

**CENTRAL PROVIDENT FUND ACT
(CHAPTER 36, SECTION 77(1)(j))**

**CENTRAL PROVIDENT FUND (MEDISAVE ACCOUNT
WITHDRAWALS) REGULATIONS**

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[1st November 2001]

Citation

1. These Regulations may be cited as the Central Provident Fund (Medisave Account Withdrawals) Regulations.

Definitions

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

“allied health professional” has the same meaning as in section 2 of the Allied Health Professions Act (Cap. 6B);

[S 145/2018 wef 01/04/2018]

“approved allied health professional” means any allied health professional who is approved by the Minister charged with the responsibility for health for the purposes of these Regulations;

[S 145/2018 wef 01/04/2018]

“approved centre” means any centre in a hospital or clinic approved by the Minister for Health for renal dialysis treatment;

“approved chronic illness treatment” means any medical treatment or psychiatric treatment in respect of any chronic illness which is approved by the Minister for Health for the purposes of these Regulations;

[S 239/2009 wef 01/10/2009]

“approved CIT medical institution” means any centre, clinic, hospital or other premises which offers medical treatment or psychiatric treatment and which the Minister for Health has approved for the purposes of approved chronic illness treatments under these Regulations;

[S 239/2009 wef 01/10/2009]

“approved clinic” means any medical clinic approved by the Minister for Health for the purposes of these Regulations;

“approved clinical laboratory” means any clinical laboratory within the meaning of section 2 of the Private Hospitals and Medical Clinics Act (Cap. 248) which is approved by the Minister for Health for the purposes of these Regulations;

[S 367/2011 wef 01/07/2011]

“approved community hospital” means any premises which, in the opinion of the Minister for Health, provides an intermediate level of care for out-patients and in-patients who have simple ailments which do not require specialist medical and nursing care and is approved by that Minister for the purposes of these Regulations;

“approved convalescent hospital” means any premises which provides in-patient medical care for the recovery or rehabilitation of patients and is approved by the Minister for Health for the purposes of these Regulations;

“approved day hospice” means any premises (other than a home) which are used for out-patient medical treatment and care of terminally ill patients and are approved by the Minister for Health for the purposes of these Regulations;

[S 377/2016 wef 01/08/2016]

“approved day hospital” means any premises which provides for day rehabilitative assessment and treatment of patients and is

approved by the Minister for Health for the purposes of these Regulations;

“approved day rehabilitation centre” means any centre operating at or within a location other than an approved hospital, which provides approved rehabilitation treatment and is approved by the Minister for Health for the purposes of these Regulations;

[S 289/2010 wef 01/06/2010]

[S 340/2017 wef 01/07/2017]

“approved day surgery centre” means any centre which provides day surgical treatment to a member or his dependant and is approved by the Minister for Health for the purposes of these Regulations;

[Deleted by S 377/2016 wef 01/08/2016]

“approved home palliative care provider” means any person who provides home palliative care and is approved by the Minister for Health for the purposes of these Regulations;

[S 377/2016 wef 01/08/2016]

“approved hospital” means any hospital approved by the Minister for Health for the purposes of these Regulations;

“approved in-patient hospice” means any premises which are used for in-patient medical treatment and care of terminally ill patients and are approved by the Minister for Health for the purposes of these Regulations;

[S 377/2016 wef 01/08/2016]

“approved medical institution” means any of the following:

- (a) approved centre;
- (b) approved CIT medical institution;
- (c) approved clinic;
- (ca) approved clinical laboratory;

[S 367/2011 wef 01/07/2011]

- (d) approved community hospital;

(e) approved convalescent hospital;

(ea) approved day hospice;

[S 377/2016 wef 01/08/2016]

(f) approved day hospital;

(fa) approved day rehabilitation centre;

[S 289/2010 wef 01/06/2010]

(g) approved day surgery centre;

(h) [Deleted by S 377/2016 wef 01/08/2016]

(i) approved hospital;

(ia) approved in-patient hospice;

[S 377/2016 wef 01/08/2016]

(ib) approved Third Schedule treatment provider;

[S 340/2017 wef 01/07/2017]

(j) School Health Service;

(k) [Deleted by S 289/2010 wef 01/06/2010]

(l) Singapore Gamma Knife Centre;

“approved medical practitioner” means any medical practitioner who is approved by the Minister for Health or such other person as he may appoint for the purposes of these Regulations;

[Deleted by S 340/2017 wef 01/07/2017]

“approved out-patient parenteral nutrition” means any parenteral nutrition that is provided by an approved hospital to an out-patient, and is approved by the Minister for Health for the purposes of these Regulations;

[S 730/2018 wef 01/11/2018]

“approved rehabilitation treatment” means any out-patient rehabilitation treatment that is provided by an approved day rehabilitation centre and is approved by the Minister for Health for the purposes of these Regulations;

[S 340/2017 wef 01/07/2017]

[Deleted by S 377/2016 wef 01/08/2016]

“approved screening” means any health screening which is approved by the Minister for Health for the purposes of these Regulations;

[S 367/2011 wef 01/07/2011]

[Deleted by S 340/2017 wef 01/07/2017]

“approved Third Schedule treatment provider” means any hospital or medical clinic that provides any Third Schedule treatment and is approved by the Minister for Health for the purposes of these Regulations;

[S 340/2017 wef 01/07/2017]

“approved treatment package” means a course of one or more of the following which lasts not more than one year, which is approved by the Minister for Health for the purposes of these Regulations, and which complies with such terms and conditions as the Minister for Health may impose:

- (a) medical treatments;
- (b) psychiatric treatments;
- (c) approved rehabilitation treatments;

[S 340/2017 wef 01/07/2017]

- (d) home palliative care;
- (e) approved screenings;

[S 482/2013 wef 01/08/2013]

“approved vaccination” means any vaccination (including any vaccination against Hepatitis B or pneumococcal disease) which is approved by the Minister for Health for the purposes of these Regulations;

[S 523/2009 wef 01/11/2009]

“co-payment amount”, in relation to a member or his dependant, means the amount which the member or his dependant (as the case may be) is responsible for paying in respect of any

approved chronic illness treatment or approved treatment package, as specified in regulation 14(1)(a);

[S 482/2013 wef 01/08/2013]

[S 239/2009 wef 01/10/2009]

“co-payment percentage”, in relation to a member or his dependant, means the percentage of the charge for any approved chronic illness treatment or approved treatment package which the member or his dependant (as the case may be) is responsible for paying, as specified in regulation 14(1)(a) and (b);

[S 482/2013 wef 01/08/2013]

[S 427/2014 wef 01/07/2014]

[S 239/2009 wef 01/10/2009]

“day surgical treatment” means any surgical treatment received by a person who is admitted and discharged on the same day;

“dependant” means —

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

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

“First Schedule treatment” means any medical treatment specified in the First Schedule;

[S 340/2017 wef 01/07/2017]

