
First published in the *Government Gazette*, Electronic Edition, on 30 September 2020 at 7 pm.

No. S 850

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

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

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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:

Citation and commencement

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

Definitions

2. In these Regulations, unless the context otherwise requires —

“approved insurer” means an insurer approved by the Minister for the purposes of a Supplement Scheme;

[Deleted by S 809/2021 wef 01/11/2021]

[Deleted by S 809/2021 wef 01/11/2021]

“cash equivalent”, in relation to any payment, includes the payment by a cheque, a credit or debit card or any electronic funds transfer;

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

(a) the CPF member’s spouse, child or parent;

(b) the CPF member’s sibling or grandparent, who is a citizen of Singapore or permanent resident of Singapore; or

(c) any other person whom the Board may approve as a dependant for the purposes of these Regulations;

“net premium” means the amount of premium payable under a supplementary disability insurance policy after deducting a rebate (if any) given by the approved insurer of that insurance policy;

[S 809/2021 wef 01/11/2021]

“relevant insured person” has the meaning given by regulation 4;

[S 809/2021 wef 01/11/2021]

“supplement premium” means any premium payable under a supplementary disability insurance policy;

[S 809/2021 wef 01/11/2021]

“supplementary disability insurance policy” means any insurance policy provided by an approved insurer under a Supplement Scheme.

[S 809/2021 wef 01/11/2021]

Eligibility to purchase supplementary disability insurance policy

3. An individual is eligible to purchase a supplementary disability insurance policy only if the individual is insured under the CSHL Scheme or ESH Scheme.

[S 809/2021 wef 01/11/2021]

Modes of payment for supplement premium

4. An individual who is insured under a supplementary disability insurance policy (called in these Regulations the relevant insured person) may pay the whole or any part of a supplement premium —

- (a) by a withdrawal from a medisave account in accordance with these Regulations; or
- (b) in cash or any cash equivalent.

[S 809/2021 wef 01/11/2021]

Application to withdraw moneys from medisave account

5.—(1) A CPF member may apply to the Board to withdraw moneys standing to the credit of the CPF member's medisave account in the Fund to pay the whole or any part of a supplement premium —

- (a) that is payable by the CPF member; or
- (b) that the CPF member intends to pay on behalf of any dependant of the CPF member.

[S 809/2021 wef 01/11/2021]

(2) An application by the CPF member under paragraph (1) 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 total amount that the Board may authorise to be withdrawn from the medisave accounts of one or more CPF members under paragraph (1) for the payment of supplement premiums, in respect of

one or more supplementary disability insurance policies, must not exceed the sum of \$600 per year per relevant insured person.

[S 809/2021 wef 01/11/2021]

(4) The Board may authorise the withdrawal under paragraph (1) subject to the terms and conditions that the Board may impose on one or both of the following persons:

- (a) the CPF member;
- (b) the approved insurer to which the withdrawn moneys may be paid.

Withdrawal from medisave account to pay supplement premium

6.—(1) The Board must not pay to an approved insurer any amount authorised to be withdrawn from a CPF member's medisave account under regulation 5 in payment of a supplement premium, unless the approved insurer gives written notice to the Board that such payment is due.

[S 809/2021 wef 01/11/2021]

(2) The Board must pay to the approved insurer the amount authorised to be withdrawn in payment of the supplement premium payable by the CPF member or the CPF member's dependant, as the case may be.

[S 809/2021 wef 01/11/2021]

(3) If the amount standing to the credit of the CPF member in his or her medisave account is insufficient to pay any net premium due by the CPF member or the CPF member's dependant —

- (a) the Board must notify the approved insurer of the insufficiency; and
- (b) the approved insurer may, after being so notified, determine the manner in which any deficiency in the premium is to be paid.

[S 809/2021 wef 01/11/2021]

Cancellation of authorisation of withdrawal

7. The Board may, upon a written notice by a CPF member, cancel any authorisation for withdrawal under regulation 5.

Termination of supplementary disability insurance policy

8.—(1) Where a supplementary disability insurance policy is terminated by an approved insurer, the approved insurer with which the insurance policy is taken out must —

- (a) notify the Board of such termination; and
- (b) cancel any instruction to the Board to pay to the approved insurer moneys from any medisave account for the payment of any premium under the terminated insurance policy.

[S 809/2021 wef 01/11/2021]

(2) No further withdrawals may be made by a CPF member from his or her medisave account for the payment of a supplement premium under the terminated insurance policy, on or after the effective date of termination of the insurance cover.

