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CARESHIELD LIFE AND LONG-TERM CARE ACT 2019
(ACT 26 OF 2019)

CARESHIELD LIFE AND LONG-TERM CARE
(CSHL SCHEME) REGULATIONS 2020

ARRANGEMENT OF REGULATIONS

PART 1

PRELIMINARY

Regulation

1. Citation and commencement
2. Application of these Regulations

PART 2

INSURANCE COVER AND RELATED PROVISIONS

3. Insurance period
4. Commencement of insurance cover
5. End of insurance cover
6. Cancellation of insurance cover
7. Termination of insurance cover
8. Reinstatement of insurance cover
9. Payment of goodwill sum

PART 3

PREMIUMS

Division 1 — General

10. Definitions for this Part
11. Obligation to pay premiums
12. Amount of premium
13. Transfer of moneys to pay shortfall in premium
14. Interest on unpaid premium
15. Penalty for late payment of premium

*Division 2 — Payment of premium,
interest and penalty by other person*

Regulation

16. Payment of premium
17. Approval of relevant CPF member to pay premium
18. Appointment of relevant CPF member to pay premium
19. Cancellation of approval or appointment upon written notice by relevant CPF member
20. Cancellation of approval or appointment by Board
21. Application to interest or penalty payable under Act

Division 3 — Refund of premium, interest and penalty

22. Refund on cancellation of insurance cover
23. Refund on termination of insurance cover
24. Administration of refund by Board

PART 4

CLAIMS AND PAYOUTS

25. Insured sum
26. Refusal of claim due to severe disability arising from certain events or occurrences
27. Prescribed circumstances for suspension of payment
28. Prescribed period under section 19(3) of Act
29. Recovery of benefit paid in excess
30. Interest on benefit paid in excess

PART 5

MISCELLANEOUS

31. Order in which certain payments are to be applied
32. Recovery bodies
33. Prescribed interest rate under section 50(3) of Act
The Schedules

In exercise of the powers conferred by section 64 of the CareShield Life and Long-Term Care Act 2019, the Minister for Health makes the following Regulations:

PART 1
PRELIMINARY

Citation and commencement

1. These Regulations are the CareShield Life and Long-Term Care (CSHL Scheme) Regulations 2020 and come into operation on 1 October 2020.

Application of these Regulations

2.—(1) Except as otherwise provided by paragraph (2), these Regulations apply to —

- (a) every citizen of Singapore or permanent resident of Singapore mentioned in section 6(1)(a) of the Act;
- (b) every individual mentioned in section 6(1)(b) of the Act; and
- (c) every individual mentioned in section 6(4) of the Act whom the Board determines may be covered, for such period as the Board thinks fit, under the CSHL Scheme.

(2) Regulation 4 does not apply in respect of an individual mentioned in paragraph (1)(c).

PART 2

INSURANCE COVER AND RELATED PROVISIONS

Insurance period

3.—(1) Subject to paragraphs (2) and (3), each insurance period of an individual's insurance cover under the CSHL Scheme is a period of 12 months starting on the date of commencement or renewal of such insurance cover, unless the insurance cover is cancelled or terminated on an earlier date in accordance with this Part.

(2) Where an individual is covered under the CSHL Scheme under section 6(4) of the Act for a period (called the special cover period), any insurance period of the individual's insurance cover pursuant to section 6(1)(a) or (b) of the Act that follows immediately after the special cover period, is such period (called the applicable insurance

period) as may be determined by the Board after taking into account the special cover period.

(3) Where paragraph (2) applies —

- (a) the date of renewal of the insurance cover is the date immediately after the end of the applicable insurance period; and
- (b) each subsequent insurance period after the applicable insurance period is a period of 12 months.

Commencement of insurance cover

4.—(1) An individual's insurance cover under the CSHL Scheme commences on a date specified in the First Schedule that is applicable to the individual.