“home”, in relation to a person, means any premises (other than an approved medical institution) in which the person is residing;

[S 659/2009 wef 01/01/2010]

“home palliative care” means any palliative care for a terminally ill patient provided at the home of the patient;

[S 659/2009 wef 01/01/2010]

“in-patient” means a patient who —

(a) is hospitalised, for any treatment other than day surgical treatment, for a period of not less than 8 hours; or

(b) has died within 8 hours after being hospitalised for any treatment other than day surgical treatment;

[S 107/2013 wef 01/03/2013]

“last medical bill”, in relation to a member who has died on or after 1st July 2006 in an approved medical institution before his discharge therefrom, means the bill for charges incurred in respect of the medical or psychiatric treatments which the member received in the approved medical institution;

“living donor organ transplant” has the same meaning as in the Human Organ Transplant Act (Cap. 131A);

[S 88/2010 wef 17/02/2010]

“medical clinic” means any premises used by one or more approved medical practitioners for the diagnosis or treatment of persons but does not include any such premises which forms part of the premises of an approved hospital;

“medical practitioner” means any medical practitioner registered under the Medical Registration Act (Cap. 174) or any dentist registered under the Dental Registration Act (Cap. 76);

[S 340/2017 wef 01/07/2017]

“medical treatment” —

(a) means —

(i) any medical treatment, surgical treatment, radiotherapy treatment, treatment of neoplasms by chemotherapy, renal dialysis treatment, radiosurgery treatment or approved vaccination; and

(ii) any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition; and

(b) includes —

(i) any investigation, medicine, curative material or device; and

- (ii) where any treatment or vaccination referred to in paragraph (a) of this definition has been received by a person as an in-patient of any approved medical institution that is not an approved day rehabilitation centre, the maintenance of that person in the approved medical institution;

[S 107/2013 wef 01/03/2013]

“medical treatment for conception” means assisted conception procedures, for example, Invitro Fertilisation (IVF), Gamete Intra-fallopian Transfer (GIFT), etc.;

“Medisave healthcare provider” has the same meaning as in section 67A of the Act;

[S 723/2016 wef 01/01/2017]

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

“non-qualifying medical treatment” means any medical treatment for which no withdrawal from a medisave account may be made under these Regulations;

[S 872/2014 wef 01/01/2015]

“organ transplantation costs” means —

(a) any costs arising in relation or incidental to the removal of any organ from a non-living organ donor for organ transplant and includes the costs of —

- (i) the donor’s extended stay, before his death, in a hospital as necessitated by the donation of his organ;
- (ii) any surgical operation to remove the organ from the donor’s body;
- (iii) any pre-harvesting laboratory test and investigation;
- (iv) any counselling provided to the donor’s family in connection with the donation of his organ;
- (v) the storage and transport of the organ; and

- (vi) such other procedure as may be approved by the Minister for Health; or
- (b) any costs so far as are reasonably or directly attributable to the removal of any specified organ from a living organ donor for organ transplant and includes the costs of —
 - (i) the donor’s stay in a hospital as necessitated by the donation of his specified organ until he is discharged;
 - (ii) any surgical operation to remove the specified organ from the donor’s body;
 - (iii) the storage and transport of the specified organ; and
 - (iv) such other procedure as may be approved by the Minister for Health,

but does not include —

- (A) any costs arising in relation or incidental to complications suffered by the donor due to the donation of his specified organ after his discharge from the hospital under sub-paragraph (i);
- (B) any pre-harvesting laboratory test and investigation; and
- (C) any counselling provided to the donor’s family in connection with the donation of his specified organ;

[S 88/2010 wef 17/02/2010]

“out-patient” means a patient other than an in-patient or a patient receiving day surgical treatment;

“out-patient scan” means any scan which —

- (a) is performed on an out-patient for the purpose of —
 - (i) providing diagnostic imaging to investigate any medical condition of the out-patient; or

- (ii) providing clinical information for any non-qualifying medical treatment or specified out-patient treatment received by the out-patient; and

[S 177/2015 wef 01/04/2015]

- (b) may include magnetic resonance imaging (MRI), computerised tomography (CT) scans, positron emission tomography (PET) scans, ultrasound imaging and mammograms, but does not include the following:

- (i) any cancer scan or diagnostic test defined in regulation 13(7);
- (ii) any scan for health screening purposes;
- (iii) any scan not instructed by an approved medical practitioner;
- (iv) any scan performed at the emergency department of an approved medical institution;

[S 872/2014 wef 01/01/2015]

“pre-delivery medical treatment” means any medical treatment prescribed by a medical practitioner that is received by a pregnant woman in relation to her pregnancy before the delivery of a child or the termination of her pregnancy;

“prescribed person”, in relation to a member, means a person —

- (a) [*Deleted by S 789/2017 wef 01/01/2018*]
- (b) who does not lack capacity within the meaning of section 4 of the Mental Capacity Act (Act 22 of 2008); and
- (c) who is —
 - (i) a deputy appointed or deemed to be appointed for the member by the court under the Mental Capacity Act 2008 with power in relation to the member for the purposes of the Act;

- (ii) a donee under a lasting power of attorney registered under the Mental Capacity Act 2008 with power in relation to the member for the purposes of the Act; or
- (iii) the spouse, a parent or a child of the member, or such other person related to the member as the Minister for Health may approve for the purposes of regulation 3 or 17, each being an individual who has attained the age of 21 years;

[S 118/2010 wef 01/03/2010]

[S 789/2017 wef 01/01/2018]

“psychiatric treatment” includes any therapeutic procedure given to control and relieve any psychiatric symptom or to prevent its recurrence, but does not include any treatment for any mental illness or personality disorder classified by the Minister for Health as a medical condition;

[S 107/2013 wef 01/03/2013]

“radiosurgery treatment” means the gamma knife treatment or the Novalis shaped beam treatment of neurosurgical or neurological disorders;

“radiotherapy treatment” means the treatment of any malignant disease or certain benign condition with ionising radiation delivered externally or internally by sealed or unsealed radionuclides and irradiating apparatus as specified in the First Schedule;

[S 548/2010 wef 01/10/2010]

[S 239/2009 wef 01/10/2009]

“renal dialysis treatment” means treatment received by a member with renal failure for the purpose of purifying his blood of waste metabolites accumulated as a result of failure and includes haemodialysis and continuous ambulatory peritoneal dialysis received at any approved centre or at the member’s home;

“Singapore Gamma Knife Centre” means any premises which provides gamma knife treatment for the care of in-patients

and is approved by the Minister for Health for the purposes of these Regulations;

“specified organ” has the same meaning as in the Human Organ Transplant Act (Cap. 131A);

[S 88/2010 wef 17/02/2010]

“specified out-patient treatment” means any out-patient medical treatment or out-patient psychiatric treatment, approved by the Minister for Health for the purposes of regulation 21B;

[S 177/2015 wef 01/04/2015]

“surgical treatment” means any surgical treatment approved by the Minister for Health for the purposes of these Regulations;

“Third Schedule treatment” means any medical treatment specified in the Third Schedule;

[S 340/2017 wef 01/07/2017]

“treatment for sexual sterilization” has the same meaning as in the Voluntary Sterilization Act (Cap. 347);

“treatment of neoplasms by chemotherapy” means the administration of tested and approved chemotherapeutic agents by the usual and known routes in the treatment of malignant and benign neoplasms, and neoplasms of uncertain behaviour.