[S 809/2021 wef 01/11/2021]

[S 809/2021 wef 01/11/2021]

Refund of supplement premium

9.—(1) If an individual insured by an approved insurer under a supplementary disability insurance policy ceases to be so insured within a period of 60 days starting on the date of the commencement of the insurance cover, the approved insurer must refund the full amount of the supplement premium paid for the insurance cover in accordance with paragraph (2) or (3), as applicable.

[S 809/2021 wef 01/11/2021]

(2) Where the supplement premium was deducted (in whole or in part) from the medisave account of one or more CPF members, the amount so deducted from each medisave account must be paid into that medisave account.

[S 809/2021 wef 01/11/2021]

(3) Where the supplement premium was paid (in whole or in part) in cash or any cash equivalent, an amount (*B*), where *B* is the balance (if any) remaining after deducting from the supplement premium —

- (a) the amount payable under paragraph (2), if any; and

(b) the expense incurred by the approved insurer in underwriting the insurance cover, if claimed, must be paid in cash or any cash equivalent to —

(c) the person who paid such premium in cash or any cash equivalent or, where this is not possible or the payer cannot be ascertained, to the insured person; and

(d) if there are 2 or more persons who paid such premium in cash or any cash equivalent, to each payer in the proportion of the total payment in cash or any cash equivalent paid by that payer or, where this is not possible or the payer cannot be ascertained, to the insured person.

[S 809/2021 wef 01/11/2021]

(4) If an individual insured under a supplementary disability insurance policy ceases to be insured at any time after 60 days starting on the date of commencement of the insurance cover, any supplement premium paid does not have to be refunded, unless the approved insurer allows it in any particular case.

[S 809/2021 wef 01/11/2021]

[S 809/2021 wef 01/11/2021]

Repayment of withdrawn moneys by CPF member

10. If a CPF member makes a false representation to the Board, or provides the Board with any false information, for any purpose connected with these Regulations, the Board may require the CPF member to repay to his or her medisave account, the whole or any part, as the Board may determine, of —

(a) the moneys withdrawn from his or her medisave account under regulation 5; and

(b) any interest that would have been payable on the moneys withdrawn if such moneys had not been withdrawn from his or her medisave account.

Refund of withdrawn moneys by approved insurer

11.—(1) This regulation applies in relation to a payment by the Board to an approved insurer of an amount authorised to be

withdrawn from a CPF member's medisave account under regulation 5, in any of the following circumstances:

- (a) the application under regulation 5 for the withdrawal, made or purportedly made by the CPF member —
 - (i) is not signed by the CPF member;
 - (ii) is signed by the CPF member when the CPF member lacks capacity within the meaning of section 4 of the Mental Capacity Act (Cap. 177A) to make the decision to apply for the withdrawal; or
 - (iii) is given on the basis of inaccurate, incorrect or misleading information from the approved insurer or any other person;
- (b) any of the terms and conditions imposed by the Board under regulation 5 are not complied with;
- (c) the amount withdrawn or paid exceeds —
 - (i) the supplement premium that is payable by the CPF member or the CPF member's dependant (as the case may be) under the supplementary disability insurance policy for which the amount is withdrawn or paid; or

[S 809/2021 wef 01/11/2021]

 - (ii) the maximum amount permitted by regulation 5(3);
- (d) the CPF member, a dependant of the CPF member for whom the withdrawal is authorised or an approved insurer made a false or an inaccurate representation to the Board, or provided the Board with any inaccurate, incorrect or misleading information, in connection with the application for payment of a premium for the insurance cover of an insured person under any of the following disability insurance schemes to be deducted from the CPF member's medisave account:
 - (i) the CSHL Scheme;
 - (ii) the ESH Scheme;

(iii) a Supplement Scheme.

[S 809/2021 wef 01/11/2021]

(2) The approved insurer must, upon the occurrence of any of the circumstances mentioned in paragraph (1), refund to the Board the whole or any part, as the Board may determine, of —

(a) the amount that was paid to the approved insurer; and

(b) the interest that would have been payable on the amount mentioned in sub-paragraph (a) if it had not been withdrawn from the medisave account.

(3) The Board may dispense with the requirement in paragraph (2) if the Board is of the opinion that the circumstances concerned had arisen due to any false representation or false information by a CPF member mentioned in regulation 10.

(4) The Board must credit to the CPF member's medisave account the amount and interest refunded by the approved insurer under paragraph (2).

Made on 29 September 2020.

CHAN YENG KIT
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Ministry of Health,
Singapore.*

[MH 111:08/11-6; AG/LEGIS/SL/31C/2020/2 Vol. 1]

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