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No. S 659

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

**CENTRAL PROVIDENT FUND
(PRIVATE MEDICAL INSURANCE SCHEME)
(AMENDMENT NO. 3) REGULATIONS 2013**

In exercise of the powers conferred by section 77(1)(k) of the Central Provident Fund Act, Mr Tan Chuan-Jin, Senior Minister of State, charged with the responsibility of the Minister for Manpower, after consulting 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) (Amendment No. 3) Regulations 2013 and shall come into operation on 23rd October 2013.

Amendment of regulation 2

2. Regulation 2 of the Central Provident Fund (Private Medical Insurance Scheme) Regulations (Rg 26) (referred to in these Regulations as the principal Regulations) is amended by deleting the words “to a person” in the definition of “Government premium rebate”.

Amendment of regulation 4

3. Regulation 4 of the principal Regulations is amended by deleting paragraphs (2) to (5) and substituting the following paragraphs:

“(2) Subject to paragraphs (3), (4) and (5), the amount that may be withdrawn in any policy year under paragraph (1)(a) or (b) shall not exceed the amount remaining after deducting the amount of any Government premium rebate payable for that

policy year in respect of the private medical insurance plan or integrated medical insurance plan (as the case may be) from the amount specified in the third column of the table in Part I of the Schedule corresponding to —

- (a) the date on which the insurance cover commences or is renewed (as the case may be) specified in the first column of that table; and
- (b) the age of the person insured (at his next birthday after that date) specified in the second column of that table.

(3) Subject to paragraph (4), where the private medical insurance plan referred to in paragraph (1)(a) is the Managed Healthcare System provided by NTUC Insurance Co-operative Limited, the amount that may be withdrawn in any policy year under paragraph (1)(a) shall not exceed the lowest of the following amounts:

- (a) the amount specified in the second column of the table in Part II of the Schedule corresponding to the age of the person insured (at his next birthday after the date on which the insurance cover commences or is renewed (as the case may be)) specified in the first column of that table;
- (b) 80% of the amount of the premium payable in that policy year for the insurance cover; or
- (c) the total amount standing to the member's credit in his medisave account.

(4) Where, before or after the death of a member, the Board has authorised the withdrawal under paragraph (1) of any amount standing to the member's credit in his medisave account for the purchase of any private medical insurance plan or integrated medical insurance plan for himself, the limit imposed by paragraph (2) or (3) (as the case may be) on the amount that may be withdrawn for that purchase shall cease to apply with effect from the date of his death or the date on which the Board is notified of his death, as the Board may determine.

(5) The Board may, in any particular case and subject to such terms and conditions as the Board may impose, permit the withdrawal under paragraph (1)(a) or (b) of the whole or any part of the amount standing to the credit of a member in his medisave account for an amount in excess of the withdrawal limit imposed by paragraph (2).”.

Amendment of regulation 6

4. Regulation 6 of the principal Regulations is amended by deleting the words “which the member or his dependant may be entitled to receive” in paragraphs (1) and (2)(a) and substituting in each case the words “payable in respect of that premium”.

New Schedule

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

“THE SCHEDULE

Regulation 4(2) and (3)(a)

PART I

WITHDRAWAL LIMITS UNDER REGULATION 4(2)

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Date on which insurance cover commences or is renewed</i>	<i>Age of insured person at next birthday after date of commencement or renewal of insurance cover</i>	<i>Maximum amount that may be withdrawn per insured person per policy year</i>
1. Before 1st December 2008	Any age	\$800
2. On or after 1st December 2008 but before 1st March 2013	80 years or younger	\$800
	81 years or older	\$1,150
3. On or after 1st March 2013 but	75 years or younger	\$800

before 1st November 2013	76 to 80 years	\$1,000
	81 years or older	\$1,200
4. On or after 1st November 2013	65 years or younger	\$800
	66 to 75 years	\$1,000
	76 to 80 years	\$1,200
	81 years or older	\$1,400

PART II

WITHDRAWAL LIMITS UNDER REGULATION 4(3)(a)

<i>First column</i>	<i>Second column</i>
<i>Age of insured person at next birthday after date of commencement or renewal of insurance cover</i>	<i>Maximum amount that may be withdrawn per insured person per policy year</i>
30 years or younger	\$90
31 to 40 years	\$135
41 to 50 years	\$270
51 to 60 years	\$450
61 years or older	The amount remaining after deducting the amount of any Government premium rebate payable for the policy year in respect of the private medical insurance plan from \$660

[G.N. Nos. S 710/2007; S 448/2008; S 109/2013;
S 483/2013]

Made this 18th day of October 2013.

LOH KHUM YEAN
*Permanent Secretary,
Ministry of Manpower,
Singapore.*

[MMS 10.1/82 V14; AG/LLRD/SL/36/2010/49 Vol. 1]

(To be presented to Parliament under section 78(2) of the Central Provident Fund Act).