[S 482/2013 wef 01/08/2013]

[Deleted by S 482/2013 wef 01/08/2013]

(2) In these Regulations, unless the context otherwise requires, a reference to any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening includes a reference to any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) received, or to be received, as part of an approved treatment package.

[S 482/2013 wef 01/08/2013]

[S 340/2017 wef 01/07/2017]

(3) In these Regulations, unless the context otherwise requires, a reference to a person receiving any medical treatment, psychiatric

treatment, approved rehabilitation treatment, home palliative care or approved screening on or after a certain date shall include a reference to that person receiving any medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) on or after that date as part of an approved treatment package under which the first medical treatment, psychiatric treatment, approved rehabilitation treatment, home palliative care or approved screening (as the case may be) was received before that date.

[S 482/2013 wef 01/08/2013]

[S 340/2017 wef 01/07/2017]

Application for withdrawal

3.—(1) Subject to the Act and these Regulations, where a member or his dependant has received, or will receive as part of an approved treatment package —

(a) any medical treatment or psychiatric treatment —

(i) in or provided by any approved medical institution;
or

[S 730/2018 wef 01/11/2018]

(ii) in any other centre, clinic, hospital or premises approved by the Minister charged with the responsibility for health under paragraph (1A);

[S 145/2018 wef 01/04/2018]

(aa) any approved rehabilitation treatment —

(i) in any approved medical institution from an approved medical practitioner or an approved allied health professional; or

(ii) in any other centre, clinic, hospital or premises approved by the Minister charged with the responsibility for health under paragraph (1A); or

[S 145/2018 wef 01/04/2018]

- (b) any medical treatment (other than any approved vaccination) at home from an approved home palliative care provider,

[S 377/2016 wef 01/08/2016]

the Board may, on an application by the member, authorise the whole or part of the amount standing to the member's credit in his medisave account to be withdrawn and used for the payment of the medical treatment, psychiatric treatment or approved rehabilitation treatment received, or to be received as part of an approved treatment package, by the member or his dependant, subject to the direction of the Minister for Health under paragraph (1A)(b) and such other terms and conditions as the Board may impose.

[S 482/2013 wef 01/08/2013]

[S 659/2009 wef 01/01/2010]

[S 340/2017 wef 01/07/2017]

(1A) Where a member or his dependant has received, or will receive as part of an approved treatment package, any treatment on or after 1st June 2007 in any centre, clinic, hospital or other premises that is not an approved medical institution, the Minister for Health may, on the application of the member and subject to such terms and conditions as he thinks fit to impose —

- (a) approve such centre, clinic, hospital or other premises for the purpose of the member's application to the Board under paragraph (1) for the withdrawal of moneys from his medisave account to pay for the treatment received, or to be received as part of an approved treatment package, by him or his dependant; and

[S 482/2013 wef 01/08/2013]

- (b) direct that, for the purposes of these Regulations, the withdrawal of moneys be made as if such centre, clinic, hospital or other premises were a type of approved medical institution as defined in regulation 2 as the Minister for Health may specify.

[S 224/2007 wef 01/06/2007]

[S 482/2013 wef 01/08/2013]

(2) Where a member has received, or will receive as part of an approved treatment package, any treatment in any of the situations specified in paragraph (3), the Board may, on an application by a prescribed person, authorise the whole or part of the amount standing to the member's credit in his medisave account to be withdrawn and used for the payment of the treatment received, or to be received as part of an approved treatment package, by the member, subject to such terms and conditions as the Board may impose.

[S 482/2013 wef 01/08/2013]

(3) The situations mentioned in paragraph (2) are as follows:

(a) where the member —

(i) has received, or will receive as part of an approved treatment package, on such terms and conditions as the Minister for Health may impose —

(A) any medical treatment, psychiatric treatment or approved rehabilitation treatment in or provided by any approved medical institution; or

[S 340/2017 wef 01/07/2017]

[S 730/2018 wef 01/11/2018]

(B) any medical treatment (other than any approved vaccination) at home from an approved home palliative care provider; and

[S 482/2013 wef 01/08/2013]

[S 659/2009 wef 01/01/2010]

[S 377/2016 wef 01/08/2016]

[S 789/2017 wef 01/01/2018]

(ii) is —

(A) unconscious; or

(B) otherwise mentally incapacitated and unable to make the application under paragraph (1) himself;

[S 789/2017 wef 01/01/2018]

(iii) *[Deleted by S 789/2017 wef 01/01/2018]*

(b) where the member —

(i) has received any medical or psychiatric treatment as an in-patient on such terms and conditions as the Minister for Health may impose, in —

(A) any approved hospital;

(B) any approved community hospital;

(C) any approved convalescent hospital;

(D) any approved in-patient hospice; or

[S 377/2016 wef 01/08/2016]

(E) any approved day hospital;

[S 482/2013 wef 01/08/2013]

[S 730/2018 wef 01/11/2018]

(ii) has not made an application under paragraph (1) himself; and

(iii) dies, on or after 1st July 2006, before he is discharged from the approved hospital or in-patient hospice referred to in sub-paragraph (i); and

[S 377/2016 wef 01/08/2016]

(c) where the member has received, before his death, any medical treatment, psychiatric treatment or approved rehabilitation treatment under such other circumstances as the Minister for Health may approve for the purposes of these Regulations, on such terms and conditions as the Minister for Health may impose.

[S 548/2010 wef 01/10/2010]

[S 659/2009 wef 01/01/2010]

[S 340/2017 wef 01/07/2017]

(3A) An application for the withdrawal of moneys from a member's medisave account under paragraph (1), (1A) or (2) shall —

(a) if the application is in respect of any medical treatment or psychiatric treatment (except any specified out-patient treatment, or any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in

regulation 21C(1)), or approved rehabilitation treatment received, other than as part of an approved treatment package, by the member or his dependant, be made within the period of 12 months, or within such further period as the Board may specify in any particular case, commencing immediately after the relevant date; or

[S 177/2015 wef 01/04/2015]

[S 340/2017 wef 01/07/2017]

[S 730/2018 wef 01/11/2018]

(b) if the application is in respect of any medical treatment, psychiatric treatment or approved rehabilitation treatment received, or to be received, as part of an approved treatment package, by the member or his dependant —

(i) be made within the period of 12 months, or within such further period as the Board may specify for a treatment of that type or in any particular case, commencing immediately after the date on which the first medical treatment, psychiatric treatment or approved rehabilitation treatment (as the case may be) of the approved treatment package is received; and

[S 340/2017 wef 01/07/2017]

(ii) be subject to such terms and conditions as the Minister for Health may impose.

