of whom an application under regulation 4 is approved by the Board.

Application to withdraw moneys for purchase of insurance plan

4.—(1) Subject to these Regulations, the Board may, upon the application of a member, or upon the transfer of liabilities relating to the insurance cover of a member or his dependant under the Central Provident Fund (MediShield Scheme — Transfer of MediShield Plus Liabilities) Regulations (Rg 33), permit the withdrawal of the whole or part of the amount standing to his credit in his medisave account for the purchase of —

(*a*) a private medical insurance plan for himself or his dependant provided such application is made before 1st July 2005; or

(*b*) an integrated medical insurance plan for himself or his dependant.

(2) Subject to paragraph (3), the amount that may be withdrawn under

paragraph (1)(*a*) or (*b*) shall not exceed a sum of $800 per policy year per person insured.

(3) Where the private medical insurance plan referred to in paragraph (1)(*a*) is the Managed Healthcare System provided by NTUC Income Insurance Co-operative Limited, the amount that may be withdrawn per person insured shall not exceed —

(*a*) in the case of a person aged 30 years and below, a sum of $90 per policy year;

(*b*) in the case of a person aged 31 to 40 years, a sum of $135 per policy year;

(*c*) in the case of a person aged 41 to 50 years, a sum of $270 per policy year;

(*d*) in the case of a person aged 51 to 60 years, a sum of $450 per policy year;

(*e*) in the case of a person aged 61 years and above, a sum of $660 per policy year;

(*f*) 80% of the amount of premium payable by the member for himself or his dependant, as the case may be, under the policy; or

(*g*) the total credit balance in the member's medisave account,

whichever is the lowest applicable amount.

(4) For the purpose of computing the amount that the Board may deduct under paragraph (1), the sum of $800 referred to in paragraph (2) and the sum of $660 referred to in paragraph (3)(*e*) shall include any Government premium rebate which the member may be entitled to receive.

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Further conditions of application

5.—(1) The Board shall forward to the insurer the amount withdrawn from the member's medisave account pursuant to his application under regulation 4(1)(*a*) for the payment of the premiums payable for his or his dependant's private medical insurance plan, as the case may be.

(2) The Board shall, pursuant to a member's application under regulation 4(1) (b) or upon a transfer of liabilities relating to the insurance cover of a member or his dependant under the Central Provident Fund (MediShield Scheme — Transfer of MediShield Plus Liabilities) Regulations (Rg 33), forward to the insurer such part of the amount withdrawn from the member's medisave account that does not pertain to the premiums payable for his or his dependant's MediShield Component, as the case may be.

(3) Where a person's MediShield Component has ceased, the Board shall forward to the insurer the whole amount withdrawn from that person's medisave account or, in the

case where the person is a member's dependant, from that member's medisave account for the premium payable for the integrated medical insurance plan.

(4) Every application under regulation 4 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.

(5) The Board may approve the application subject to such terms and conditions as the Board may impose.

(6) No person shall be insured —

(*a*) under more than one private medical insurance plan;

(*b*) under more than one integrated medical insurance plan;

(*c*) concurrently under a private medical insurance plan and an integrated medical insurance plan;

(*d*) concurrently under the MediShield Scheme and a private medical insurance plan; or

(*e*) concurrently under the MediShield Scheme in Division 3 of Part II of the Central Provident Fund (MediShield Scheme) Regulations 2005 (G.N. No. S 427/2005) and an integrated medical insurance plan.

Payment of premiums

6.—(1) Subject to paragraph (3), any premium payable in respect of a member's or his dependant's private medical insurance plan or integrated medical insurance plan, as the case may be, after discounting any Government premium rebate which the member or his dependant may be entitled to receive, may be paid from the moneys standing to the member's credit in his medisave account at the time when the insurer notifies the Board that the payment of such premium is due.

(2) If —

(*a*) the amount standing to the member's credit in his medisave account is insufficient to pay the premium for his or his dependant's private medical insurance plan or integrated medical insurance plan, as the case may be, after discounting any Government premium rebate which the member or his dependant may be entitled to receive; and

(*b*) in the case of premium for the member's or his dependant's integrated medical insurance plan, the member has not made any arrangement for the