(2) Where in accordance with the First Schedule an individual's insurance cover under the CSHL Scheme commences on 29 February in any year, the individual's insurance cover —

- (a) commences on 1 March in that year for the first insurance period; and
- (b) is renewable on 1 March for every subsequent insurance period.

(3) Despite paragraphs (1) and (2), an individual's insurance cover may commence on a date earlier than the date mentioned in paragraphs (1) and (2) (but not earlier than the date section 6(1)(a) or (b) of the Act applies to the individual) if the Board considers it appropriate.

End of insurance cover

5. For the purposes of section 12(3)(a) of the Act, an insured person's insurance cover under the CSHL Scheme ends if the insurance cover is cancelled or terminated in accordance with regulation 6 or 7, as the case may be.

Cancellation of insurance cover

6.—(1) The Board may cancel an individual's insurance cover under the CSHL Scheme if —

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- (a) the Board finds that the insurance cover in respect of the individual has been issued in error (including because the individual dies on or before the date of commencement of the insurance cover, and the Board is notified of the individual's death only after that date); and
 - (b) no claim has been accepted by the Administrator under section 16 of the Act in respect of the individual.

(2) The cancellation under paragraph (1) takes effect on the date of commencement of the insurance cover issued in respect of the individual concerned, as if the insurance cover had not been issued.

Termination of insurance cover

7.—(1) The Board may terminate an individual's insurance cover —

- (a) on the date immediately after the date on which the individual dies;
- (b) on the date immediately after the date on which the individual ceases to be a citizen of Singapore and does not immediately become a permanent resident of Singapore; or
- (c) on the date immediately after the date on which the individual ceases to be a permanent resident of Singapore and does not immediately become a citizen of Singapore.

(2) Where an event referred to in paragraph (1)(a), (b) or (c) occurs, the Board may, despite paragraph (1)(a), (b) or (c) (as the case may be), determine that the individual's insurance cover terminates and ceases on a later date (whether before or after the end of the insurance period in which the event occurs).

Reinstatement of insurance cover

8.—(1) The Board may reinstate the insurance cover of an individual mentioned in regulation 7(1)(b) or (c) whose insurance cover was terminated in accordance with regulation 7, on the date that the individual is reinstated as a citizen of Singapore or a permanent resident of Singapore.

(2) Where the Board reinstates the insurance cover of an individual under paragraph (1), the reinstatement does not affect the date of commencement of the individual's insurance cover specified in the First Schedule.

Payment of goodwill sum

9.—(1) This regulation applies in relation to an individual —

- (a) who ceases to be a citizen of Singapore and does not immediately become a permanent resident of Singapore, or who ceases to be a permanent resident of Singapore and does not immediately become a citizen of Singapore;
- (b) whose insurance cover under the CSHL Scheme was not issued in error, but was terminated under regulation 7 by virtue of sub-paragraph (a); and
- (c) who is a severely disabled individual whose claim under section 16 of the Act has been accepted by the Administrator.

(2) The Board may pay a goodwill sum to —

- (a) the individual; or
- (b) an approved payee nominated by the individual, or by the authorised applicant for the individual.

(3) The goodwill sum may consist of one or more payments to be made at such frequency as the Board may determine.

(4) The Board may suspend the payment of the goodwill sum where —

- (a) the Board is unable to make the payment because of insufficient information provided by the individual or the approved payee for such payment; or
- (b) in the case of payment to an approved payee, the approved payee lacks mental capacity or has died, and no new approved payee was nominated by the individual, or by the authorised applicant for the individual, as the case may be.

(5) If the circumstances for the suspension of payment under paragraph (4) no longer exist, the Board may resume the payment of any remaining amount of the goodwill sum even if the individual's insurance cover is reinstated under regulation 8.

(6) Upon reinstatement of the individual's insurance cover under regulation 8, if the insured person is entitled to the payment of one or more insured sums on or after the date of such reinstatement —

- (a) the whole amount of the goodwill sum is treated as the payment of the number of monthly insured sums that corresponds to that whole amount (called the relevant insured sums); and
- (b) the payment of any other insured sum under section 18(2) of the Act resumes only after the relevant insured sums are treated as paid under sub-paragraph (a).