[S 482/2013 wef 01/08/2013]

[S 340/2017 wef 01/07/2017]

(3B) An application by a member to withdraw moneys from the member's medisave account to pay for —

(a) any specified out-patient treatment received by the member or the member's spouse; or

(b) any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in regulation 21C(1) received by the member or the member's spouse,

[S 730/2018 wef 01/11/2018]

must be made by the member within the period of 12 months, or within such further period as the Board may specify in any particular case, commencing immediately after the relevant date.

[S 177/2015 wef 01/04/2015]

(3C) A prescribed person may make an application under paragraph (3B) on behalf of the member, in respect of any specified out-patient treatment or any treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in regulation 21C(1) received by the member, if the member —

(a) is unconscious; or

[S 789/2017 wef 01/01/2018]

(b) is otherwise mentally incapacitated and unable to make the application under paragraph (3B) himself.

[S 789/2017 wef 01/01/2018]

[S 177/2015 wef 01/04/2015]

[S 730/2018 wef 01/11/2018]

(3D) [*Deleted by S 789/2017 wef 01/01/2018*]

(3E) The Board may authorise the whole or part of the amount standing to the member's credit in the member's medisave account to be withdrawn and used for the payment referred to in paragraph (3B) —

(a) if the Board is of the opinion that the conditions referred to in regulation 21B(2) or 21C(2), as the case may be, are satisfied, and has determined that such withdrawal does not exceed the withdrawal limit in regulation 21D; and

(b) subject to the direction of the Minister for Health and such other terms and conditions as the Board may impose.

[S 177/2015 wef 01/04/2015]

(4) Every application for the withdrawal of moneys from a member's medisave account under these Regulations shall be made in such form, and supported by such information and documents, as the Board may require.

(5) [*Deleted by S 789/2017 wef 01/01/2018*]

(6) In this regulation, unless the context otherwise requires, “relevant date” means —

- (a) in a case where the member or his dependant received any medical, psychiatric or approved rehabilitation treatment as an in-patient or received day surgical treatment in an approved medical institution, the date of discharge of the member or his dependant (as the case may be) from the approved medical institution;

[S 340/2017 wef 01/07/2017]

- (b) in a case where the member received any medical or psychiatric treatment as an in-patient in an approved medical institution and the member dies in the approved medical institution before his discharge therefrom, the date of his death;

[S 482/2013 wef 01/08/2013]

[S 177/2015 wef 01/04/2015]

- (c) in a case of an application under paragraph (3B), the date on which the member or the member’s spouse (as the case may be) received the specified out-patient treatment, or the treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in regulation 21C(1); or

[S 177/2015 wef 01/04/2015]

[S 730/2018 wef 01/11/2018]

- (d) in any other case, the date on which the member or his dependant received any medical or approved rehabilitation treatment as an out-patient.

[S 340/2017 wef 01/07/2017]

(7) For the purposes of this regulation and regulations 4, 9A, 13, 23, 24, 25 and 25A, unless the context otherwise requires, “medical treatment” includes home palliative care.

[S 659/2009 wef 01/01/2010]

[S 723/2016 wef 01/01/2017]

(8) For the purposes of this regulation and regulations 4, 13, 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes approved screening.

[S 367/2011 wef 01/07/2011]

[S 723/2016 wef 01/01/2017]

(9) For the purposes of this regulation and regulations 4, 13(1), 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes an out-patient scan.

[S 872/2014 wef 01/01/2015]

[S 723/2016 wef 01/01/2017]

(10) For the purposes of this regulation and regulations 4, 13, 23, 25 and 25A, unless the context otherwise requires, “medical treatment” includes approved out-patient parenteral nutrition.

[S 730/2018 wef 01/11/2018]

Limits on withdrawal

4.—(1) Where moneys are withdrawn from one or more medisave accounts under regulation 3 for the payment of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, the total amount withdrawn for the payment of the treatment shall be subject to the limits prescribed in regulation 5, 6, 7, 8, 9, 9A, 9B, 10, 11, 12, 13, 13A, 14, 14A, 14B, 14C, 15, 16, 18, 19, 20, 21 or 21D, as applicable.

[S 367/2011 wef 01/07/2011]

[S 872/2014 wef 01/01/2015]

[S 523/2009 wef 01/11/2009]

[S 659/2009 wef 01/01/2010]

[S 177/2015 wef 01/04/2015]

[S 340/2017 wef 01/07/2017]

[S 730/2018 wef 01/11/2018]

(2) Subject to paragraph (1), where the withdrawal is made from the medisave accounts of —

(a) a deceased member; and

(b) the spouse, a parent or a child of the deceased member, or any other person related to the deceased member and

whom the Minister for Health has approved for the purposes of regulation 3,

the whole or part of the amount standing to the credit of the deceased member in the medisave account shall be withdrawn first for payment of the deceased member's last medical bill before the moneys standing to the credit of the person referred to in sub-paragraph (b) in the medisave account are used to pay the balance of the deceased member's last medical bill.

(3) Notwithstanding paragraph (1), where moneys are withdrawn from a deceased member's medisave account under regulation 3 for the payment of his last medical bill, the limits prescribed in regulations 5, 6, 7, 8, 9, 16 and 20 shall not apply.

(4) Notwithstanding the limits on the withdrawal of moneys from medisave accounts prescribed in these Regulations, the Minister for Health, or such person as he may appoint, may, in a particular case, approve the withdrawal of the whole or part of either or both of the amount standing to the credit of a deceased member in the medisave account and the amount standing to the credit of any person referred to in paragraph (2)(b) in that person's medisave account, the total withdrawal being in excess of the prescribed limits for the payment of the charges incurred in respect of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment received by the member in an approved medical institution before his death, subject to such terms and conditions as the Minister for Health, or such person as he may appoint, may impose.

[S 548/2010 wef 01/10/2010]

[S 239/2009 wef 01/06/2009]

[S 367/2011 wef 02/06/2007]

[S 224/2007 wef 01/06/2007]

[S 177/2015 wef 01/04/2015]

[S 340/2017 wef 01/07/2017]

(5) For the avoidance of doubt, in relation to the payment of a deceased member's last medical bill, any further limits on the withdrawal of moneys from the deceased member's medisave

account that may be specified by the member before his death shall be disregarded.

(6) Notwithstanding the limits on the withdrawal of moneys from medisave accounts prescribed in these Regulations, the Minister for Health or such person as he may appoint may, in a particular case, approve the withdrawal of the whole or part of the amount standing to the credit of the member in the medisave account in excess of the prescribed limits for the payment of the charges incurred in respect of any medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment received by the member, the member's dependant or a person deemed under regulation 24(2) to be the member's dependant, subject to such terms and conditions as the Minister for Health or such person as he may appoint may impose.

