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

**CENTRAL PROVIDENT FUND
(MEDISAVE ACCOUNT WITHDRAWALS)
(AMENDMENT NO. 3) REGULATIONS 2020**

In exercise of the powers conferred by section 77(1)(j) and (ja) of the Central Provident Fund Act, the Minister for Manpower, after consulting with the Central Provident Fund Board, makes the following Regulations:

Citation and commencement

1. These Regulations are the Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2020 and come into operation on 1 October 2020.

New Part 1 heading

2. The Central Provident Fund (Medisave Account Withdrawals) Regulations (Rg 17) (called in these Regulations the principal Regulations) are amended by inserting, immediately after regulation 1, the following Part heading:

“PART 1

WITHDRAWAL FROM MEDISAVE ACCOUNT FOR
PAYMENT OF MEDICAL TREATMENT, ETC.”.

Amendment of regulation 2

3. Regulation 2 of the principal Regulations is amended —

(a) by deleting the words “In these Regulations” in paragraph (1) and substituting the words “In this Part”;

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- (b) by deleting the words “these Regulations” in paragraphs (2) and (3) and substituting in each case the words “this Part”; and
 - (c) by inserting, immediately after the word “Definitions” in the regulation heading, the words “for this Part”.

Amendment of regulation 3

4. Regulation 3 of the principal Regulations is amended —

- (a) by deleting the words “these Regulations” in paragraphs (1), (1A)(b), (3)(c) and (4) and substituting in each case the words “this Part”; and
- (b) by inserting, immediately after the word “withdrawal” in the regulation heading, the words “for payment of medical treatment, etc.”.

Amendment of regulation 4

5. Regulation 4 of the principal Regulations is amended —

- (a) by deleting the words “these Regulations” in paragraphs (4) and (6) and substituting in each case the words “this Part”; and
- (b) by inserting, immediately after the word “withdrawal” in the regulation heading, the words “for payment of medical treatment, etc.”.

New Part 2

6. The principal Regulations are amended by inserting, immediately after regulation 26, the following Part:

“PART 2

WITHDRAWAL FROM MEDISAVE ACCOUNT FOR
LONG-TERM CARE SCHEME

Definitions for this Part

27. In this Part —

“approved payee” has the meaning given by section 16B(14) or 16C(13) of the Act (whichever is applicable);

“approved person” has the meaning given by section 16C(13) of the Act;

“dependant”, in relation to a member, means any of the following:

(a) an individual whom the certifying body is satisfied is the member’s spouse;

(b) any other individual who is related to the member in any other manner as the Minister charged with the responsibility for health may determine;

“long-term care recipient” means a member, or a member’s dependant, for whom a withdrawal is made under section 16B(1) of the Act;

“member” includes a member who is an undischarged bankrupt;

“monthly sum” has the meaning given by regulation 32(1);

“severely disabled” has the meaning given by the Fourth Schedule.

Prescribed person to determine circumstances for withdrawal

28. For the purposes of section 16B(1) of the Act, the Minister charged with the responsibility for health is the prescribed person who is to make a determination of the circumstances in which any amount standing to the credit of a member in the

member's medisave account is permitted to be withdrawn under that provision.

Prescribed amount for purposes of section 16B(1)(a) of Act

29. For the purposes of section 16B(1)(a) of the Act, the prescribed amount is \$5,000.

Conditions for long-term care

30. For the purposes of section 16B(2)(a)(i) and (b)(i) of the Act, the prescribed condition is that the member or member's dependant (as the case may be) is severely disabled.

Prescribed age for purposes of section 16B(2)(a)(ii) and (b)(ii) of Act

31. For the purposes of section 16B(2)(a)(ii) and (b)(ii) of the Act, the prescribed age is 30 years.

Limits on withdrawal for long-term care

32.—(1) The amount that the Board may permit to be withdrawn under section 16B(1) of the Act from the sum standing to a member's credit in the member's medisave account in any month for a long-term care recipient (called in these Regulations the monthly sum) must not exceed the lowest of the following:

- (a) the maximum monthly sum as specified in the second column of the Fifth Schedule, opposite the sum standing to the member's credit in the member's medisave account at the time of determining the monthly sum as specified in the first column;
- (b) the maximum amount that may be withdrawn from a member's medisave account as specified by the member or by an approved person acting on behalf of the member (whichever is applicable) for that month;

(c) the maximum amount requested by the long-term care recipient or an approved person acting on behalf of the long-term care recipient (whichever is applicable) for that month.

(2) Where monthly sums are withdrawn for a long-term care recipient from the medisave account of 2 or more members —

(a) the Board may determine the proportion to be paid to the long-term care recipient from each member's medisave account; and

(b) the total amount that may be paid from the medisave accounts of all the members concerned for any month must not exceed \$200.

(3) Despite paragraphs (1) and (2), the Minister charged with the responsibility for health may in any particular case allow a higher amount to be withdrawn under section 16B(1) of the Act from a member's medisave account, subject to any conditions that the Minister may impose.

Manner of payment

33.—(1) The manner of payment of an amount withdrawn under section 16B(1) of the Act may be determined by the Board.

(2) Where any costs or expenses are charged by any third party for facilitating the payment of an amount withdrawn under section 16B(1) of the Act (whether or not the payment is successful), the Board may permit the third party to deduct such costs and expenses from that payment.