PART 3

PREMIUMS

Division 1 — General

Definitions for this Part

10. In this Part —

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

- (a) the relevant CPF member's spouse, child, parent, sibling or grandparent; or
- (b) any other person whom the Board may approve as a dependant for the purposes of these Regulations;

“relevant CPF member” has the meaning given by regulation 16.

Obligation to pay premiums

11.—(1) For the purposes of section 14(1) of the Act, the insured person's obligation to pay the premium in respect of an insurance period (*P*) ends when any of the following circumstances first occurs:

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- (a) at the start of *P* if the insured person became entitled to the payment of an insured sum in any month during the insurance period immediately before *P*, unless paragraph (2) applies;
- (b) at the end of the insurance period in the year immediately after the 67th anniversary of the insured person's birth, or if the individual became an insured person in or after the year in which the 59th anniversary of his or her birth occurs, at the end of 10 insurance periods starting in the year that he or she became an insured person;
- (c) the termination of insurance cover under regulation 7.

(2) If the insured person ceases to be entitled to the payment of an insured sum in any month during the insurance period immediately before *P* (despite being earlier entitled to such payment during that same insurance period), the insured person must pay the premium in respect of *P*, unless his or her obligation to pay the premium has ended because of paragraph (1)(b) or (c).

(3) Despite the end of an obligation to pay the premium in respect of *P* under paragraph (1)(a), the insured person must pay any amount of premium that remains unpaid in respect of one or more insurance periods before *P* (including any interest, cost and penalty under sections 23(1)(a), 27(3) and 29 of the Act, respectively).

(4) In this regulation, "*P*" does not include the first insurance period of the insured person's insurance cover under the CSHL Scheme.

Amount of premium

12. For the purposes of section 14(2) of the Act, the premium for each insurance period of an insured person's insurance cover under the CSHL Scheme is an amount specified on the Internet website at <https://www.careshieldlife.gov.sg>, which is accessible by use of an electronic service known as the CareShield Life Premium Checker available on that Internet website.

Transfer of moneys to pay shortfall in premium

- 13.—**(1) This regulation applies where the Board finds that —
- (a) there is any shortfall in the premium in respect of an insurance period paid under section 14(4) of the Act by an insured person, or by a relevant CPF member under Division 2 of this Part; and
 - (b) the insured person or the relevant CPF member has paid moneys to an approved insurer in respect of the whole or any part of a CareShield Life supplement premium under the CareShield Life and Long-Term Care (Supplement Scheme) Regulations 2020 (G.N. No. S 850/2020).
- (2) The Board may require the approved insurer to transfer the whole or any part of the moneys mentioned in paragraph (1)(b) to the Board for the purpose of paying the shortfall in premium.
- (3) In this regulation, “approved insurer” and “CareShield Life supplement premium” have the meanings given by regulation 2 of the CareShield Life and Long-Term Care (Supplement Scheme) Regulations 2020.

Interest on unpaid premium

- 14.—**(1) For the purposes of section 23(1)(a) of the Act, the interest rate that the Board may impose is 4% per annum on the whole or any part of the following amounts that remain due and payable at the time the interest is imposed:
- (a) the insured person’s premium payable for an insurance period;
 - (b) interest previously imposed (if any) on the premium mentioned in sub-paragraph (a).
- (2) Subject to paragraph (3), the interest —
- (a) begins to run —
 - (i) where no interest has previously been imposed on the insured person’s premium mentioned in paragraph (1)(a), from the beginning of the insurance period mentioned in that provision;

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- (ii) where any interest has previously been imposed on the insured person's premium mentioned in paragraph (1)(a), from the beginning of the first insurance period that begins after the date on which the interest previously imposed on that premium ceases to run; or
 - (iii) on any later date during either insurance period mentioned in sub-paragraph (i) or (ii) (as the case may be) specified by the Board; and
- (b) ceases to run —
- (i) at the end of the insurance period mentioned in sub-paragraph (a)(i) or (ii), as the case may be; or
 - (ii) on any earlier date during either insurance period mentioned in sub-paragraph (i) specified by the Board.