[S 367/2011 wef 01/10/2010]

[S 239/2009 wef 01/06/2009]

[S 367/2011 wef 02/06/2007]

[S 224/2007 wef 01/06/2007]

[S 367/2011 wef 01/06/2011]

[S 177/2015 wef 01/04/2015]

[S 340/2017 wef 01/07/2017]

In-patient medical treatment in approved hospitals

5.—(1) Subject to paragraph (3) and regulation 4, where a member or his dependant has received medical treatment as an in-patient from an approved medical practitioner in an approved hospital, the amount that may be withdrawn by the member for payment of the treatment shall not exceed —

- (a) (i) in a case not involving any surgical operation, the relevant sum multiplied by the number of days he was hospitalised;
- (ii) in a case involving one or more surgical operations —
 - (A) the relevant sum multiplied by the number of days he was hospitalised or the actual total hospital charges, whichever is the lower; and

(B) the amount of operation fees for a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system, which shall not exceed the lower of the following cap amounts:

(BA) the amount as determined by the Minister for Health for such operation or operations; or

(BB) a total of \$5,000 (if he was admitted to the approved hospital before 1st June 2009) or \$7,550 (if he was admitted to the approved hospital on or after 1st June 2009); or

[S 239/2009 wef 01/06/2009]

[S 625/2015 wef 01/11/2015]

(iii) *[Deleted by S 625/2015 wef 01/11/2015]*

(iv) in a case involving radiosurgery treatment, a sum of \$7,500 per treatment; or

[S 731/2007 wef 01/01/2008]

(b) the total expenditure for the medical treatment; or

(c) the total credit balance in the member's medisave account,

whichever is the lowest.

(2) For the purposes of paragraph (1)(a), the relevant sum is —

(a) \$300 if the member or dependant was admitted to the approved hospital before 1st April 2006;

(b) \$400 if the member or dependant was admitted to the approved hospital on or after 1st April 2006 but before 1st May 2007; and

(c) \$450 if the member or dependant is admitted to the approved hospital on or after 1st May 2007.

(3) The total amount that may be withdrawn by a member for the payment of attendance fees of all approved medical practitioners under this regulation shall not exceed \$50 for each day the member or

his dependant is hospitalised, if the member or his dependant was admitted to the approved hospital before 1 November 2018.

[S 730/2018 wef 01/11/2018]

(4) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

[S 367/2011 wef 01/07/2011]

In-patient medical treatment in approved community hospitals

6.—(1) Subject to regulation 4, where a member or his dependant has received medical treatment as an in-patient from an approved medical practitioner in an approved community hospital, the amount that may be withdrawn by the member for payment of the treatment shall not exceed —

(a) (i) in a case not involving any surgical operation —

(A) a sum of \$150 per day, subject to a maximum of \$3,500 per year, if he was admitted to the approved community hospital on or after 1st January 2002 but before 1st June 2010; or

(B) a sum of \$250 per day, subject to a maximum of \$5,000 per year, if he was admitted to the approved community hospital on or after 1st June 2010; or

(ii) in a case involving one or more surgical operations —

(A) a sum of \$150 per day (if he was admitted to the approved community hospital on or after 1st January 2002 but before 1st June 2010) or \$250 per day (if he was admitted to the approved community hospital on or after 1st June 2010) multiplied by the number of days he was hospitalised or the actual total hospital charges, whichever is the lower; and

(B) the amount of operation fees for a maximum of 3 surgical procedures, involving not more than

2 anatomical systems and not more than 2 procedures within each system, which shall not exceed the lower of the following cap amounts:

- (BA) the amount as determined by the Minister for Health for such operation or operations; or
- (BB) a total of \$5,000 (if he was admitted to the approved community hospital before 1st June 2009) or \$7,550 (if he was admitted to the approved community hospital on or after 1st June 2009); or

[S 289/2010 wef 01/06/2010]

(b) the total expenditure for the medical treatment; or

(c) the total credit balance in the member's medisave account,

whichever is the lowest.

(2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of these Regulations.

(3) Notwithstanding paragraph (1), no withdrawal of any amount in excess of \$30 for each day a member or his dependant is hospitalised shall be permitted under this regulation for the payment of any attendance fee of any approved medical practitioner or practitioners, if the member or his dependant was admitted to the approved community hospital before 1 November 2018.

[S 730/2018 wef 01/11/2018]

In-patient medical treatment in approved day hospitals

7.—(1) Subject to regulation 4, where a member or his dependant has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved day hospital, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if

the member or his dependant was admitted to the approved day hospital before 1 November 2018;

[S 730/2018 wef 01/11/2018]

(b) the payment of the medical treatment, including attendance fees, shall not exceed \$150 per day; and

[S 523/2009 wef 01/11/2009]

(c) the payment of all such medical treatments, including attendance fees —

(i) shall not exceed \$3,000 per year; and

(ii) shall not exceed the total credit balance in the member's medisave account.

[S 523/2009 wef 01/11/2009]

(2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of these Regulations.

In-patient medical treatment in approved convalescent hospitals

8.—(1) Subject to regulation 4, where a member or his dependant has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved convalescent hospital, the amount that may be withdrawn by the member for —

(a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if the member or his dependant was admitted to the approved convalescent hospital before 1 November 2018;

[S 730/2018 wef 01/11/2018]

(b) the payment of the medical treatment, including attendance fees, shall not exceed \$50 per day; and

[S 523/2009 wef 01/11/2009]

(c) the payment of all such medical treatments, including attendance fees —

(i) shall not exceed \$3,000 per year; and

- (ii) shall not exceed the total credit balance in the member's medisave account.

[S 523/2009 wef 01/11/2009]

(2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of these Regulations.

In-patient medical treatment in approved in-patient hospices

9.—(1) Subject to regulation 4, where a member or his dependant who is suffering from terminal illness has received medical treatment (other than any approved vaccination) as an in-patient from an approved medical practitioner in an approved in-patient hospice, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if the member or his dependant was admitted to the approved in-patient hospice before 1 November 2018;

[S 730/2018 wef 01/11/2018]

- (b) the payment of the medical treatment, including attendance fees, shall not exceed \$200 per day; and

[S 872/2014 wef 01/01/2015]

[S 523/2009 wef 01/11/2009]

- (c) the payment of all such medical treatments shall not exceed the total credit balance in the member's medisave account.

[S 377/2016 wef 01/08/2016]

(2) Paragraph (1) shall not apply to any form of medical treatment unless it has been approved by the Minister for Health for the purposes of these Regulations.

[S 377/2016 wef 01/08/2016]

Out-patient medical treatment from approved home palliative care providers or in approved day hospices

9A.—(1) Subject to regulation 4, a member may withdraw moneys from the member's medisave account for the payment of one or both

of the following received by the member, or the member's dependant, who suffers from any terminal illness:

- (a) medical treatment (other than any approved vaccination) received at home, on or after 1 January 2010, from an approved home palliative care provider;
- (b) medical treatment (other than any approved vaccination) received as an out-patient, on or after 1 August 2016, in an approved day hospice.