Repayment of excess withdrawal, etc.

34.—(1) This regulation applies where, on account of any material change to the information available to the Board or the correction of any error relating to a member or member's dependant, the Board finds that it has permitted a withdrawal from the member's medisave account for a long-term care recipient under section 16B(1) of the Act —

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- (a) which ought not to have been permitted; or
 - (b) which is in excess of the amount that it would otherwise have permitted.
- (2) The Board may require —
- (a) any person who received the payment of the withdrawal mentioned in paragraph (1) to repay to the member's medisave account, all or such part, as the Board may determine, of the amount withdrawn; and
 - (b) any of the following persons who, for the purposes of the withdrawal mentioned in paragraph (1), provided the inaccurate or incorrect information giving rise to the material change to the information or correction of the error mentioned in paragraph (1), to repay the whole or such part, as the Board may determine, of the interest that would have been payable on the withdrawn amount if the amount had not been so withdrawn:
 - (i) the member;
 - (ii) the long-term care recipient;
 - (iii) an approved payee in relation to the amount withdrawn;
 - (iv) an approved person acting on behalf of the member or the long-term care recipient.
- (3) Despite paragraph (2), where one or more monthly sums in respect of a long-term care recipient are to be paid by subsequent withdrawals from the medisave account of the same member, the Board may reduce all or any of the monthly sums so as to restore the equivalent of the amount repayable under paragraph (2) into the same member's medisave account.

(4) The Board may require a person mentioned in paragraph (2)(b) to pay to the whole or such part, determined by the Board, of any reasonable expenses incurred by any of the following persons in recovering a repayment under paragraph (2):

- (a) the Board;
- (b) any person or group of persons appointed by the Board or the Minister charged with the responsibility for health.”.

New Fourth and Fifth Schedules

7. The principal Regulations are amended by inserting, immediately after the Third Schedule, the following Schedules:

“FOURTH SCHEDULE

Regulation 27

MEANING OF “SEVERELY DISABLED”

For the purposes of these Regulations, a person is severely disabled when he is unable to perform 3 or more of the following daily activities:

- (a) washing himself in the bath or shower (including getting into or out of the bath or shower), or washing himself by other means;
- (b) dressing and undressing himself, or (where required) securing or fastening on, or removing from, his body any brace, artificial limb or other medical or surgical appliance;
- (c) feeding himself;
- (d) toileting, or managing his bladder and bowel functions through the use of a protective undergarment or surgical appliance (where required);
- (e) walking, or moving from one room to another or on level surface;
- (f) transferring himself, or moving, from a bed to an upright chair or a wheelchair, and vice versa.

FIFTH SCHEDULE

Regulation 32(1)(a)

WITHDRAWAL LIMIT
FOR LONG-TERM CARE SCHEME

<i>First column</i>	<i>Second column</i>
<i>Sum standing to the credit of a member in the member's medisave account at the time of determining the monthly sum</i>	<i>Maximum monthly sum that may be withdrawn from a member's medisave account</i>
Not less than \$20,000	\$200
Less than \$20,000 but not less than \$15,000	\$150
Less than \$15,000 but not less than \$10,000	\$100
Less than \$10,000 but not less than \$5,000	\$50
Less than \$5,000	\$0

Miscellaneous amendments

8. The principal Regulations are amended —

- (a) by deleting the words “these Regulations” in the following definitions in regulation 2(1) and substituting in each case the words “this Part”:

Definitions of “approved allied health professional”, “approved chronic illness treatment”, “approved CIT medical institution”, “approved clinic”, “approved clinical laboratory”, “approved community hospital”, “approved convalescent hospital”, “approved day hospice”, “approved day hospital”, “approved day rehabilitation centre”, “approved day surgery centre”, “approved home palliative care provider”, “approved hospital”, “approved in-patient hospice”, “approved in-patient palliative care service provider” or “approved IPC provider”, “approved medical practitioner”, “approved out-patient parenteral nutrition”, “approved rehabilitation treatment”, “approved screening”,

“approved Third Schedule treatment provider”, “approved treatment package”, “approved vaccination”, “non-qualifying medical treatment”, “Singapore Gamma Knife Centre” and “surgical treatment”; and

- (b) by deleting the words “these Regulations” wherever they appear in the following provisions and substituting in each case the words “this Part”:

Regulations 6(2), 7(2), 8(2), 9(2), 9AA(3), 9B(3), 10, 12, 13(1), (4) and (8), 18(1), 19(2) and (2A), 20(1), 21(1), 21A(1)(ii), (2)(ii) and (4), 23(a), 24(2), 25(1), 25A and 26.

[G.N. Nos. S 224/2007; S 527/2007; S 731/2007; S 149/2008; S 456/2008; S 682/2008; S 86/2009; S 239/2009; S 523/2009; S 659/2009; S 88/2010; S 118/2010; S 289/2010; S 548/2010; S 367/2011; S 725/2011; S 107/2013; S 482/2013; S 623/2013; S 427/2014; S 872/2014; S 177/2015; S 625/2015; S 377/2016; S 530/2016; S 723/2016; S 340/2017; S 789/2017; S 145/2018; S 341/2018; S 730/2018; S 787/2018; S 397/2019; S 200/2020; S 389/2020]

Made on 29 September 2020.

AUBECK KAM
*Permanent Secretary,
Ministry of Manpower,
Singapore.*

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