(3) The period during which the interest runs, as prescribed in paragraph (2), excludes any period during which interest previously imposed on the insured person's premium mentioned in paragraph (1)(a) (if any) runs.

(4) The Board may waive any interest imposed under this regulation.

Penalty for late payment of premium

15.—(1) For the purposes of section 29 of the Act, the amount of penalty that may be imposed in respect of an insured person's premium for an insurance period is —

- (a) 5% of the insured person's premium for the insurance period that remains unpaid on the first penalty date; and
 - (b) 12% of the insured person's premium for the same insurance period that remains unpaid on the second penalty date.
- (2) In this regulation —
- “first penalty date”, for an insured person's premium for an insurance period, is a date (not earlier than one month after

the beginning of the insurance period) specified for the purposes of paragraph (1)(a) in the demand note that imposes the penalty;

“second penalty date”, for an insured person’s premium for an insurance period, is a date (not earlier than the first anniversary of the first penalty date for the insured person’s premium for the insurance period) specified for the purposes of paragraph (1)(b) in the demand note that imposes the penalty.

*Division 2 — Payment of premium,
interest and penalty by other person*

Payment of premium

16. For the purposes of section 14(4)(b) of the Act, the Board is entitled to deduct from the amount standing to an individual’s credit in that individual’s medisave account (called the relevant CPF member), the whole or any part of any premium payable by an insured person, if —

- (a) the relevant CPF member is at least 21 years of age;
- (b) the insured person is a dependant of the relevant CPF member; and
- (c) subject to regulation 20(2), the Board has —
 - (i) approved an application by the relevant CPF member under regulation 17 to pay that amount of premium from the relevant CPF member’s medisave account, and the approval is not cancelled under this Division; or
 - (ii) appointed the relevant CPF member under regulation 18 to pay that amount of premium from the relevant CPF member’s medisave account, and the appointment is not cancelled under this Division.

Approval of relevant CPF member to pay premium

17.—(1) The Board may approve a relevant CPF member for the purposes of regulation 16 on an application by the relevant CPF member.

(2) The application must be —

- (a) in any form and manner required by the Board; and
- (b) supported by any document or information required by the Board.

(3) The approval by the Board is subject to any condition that the Board considers appropriate.

Appointment of relevant CPF member to pay premium

18.—(1) This regulation applies only if the amount standing to the credit of an insured person's medisave account is insufficient to pay the whole or any part of the premium for an insurance period.

(2) The Board may appoint a relevant CPF member to pay the whole or any part of the premium for the insurance period if all of the following are satisfied:

- (a) the insured person is a dependant of the relevant CPF member;
- (b) the relevant CPF member has sufficient amount standing to the credit of his or her medisave account to pay the whole or any part of that premium for the insurance period;
- (c) an amount standing to the credit of the relevant CPF member in his or her medisave account has previously been deducted for the payment of —
 - (i) the whole or any part of the insured person's premium in respect of a previous insurance period before that insurance period, or the insured person's premium under any other insurance policy;
 - (ii) any withdrawal under the Central Provident Fund (Medisave Account Withdrawals) Regulations (Cap. 36, Rg 17) for any medical treatment or

services received, or to be received, by the insured person; or

(iii) any withdrawal permitted under section 16B(1) of the Central Provident Fund Act (Cap. 36).

(3) The appointment by the Board is subject to any condition that the Board considers appropriate.

Cancellation of approval or appointment upon written notice by relevant CPF member

19.—(1) A relevant CPF member may give written notice to the Board to cancel the approval under regulation 17 in respect of the relevant CPF member, or to object to the appointment of the relevant CPF member under regulation 18.