[S 377/2016 wef 01/08/2016]

(1A) Subject to paragraph (1B), the total amount that a member may withdraw under paragraph (1) —

- (a) must not exceed \$2,500 per patient for all medical treatments mentioned in paragraph (1) that are received during the lifetime of the patient; and

[S 730/2018 wef 01/11/2018]

- (b) must not exceed the total credit balance in the member's medisave account.

[S 377/2016 wef 01/08/2016]

(1B) The limit on withdrawal mentioned in paragraph (1A)(a) does not apply if the medical treatment concerned —

- (a) is received by the member; and
- (b) is in respect of such terminal illness as may be approved by the Minister for Health.

[S 377/2016 wef 01/08/2016]

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

[S 659/2009 wef 01/01/2010]

[S 377/2016 wef 01/08/2016]

Approved out-patient parenteral nutrition

9B.—(1) A member may withdraw moneys from the member's medisave account for the payment of approved out-patient parenteral

nutrition received by the member, or the member's dependant, on or after 1 November 2018.

(2) Subject to regulations 4 and 21D, the total amount that a member may withdraw under paragraph (1) —

- (a) must not exceed \$200 per month per patient; and
- (b) must not exceed the total credit balance in the member's medisave account.

(3) In these Regulations, the date a member or a member's dependant receives any approved out-patient parenteral nutrition is the date the approved hospital provides the approved out-patient parenteral nutrition to the member or dependant (whether or not the approved out-patient parenteral nutrition is administered to the member or dependant on the date of such provision).

[S 730/2018 wef 01/11/2018]

Approved day rehabilitation centres

10. Notwithstanding anything in these Regulations, where a member or his dependant has received any approved rehabilitation treatment in any approved day rehabilitation centre, the amount that may be withdrawn by the member for the payment of such treatment shall not exceed —

- (a) \$20 per day, subject to a maximum of \$1,500 per year, if the member or member's dependant received such treatment before 1st June 2010;

[S 730/2018 wef 01/11/2018]

- (b) \$25 per day, subject to a maximum of \$1,500 per year, if the member or member's dependant received such treatment on or after 1st June 2010; or

[S 730/2018 wef 01/11/2018]

(c) the total credit balance in the member's medisave account, whichever is the lowest.

[S 289/2010 wef 01/06/2010]

[S 340/2017 wef 01/07/2017]

[S 730/2018 wef 01/11/2018]

Hepatitis B vaccinations received as in-patient in approved hospitals

11.—(1) Where a member or his dependant has received, on or after 1st October 2002 but before 1st November 2009, any vaccination against Hepatitis B as an in-patient from an approved medical practitioner of an approved hospital or of an approved community hospital, the amount that may be withdrawn by the member for the payment of the vaccination shall not exceed —

- (a) the total charges in respect of the vaccination, subject to the following withdrawal limits:

<i>Age of patient</i>	<i>Withdrawal limits (per course of treatment)</i>
(i) below 12 years	\$25
(ii) 12 to 19 years	\$35
(iii) 20 years or above	\$50;

- (b) in the case of an individual booster vaccination that is approved by the Minister for Health, the total charges in respect of the individual booster vaccination, subject to the following withdrawal limits:

<i>Age of patient</i>	<i>Withdrawal limits</i>
(i) below 12 years	\$10
(ii) 12 to 19 years	\$15
(iii) 20 years or above	\$20; or

(c) the total credit balance in the member's medisave account, whichever is the lowest.

(2) Any amount permitted to be withdrawn from a member's medisave account under paragraph (1) shall be in addition to whatever amount that may be withdrawn under regulation 5, 6 or 16 unless the amount that may be withdrawn under that regulation is the total credit balance in the member's medisave account.

Surgical treatment to reverse any sexual sterilization and for plastic surgery

12. Despite anything in these Regulations, no withdrawal shall be permitted under these Regulations for the payment of any charges incurred in respect of —

(a) any surgical treatment to reverse any treatment for sexual sterilisation received —

(i) on or after 8 June 1987 by a member's dependant who is not the member's spouse; or

(ii) on or after 8 June 1987 but before 1 November 2016 by a female member or spouse of a male member, who has more than 2 natural children who are alive at the time the surgical treatment is received; or

[S 530/2016 wef 01/11/2016]

(b) any plastic surgery which in the opinion of the Minister for Health is for cosmetic purposes.

[S 548/2010 wef 01/10/2010]

[S 530/2016 wef 01/11/2016]

Out-patient medical treatment, etc.

13.—(1) Except as provided in this regulation and regulations 9A, 9B, 13A, 14, 14A and 14B, and subject to regulations 21C, 21D and 24, no withdrawal shall be permitted under these Regulations for the payment of any charges incurred in respect of any medical treatment afforded to a member or his dependant as an out-patient.

[S 367/2011 wef 01/07/2011]

[S 872/2014 wef 01/01/2015]

[S 149/2008 wef 01/04/2008]

[S 731/2007 wef 01/01/2008]

[S 654/2009 wef 01/01/2010]

[S 523/2009 wef 01/11/2009]

[S 177/2015 wef 01/04/2015]

[S 730/2018 wef 01/11/2018]

(2) *[Deleted by S 340/2017 wef 01/07/2017]*

(3) Subject to regulations 21C and 21D, where a member or his dependant has received any First Schedule treatment as an out-patient from an approved medical practitioner in an approved hospital, approved centre or approved clinic, the amount that may be withdrawn by the member for the payment of such treatment shall not exceed such sum as is specified in the third column of the First Schedule in relation to that First Schedule treatment.

[S 548/2010 wef 01/10/2010]

[S 177/2015 wef 01/04/2015]

[S 340/2017 wef 01/07/2017]

(3A) Subject to regulations 21C and 21D, where a member or a member's dependant receives any Third Schedule treatment as an out-patient from an approved medical practitioner in an approved Third Schedule treatment provider, the amount that may be withdrawn by the member for the payment of such treatment must not exceed the sum specified in the third column of the Third Schedule in relation to that Third Schedule treatment.

[S 340/2017 wef 01/07/2017]

(4) No withdrawal shall be permitted under these Regulations for the payment of any charges in respect of any anti-retroviral drug or any drug for the purposes of treating opportunistic infection registered in Singapore for the medical treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), except where such treatment —

(a) is for the member himself or his child aged 21 years or below; and

[S 789/2017 wef 01/01/2018]

(b) is received from an approved medical practitioner in an approved hospital.

(5) Where a member or his dependant has received, on or after 1st October 2002 but before 1st November 2009, any vaccination against Hepatitis B from an approved medical practitioner as an out-patient in an approved clinic or at an approved community hospital, the amount that may be withdrawn by the member for the payment of the total charges in respect of the vaccination shall not exceed the

withdrawal limits specified in regulation 11(1) or the total credit balance in the member's medisave account, whichever is the lower.

