

---

---

First published in the *Government Gazette*, Electronic Edition, on 29th December 2011 at 6.00 pm.

**No. S 726**

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

**CENTRAL PROVIDENT FUND  
(MEDISHIELD SCHEME) (AMENDMENT)  
REGULATIONS 2011**

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

**Citation and commencement**

**1.** These Regulations may be cited as the Central Provident Fund (MediShield Scheme) (Amendment) Regulations 2011 and shall come into operation on 30th December 2011.

**Amendment of regulation 2**

**2.** Regulation 2 of the Central Provident Fund (MediShield Scheme) Regulations (Rg 20) (referred to in these Regulations as the principal Regulations) is amended —

- (a) by deleting the definition of “excluded medical treatment”;
- (b) by deleting the words “excluded medical treatment” in the definitions of “day surgical treatment” and “radiosurgery treatment” and substituting in each case the words “treatment, service or item specified in the First Schedule”; and
- (c) by deleting the definition of “medical treatment” and substituting the following definition:

“ “medical treatment” —

(a) includes —

- (i) any surgical treatment, radiotherapy treatment, treatment of neoplasms by chemotherapy, renal dialysis treatment or radiosurgery treatment;
- (ii) any service, investigation, medicine, curative material, medical consumable,

surgical implant or other item necessary for the medical treatment; and

(iii) where any medical treatment has been received by a person as an in-patient in an approved hospital, the maintenance of that person in the hospital; but

(b) shall not include any treatment, service or item specified in the First Schedule;”.

### **Amendment of regulation 3**

3. Regulation 3 of the principal Regulations is amended —

- (a) by deleting the word “or” at the end of paragraph (1)(d);
- (b) by deleting the full-stop at the end of sub-paragraph (e) of paragraph (1) and substituting the word “; or”, and by inserting immediately thereafter the following sub-paragraph:
  - “(f) the Board is not satisfied that he is in good health.”;
  - and
- (c) by deleting the words “or (d)” in paragraph (2) and substituting the words “, (d) or (f)”.

### **Amendment of regulation 19**

4. Regulation 19 of the principal Regulations is amended by deleting sub-paragraphs (i) and (ii) of paragraph (1)(c) and substituting the following sub-paragraphs:

- “(i) is satisfied that sub-paragraph (A), (B) or (C) applies, or is not satisfied that sub-paragraph (D) applies, on or before the date of the commencement of his insurance cover under the Scheme in Division 2 or 3, as the case may be, of Part II:
  - (A) the insured person is incapacitated;
  - (B) the insured person lacks capacity within the meaning of section 4 of the Mental Capacity Act (Cap. 177A);
  - (C) the insured person is suffering from a terminal illness or disease;
  - (D) the insured person is in good health; and
- (ii) does not permit the insured person to join the Scheme under regulation 3(2) in any case where the Board is satisfied that sub-paragraph (i)(A) or (B) applies, or is not satisfied that sub-paragraph (i)(D) applies; or”.

---



---

## Deletion and substitution of First Schedule

5. The First Schedule to the principal Regulations is deleted and the following Schedule substituted therefor:

### “FIRST SCHEDULE

Regulations 2 and 6(8)

#### TREATMENT, SERVICE OR ITEM EXCLUDED FROM THE DEFINITIONS OF DAY SURGICAL TREATMENT, MEDICAL TREATMENT AND RADIOSURGERY TREATMENT

- 1.—(1) Treatment for or in respect of —
- (a) congenital anomalies and hereditary conditions and disorders;
  - (b) mental illnesses or personality disorders;
  - (c) any pre-existing condition suffered by a person insured under regulation 6(1), (2) or (3), except where —
    - (i) the pre-existing condition was accepted by the Board in writing;
    - (ii) the person was insured under a private medical insurance plan before 30th June 2005 without any break in insurance cover until an integrated medical insurance plan was purchased for him before 1st July 2007; or
    - (iii) he had been insured under the Scheme in Division 3 of Part II before 1st October 2005 without any break in insurance cover until his insurance cover under the Scheme in Division 2 of Part II commenced on 1st October 2005;
  - (d) any illness for which the person insured pursuant to regulation 6(4) or (5) was diagnosed with, or for which he received medical treatment during the period between the date of expiry of his previous insurance cover and the date of commencement of his new insurance cover under the Scheme (except where otherwise allowed by the Board);
  - (e) pregnancy, childbirth (including caesarean delivery), abortion or any contraceptive operation or procedure;
  - (f) infertility, sub-fertility or assisted conception;
  - (g) sex re-assignment surgery; or
  - (h) any illness, disability, injury or other condition arising from or due to Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS).
- (2) Treatment for injuries or disablement, directly or indirectly, resulting from —
- (a) suicide, attempted suicide or intentional self-injury by the insured person;
  - (b) deliberate exposure by the insured person to exceptional danger (except in an attempt to save human life) or the insured person’s own criminal act;
  - (c) drug addiction or alcoholism or the insured person being under the influence of drugs or alcohol; or

---

---

FIRST SCHEDULE — *continued*

- (d) the insured person's direct participation in any civil commotion, riot or strike.
  - (3) Cosmetic surgery for self-beautification.
  - (4) Dental work or dental treatment except —
    - (a) treatment owing to accidental injuries; and
    - (b) such dental work or dental treatment certified in writing by a medical practitioner to be necessary in relation to a separate surgical treatment where such surgical treatment is not a treatment specified in this Schedule.
  - (5) Outright purchase of kidney dialysis machines, iron-lung and other special appliances.
  - (6) Optional items such as television, telephone, special requested meals and other items which are not necessary for the treatment of any illness, condition or any injury or disability.
  - (7) Private nursing.
  - (8) Ambulance services.
  - (9) Vaccination.
  - (10) Treatment for injuries, directly or indirectly, resulting from war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
  - (11) Treatment for injuries, directly or indirectly, resulting from nuclear fallout.
  - (12) Treatment received outside Singapore.
  - (13) Treatment for which the insured person received reimbursements by workmen's compensation and other forms of insurance coverage.
2. For the purpose of this Schedule, "pre-existing condition" means any illness, disease or impairment that existed prior to the date of commencement of a person's insurance cover under the Scheme —
- (a) for which treatment, medication, advice or diagnosis has been sought or received or which ought to have been sought or received;
  - (b) and which was known to exist, whether or not any treatment, medication, advice or diagnosis was sought or received; or
  - (c) the conditions or symptoms of which would have led an ordinary and prudent person to seek medical advice or treatment."

[G.N. Nos. S 447/2008; S 691/2008; S 89/2010; S 120/2010;  
S 511/2010; S 653/2010]

Made this 27th day of December 2011.

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

[MMS 10/82 V23; AG/LLRD/SL/36/2010/2 Vol. 1]

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