(2) The written notice must be —

(a) in any form and manner required by the Board; and

(b) supported by any document or information required by the Board.

(3) On cancellation of the approval or appointment after the written notice under paragraph (1), the Board may —

(a) refund to the relevant CPF member's medisave account, the whole or any part, as the Board may determine, of any amount deducted from the relevant CPF member's medisave account to pay for any premium of an insured person;

(b) pay into the medisave account of the relevant CPF member, the whole or any part, as the Board may determine, of the interest that would have been payable on the amount of the refund under sub-paragraph (a) if that amount had not been deducted from the relevant CPF member's medisave account; and

(c) require payment of the resulting shortfall in the premiums under section 22(1) of the Act or in accordance with the other provisions of this Division.

Cancellation of approval or appointment by Board

20.—(1) The Board may cancel the approval in respect of a relevant CPF member under regulation 17 or the appointment of a relevant CPF member under regulation 18, if —

- (a) the deduction from the relevant CPF member’s medisave account is in contravention of these Regulations; or
- (b) the insured person or the relevant CPF member made a false representation to the Board, or provided the Board with any false information, in connection with the application for payment of a premium for the insurance cover of an insured person under the CSHL Scheme to be deducted from the relevant CPF member’s medisave account.

(2) Despite the cancellation under paragraph (1), if the Board considers it appropriate in the circumstances of the case, the Board may —

- (a) deduct from the relevant CPF member’s medisave account an amount not exceeding the amount standing to the credit of the relevant CPF member in the medisave account to pay any part of the premium; and
- (b) permit any deficiency to be paid in any manner that the Board thinks fit, subject to any condition that the Board may impose.

(3) Upon cancellation by the Board under paragraph (1) —

- (a) the relevant CPF member must, if required by the Board, refund to the relevant CPF member’s medisave account the amount withdrawn from that account, which would not have been withdrawn without the earlier approval or appointment (called the affected amount); or
- (b) the Board may —
 - (i) refund from the Fund to the relevant CPF member’s medisave account the affected amount paid as premiums for the insured person’s insurance cover under the CSHL Scheme; and

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- (ii) require payment of the resulting shortfall in the premiums under section 22(1) of the Act or in accordance with the other provisions of this Division.

Application to interest or penalty payable under Act

21. This Division also applies in relation to the payment of any interest under section 23 of the Act, or any penalty under section 29 of the Act, in respect of the premium for an insurance period, in the same way that it applies in relation to payment of that premium.

Division 3 — Refund of premium, interest and penalty

Refund on cancellation of insurance cover

22. Where an individual's insurance cover is cancelled under regulation 6, all premiums paid for the cancelled insurance cover are to be refunded from the Fund.

Refund on termination of insurance cover

23.—(1) The Board may refund (without interest) from the Fund all premiums paid by or on behalf of the individual immediately before the date of termination referred to in regulation 7(1) or (2) (as the case may be) if —

- (a) no claim was accepted by the Administrator under section 16 of the Act before the date of termination; and
- (b) the insurance cover was terminated because of the death of the individual concerned, or the cessation of citizenship or permanent residency of Singapore, which occurred —
 - (i) within a period of 60 days starting on the commencement date of the insurance cover, if the whole or any part of the premium for the first insurance period has been paid; or
 - (ii) after a period of 60 days starting on the commencement date of the insurance cover, which period falls within the first insurance period, if the

premium for the first insurance period has only been partially paid.

(2) Despite paragraph (1), where the insurance cover was terminated because of the death of the individual concerned, or the cessation of citizenship or permanent residency of Singapore but the conditions referred to paragraph (1)(b)(i) or (ii) are not satisfied, the Board may, with the Minister's approval, refund (without interest) from the Fund the premiums mentioned in that paragraph in a particular case if —

- (a) no claim was accepted by the Administrator under section 16 of the Act before the date of termination; and
- (b) the Board is satisfied that there are extenuating circumstances for making such refund.