[S 523/2009 wef 01/11/2009]

(6) Subject to regulations 21C and 21D, where a member or a member's dependant has undergone any cancer scan or diagnostic test, ordered by an approved medical practitioner, as an out-patient in an approved medical institution, the amount that may be withdrawn by the member for the payment of such cancer scan or diagnostic test must not exceed the sum specified in the third column of the First Schedule in relation to that cancer scan or diagnostic test.

[S 340/2017 wef 01/07/2017]

(7) In paragraph (6), "cancer scan or diagnostic test" means any scan or diagnostic test performed —

- (a) for the purpose of investigating any known neoplasms in the patient; or
- (b) in relation to any medical treatment of malignant or benign neoplasms received by the patient,

and includes magnetic resonance imaging (MRI), computerised tomography (CT) scans, positron emission tomography (PET) scans, ultrasound imaging, x-rays, mammograms and blood tests.

[S 149/2008 wef 01/04/2008]

(8) Notwithstanding any restrictions on the withdrawal of moneys from medisave accounts for the payment of charges incurred in respect of any treatment afforded to a member or his dependant as an out-patient prescribed in these Regulations, the Minister for Health, or such person as the Minister for Health may appoint, may, in a particular case, approve the withdrawal of the whole or part of the amount standing to the credit of the member in his medisave account for the payment of the whole or part of the charges incurred in respect of any treatment, except any treatment referred to in regulation 12 and in the Second Schedule, received on an out-patient basis at any approved medical institution by —

- (a) the member;
- (b) the member's dependant; or

- (c) a person deemed under regulation 24(2) to be the member's dependant.

[S 367/2011 wef 02/10/2010]

(9) Any approval granted under paragraph (8) may be subject to such terms and conditions as the Minister for Health, or such person as he may appoint, may impose.

[S 367/2011 wef 02/10/2010]

[S 340/2017 wef 01/07/2017]

Out-patient scans

13A.—(1) Subject to regulations 21C and 21D, where, on or after 1 January 2015, a member or his dependant has undergone any out-patient scan approved by the Minister for Health for the purposes of this regulation, the amount that may be withdrawn by the member for the payment of such scan must not exceed \$300 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.

[S 177/2015 wef 01/04/2015]

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

[S 872/2014 wef 01/01/2015]

Approved chronic illness treatment

14.—(1) Where a member or his dependant has received or will receive any approved chronic illness treatment as an out-patient from an approved medical practitioner in an approved CIT medical institution, the member may withdraw —

- (a) subject to regulation 14C, in respect of any such treatment received (not as part of any approved treatment package) before 1st July 2014 or, if the treatment was received as part of an approved treatment package of which the first such treatment was received before 1st July 2014, in respect of the approved treatment package, an amount not exceeding the lower of —

- (i) the total credit balance in the member's medisave account; or
- (ii) an amount ascertained in accordance with the following formula:

$$(A - B) \times (100\% - C),$$

where A is the charge imposed by the approved CIT medical institution for such treatment or for the approved treatment package, as the case may be;

B is the co-payment amount of \$30; and

C is the co-payment percentage of 15%; and

[S 177/2015 wef 01/04/2015]

- (b) subject to regulations 14C, 21C and 21D, in respect of any such treatment received (not as part of any approved treatment package) on or after 1st July 2014 or, if the treatment was received as part of an approved treatment package of which the first such treatment was received on or after 1st July 2014, in respect of the approved treatment package, an amount not exceeding the lower of —

- (i) the total credit balance in the member's medisave account; or
- (ii) an amount ascertained in accordance with the following formula:

$$A \times (100\% - B),$$

where A is the charge imposed by the approved CIT medical institution for such treatment or for the approved treatment package, as the case may be; and

B is the co-payment percentage of 15%.

[S 177/2015 wef 01/04/2015]

(2) Notwithstanding paragraph (1), the amount that may be withdrawn by the member in respect of all such treatments that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first

such treatment is received in that calendar year, shall not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

(3) If the charge imposed by the approved CIT medical institution for any such treatment or such approved treatment package, as the case may be, is not more than the applicable co-payment amount, no amount may be withdrawn by the member under paragraph (1)(a) in respect of that treatment or approved treatment package.

(4) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

[S 427/2014 wef 01/07/2014]

Approved vaccination

14A.—(1) Subject to regulations 14C, 21C and 21D, where, on or after 1st November 2009, a member or his dependant has received or will receive any approved vaccination as an out-patient from an approved medical practitioner in an approved clinic, approved hospital, approved community hospital or approved CIT medical institution, the amount that may be withdrawn by the member in respect of all such vaccinations that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such vaccination is received in that calendar year, shall not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

[S 427/2014 wef 01/07/2014]

[S 177/2015 wef 01/04/2015]

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

[S 523/2009 wef 01/11/2009]

Approved screening

14B.—(1) Subject to regulations 14C, 21C and 21D, where, on or after 1st July 2011, a member or his dependant has received or will receive any approved screening as an out-patient from an approved

medical practitioner in an approved clinic, approved hospital or approved clinical laboratory, the amount that may be withdrawn by the member in respect of all such screenings that are received (not as part of any approved treatment package) in any calendar year, and all approved treatment packages of which the first such screening is received in that calendar year, shall not exceed the total credit balance in the member's medisave account as determined at the time of withdrawal.

[S 427/2014 wef 01/07/2014]

[S 177/2015 wef 01/04/2015]

(2) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

[S 367/2011 wef 01/07/2011]

Total limit on withdrawal under regulations 14, 14A and 14B

14C. Subject to regulations 21C and 21D, the total amount which a member is entitled to withdraw under regulations 14, 14A and 14B in respect of all approved chronic illness treatments, approved vaccinations and approved screenings that are received by the member and his dependant (if any) in any calendar year, and all approved treatment packages of which the first approved chronic illness treatment, approved vaccination or approved screening (as the case may be) is received by the member and his dependant (if any) in that calendar year, shall not exceed —

(a) \$300 for the years 2006 to 2011;

[S 341/2018 wef 01/06/2018]

(b) \$400 for the years 2012 to 2017; and

[S 341/2018 wef 01/06/2018]

(c) \$500 for the year 2018 and any subsequent year.

[S 341/2018 wef 01/06/2018]

[S 177/2015 wef 01/04/2015]

Delivery charges

15.—(1) Where a female member, or a female dependant of a member, has received medical treatment as an in-patient from an

approved medical practitioner in an approved hospital in respect of her confinement for the delivery of a child, no withdrawal shall be made under regulation 5 for the payment of any charges relating to the medical treatment, except with the approval of the Minister for Health, if —

- (a) the child is delivered before 1st August 2004 and, at the time of such delivery, the female member or female dependant had 3 or more living children; or
- (b) the child is delivered on or after 1 August 2004 but before 1 November 2016 and, at the time of such delivery —
 - (i) the female member or female dependant has 4 or more living children; and
 - (ii) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000.