Administration of refund by Board

24.—(1) The Board may pay the whole or any part, as the Board may determine, of any refunded premium, interest or penalty —

- (a) if the premium, interest or penalty was paid by a deduction from an individual's medisave account — into the individual's medisave account; or
- (b) if the premium, interest or penalty was paid in cash or any cash equivalent — in cash or any cash equivalent to the individual who so paid or, if the payment to that individual cannot be made, to the insured person.

(2) Where the refunded premium, interest or penalty mentioned in paragraph (1) was paid by deduction from an individual's medisave account, the Board may also pay into the individual's medisave account, the whole or any part (as the Board may determine) of the interest that would have been payable on the amount mentioned in paragraph (1)(a) if that amount had not been deducted from the relevant medisave account.

(3) The Board may deduct, from any premium, interest or penalty to be refunded, any payment that the insured person is liable to make under the Act.

(4) In this regulation, “cash equivalent”, in relation to any payment, includes the payment by a cheque, a credit or debit card or any electronic funds transfer.

PART 4

CLAIMS AND PAYOUTS

Insured sum

25.—(1) For the purposes of section 12(2) of the Act, the insured sum applicable to an insured person under the CSHL Scheme for the years starting in 2020 and ending in 2025 is specified in the Second Schedule.

(2) Where a claim is accepted by the Administrator under section 16 of the Act in respect of an insured person, the insured sum payable is based on the year that the insured person is first entitled to the payment of one or more insured sums under the particular claim.

Refusal of claim due to severe disability arising from certain events or occurrences

26. For the purposes of section 16(4)(d) of the Act, the Administrator may refuse a claim if the insured person’s severe disability arises from any war, invasion, act of foreign enemies, hostility (whether war is declared or not), terrorist act, insurrection or military or usurped power.

Prescribed circumstances for suspension of payment

27. For the purposes of section 19(1) of the Act, the following are the prescribed circumstances for the suspension of payment of an insured sum:

- (a) the Board is notified that the insured person concerned has died, or has ceased to be a citizen of Singapore or a permanent resident of Singapore, but is of the opinion that the notification has to be verified;

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- (b) the Board is unable to make the payment because of insufficient information provided by the insured person or approved payee for such payment;
 - (c) in the case of a payment to an approved payee, the approved payee lacks mental capacity or has died, and no new approved payee has been nominated by the insured person or by the authorised applicant for the insured person, as the case may be;
 - (d) it has come to the knowledge of the Board that there is a dispute as to whether an individual should be an approved payee in respect of an insured person, and the Board is of the opinion that it is appropriate in the circumstances to suspend such payment.

Prescribed period under section 19(3) of Act

28. For the purposes of section 19(3) of the Act, the prescribed period in respect of any suspension of payment is 3 months.

Recovery of benefit paid in excess

29.—(1) This regulation applies for the purposes of section 22(2) of the Act in relation to a benefit paid in excess.

(2) The Board or the Administrator may direct the insured person or an approved payee who received the excess payment, to repay such excess to the Fund to set-off against any insured sum payable to the insured person or the approved payee, as the case may be.

(3) The Board or the Administrator may, with the Minister's approval, write-off the benefit paid in excess in a particular case if the Board or the Administrator (as the case may be) determines that there are extenuating circumstances for not requiring the excess payment to be repaid.

Interest on benefit paid in excess

30. For the purposes of section 22(3) of the Act, the prescribed interest rate is 4% per annum.

PART 5
MISCELLANEOUS

Order in which certain payments are to be applied

31.—(1) This regulation applies where the Board —

- (a) receives any payment in respect of a premium from an insured person, that is payable by the insured person under the Act;
- (b) receives any payment from any other person required under section 14(4)(b) of the Act to pay any premium on behalf of an insured person;
- (c) is to make a payment of an insured sum under the CSHL Scheme in respect of an insured person to the insured person or an approved payee under section 18(1) of the Act; or
- (d) is to make a payment of a goodwill sum under regulation 9.

(2) The Board may —

- (a) apply the payment mentioned in paragraph (1)(a) or (b), towards the insured person's unpaid premium, and any unpaid interest and unpaid penalty imposed on the insured person's premium, that the person who made the payment is required to pay; or
- (b) deduct from the payment mentioned in paragraph (1)(c) or (d), any unpaid premium, and any unpaid interest and unpaid penalty imposed on the insured person's premium, that the insured person is liable to pay under the Act,

(as the case may be) in the following order:

- (c) first, the unpaid penalty (if any) imposed on the insured person's premium for the first insurance period of the insured person's insurance cover under the CSHL Scheme;
- (d) second, the unpaid interest (if any) imposed on the insured person's premium for the first insurance period of the insured person's insurance cover under the CSHL Scheme;

(e) third, the insured person's unpaid premium for the first insurance period of the insured person's insurance cover under the CSHL Scheme, if any;

(f) then, towards any unpaid penalty, unpaid interest and unpaid premium of the insured person's insurance cover under the CSHL Scheme, in the order in sub-paragraphs (c), (d) and (e), for each subsequent insurance period in turn.

(3) In this regulation —

“unpaid interest”, in relation to any payment from or to a person mentioned in paragraph (1), means any interest (including compound interest) imposed under section 23(1)(a) of the Act on the insured person's premium that remains unpaid at the time this regulation is applied to that payment;

“unpaid penalty”, in relation to any payment from or to a person mentioned in paragraph (1), means any penalty imposed under section 29 of the Act on the insured person's premium that remains unpaid at the time this regulation is applied to that payment;

“unpaid premium”, in relation to any payment from or to a person mentioned in paragraph (1), means any premium in respect of the insured person's insurance cover under the CSHL Scheme that remains unpaid at the time this regulation is applied to that payment.

Recovery bodies

32. For the purposes of section 30 of the Act, the following public authorities are prescribed as recovery bodies:

- (a) the Central Provident Fund Board;
- (b) the Inland Revenue Authority of Singapore.

Prescribed interest rate under section 50(3) of Act

33. For the purpose of section 50(3) of the Act, the prescribed interest rate is 4% per annum.

FIRST SCHEDULE

Regulations 4(1) and (2) and 8(2)

<i>Status of individual</i>	<i>Insurance cover commencement date</i>
1. Individual mentioned in section 6(1)(a) of the Act whose birthday is between 1 January 1980 and 30 September 1990 (both dates inclusive)	1 October 2020, or a date (being on or after 1 October 2020) that the individual becomes a citizen of Singapore or a permanent resident of Singapore, whichever is the later
2. Individual mentioned in section 6(1)(a) of the Act whose birthday is on or after 1 October 1990	On the 30th anniversary of the individual's birth, or a date (being on or after 1 October 2020) that the individual becomes a citizen of Singapore or a permanent resident of Singapore, whichever is the later
3. Individual mentioned in section 6(1)(b) of the Act	On the specified date, or a date (being on or after the specified date) that the individual becomes a citizen of Singapore or a permanent resident of Singapore, whichever is the later

SECOND SCHEDULE

Regulation 25(1)

INSURED SUM UNDER CSHL SCHEME FOR YEARS
STARTING IN 2020 AND ENDING IN 2025

<i>Year of birth</i>	<i>Insured sum payable for period of severe disability based on the year that the insured person is first entitled to the payment of one or more insured sums under the particular claim</i>					
	2020	2021	2022	2023	2024	2025
1980 or later	\$600	\$612	\$624	\$637	\$649	\$662

Made on 30 September 2020.

CHAN YENG KIT
*Permanent Secretary,
Ministry of Health,
Singapore.*

[MH 111:08/11-6; AG/LEGIS/SL/31C/2020/1 Vol. 1]

(To be presented to Parliament under section 64(4) of the CareShield Life and Long-Term Care Act 2019).