[S 530/2016 wef 01/11/2016]

(2) Notwithstanding paragraph (1)(b)(ii), where the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000, but will be increased to \$15,000 within such period after the date of the delivery of the child as the Board may determine, the Board may, on the application of a member, in its discretion and subject to such terms and conditions as it may impose, allow the member to make the withdrawal without the approval of the Minister for Health under paragraph (1).

(3) For the purposes of this regulation and regulation 16, “living children” includes any living children who have been adopted by the female member or female dependant in accordance with any written law relating to the adoption of children, but excludes any living children of the female member or female dependant who have been adopted by a person other than the female member or female dependant or the spouse of the female member or female dependant, in accordance with any written law relating to the adoption of children.

Pre-delivery medical treatment

16.—(1) Except as provided in this regulation and regulation 4, no withdrawal shall be made for the payment of any charges incurred by a female member, or a female dependant of a member, in respect of any pre-delivery medical treatment received by her.

(2) Subject to paragraphs (4) and (5), where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes on or after 1st August 2004 the delivery of a child or the termination of her pregnancy as an in-patient, the total amount that may be withdrawn by the member for the payment of the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy shall not exceed the aggregate of —

(a) the lower of —

(i) the total of all charges actually incurred in respect of the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy; or

(ii) the total of —

(A) the relevant sum multiplied by the number of days the female member or female dependant was hospitalised; and

(B) the fees or part thereof for the pre-delivery medical treatment and the medical treatment for the delivery of the child or the termination of the pregnancy, not in excess of the amounts determined by the Minister for Health for such treatments; and

(b) in a case involving one or more additional operations, the amount of operation fees for a maximum of 3 surgical procedures involving not more than 2 anatomical systems and not more than 2 procedures within each system, which shall not exceed —

- (i) the amount as determined by the Minister for Health for such operation or operations; or
- (ii) a total of \$5,000 (if she was admitted to the approved hospital before 1st June 2009) or \$7,550 (if she was admitted to the approved hospital on or after 1st June 2009),

whichever is the lower.

[S 239/2009 wef 01/06/2009]

(3) For the purposes of paragraph (2)(a)(ii)(A), the relevant sum is —

- (a) \$300 if the female member or female dependant was admitted to the approved hospital before 1st April 2006;
- (b) \$400 if the female member or female dependant was admitted to the approved hospital on or after 1st April 2006 but before 1st May 2007; or
- (c) \$450 if the female member or female dependant is admitted to the approved hospital on or after 1st May 2007.

(4) The total amount that may be withdrawn by a member under paragraph (2) for the payment of attendance fees of all approved medical practitioners who treated the member or dependant, as the case may be, shall not exceed \$50 per day, if she was admitted to the approved hospital before 1 November 2018.

[S 730/2018 wef 01/11/2018]

(5) No withdrawal shall be made under paragraph (2) for the payment of any charges relating to pre-delivery medical treatment received by a female member, or a female dependant of a member —

- (a) if the charges are not claimed as part of the charges for the delivery of a child or the termination of her pregnancy, as the case may be; or
- (b) if she delivers a child before 1 November 2016 and at the time of her delivery —
 - (i) she has 4 or more living children; and

- (ii) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts is less than \$15,000,

and the Minister for Health does not approve the payment of the charges.

[S 530/2016 wef 01/11/2016]

(6) Subject to paragraphs (8) and (9), where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes on or after 1st August 2004 any day surgical treatment to terminate her pregnancy, the total amount that may be withdrawn by the member for the payment of the pre-delivery medical treatment and the day surgical treatment shall not exceed the aggregate of —

(a) the lower of —

- (i) the total of all charges actually incurred in respect of the pre-delivery medical treatment and the day surgical treatment; or

(ii) the total of —

(A) the relevant sum for hospital charges for the day the female member or female dependant undergoes the day surgical treatment; and

(B) the fees or part thereof for the pre-delivery medical treatment and the day surgical treatment, not in excess of the amounts determined by the Minister for Health for such treatments; and

(b) in a case involving one or more additional operations, the amount of operation fees for a maximum of 3 surgical procedures involving not more than 2 anatomical systems and not more than 2 procedures within each system, which shall not exceed —

- (i) the amount as determined by the Minister for Health for such operation or operations; or

- (ii) a total of \$5,000 (if she was admitted to the approved hospital before 1st June 2009) or \$7,550 (if she was admitted to the approved hospital on or after 1st June 2009),

whichever is the lower.

[S 239/2009 wef 01/06/2009]

(7) For the purposes of paragraph (6)(a)(ii)(A), the relevant sum is —

- (a) \$150 if the female member or female dependant received the day surgical treatment before 1st December 2006;
- (b) \$200 if the female member or female dependant received the day surgical treatment on or after 1st December 2006 but before 1st May 2007; and
- (c) \$300 if the female member or female dependant received the day surgical treatment on or after 1st May 2007.

(8) The total amount that may be withdrawn by a member under paragraph (6) for the payment of attendance fees of all approved medical practitioners who treated the female member or female dependant, as the case may be, on the day she underwent the day surgical treatment shall not exceed \$30, if that day was before 1 November 2018.

[S 730/2018 wef 01/11/2018]

(9) No withdrawal shall be made under paragraph (6) for the payment of any charges relating to pre-delivery medical treatment received by a female member, or a female dependant of a member, unless the charges are claimed as part of the charges for the termination of her pregnancy.

(10) Notwithstanding paragraph (2), the Minister for Health may, on the application of a member, in the Minister's discretion and subject to such terms and conditions as the Minister may impose, authorise the member to make a withdrawal under paragraph (2) in respect of the delivery of a child if —

- (a) the child was delivered before 1st August 2004; and

- (b) all other requirements for a withdrawal under paragraph (2) have been satisfied.

(11) Notwithstanding paragraph (5)(b)(ii), the Board may, on the application of a member, in its discretion and subject to such terms and conditions as it may impose, allow the member to make a withdrawal under paragraph (2) without the approval of the Minister for Health under paragraph (5)(b)(ii) in respect of the delivery of a child if —

- (a) the total of the amounts standing to the credit of the parents of the child in their respective medisave accounts will be increased to \$15,000 within such period after the date of the delivery of the child as the Board may determine; and
- (b) all other requirements for a withdrawal under paragraph (2) are satisfied.

(11A) Where a female member, or a female dependant of a member, who has received pre-delivery medical treatment undergoes, on or after 1 August 2004 —

- (a) the delivery of a child other than as an in-patient; or
- (b) the termination of her pregnancy other than —
 - (i) as an in-patient; or
 - (ii) by day surgical treatment,

the total amount that may be withdrawn by the member for the payment of any charges incurred in respect of the pre-delivery medical treatment must not exceed the applicable sum.

[S 787/2018 wef 05/12/2018]

(11B) For the purposes of paragraph (11A), the applicable sum is —

- (a) if the delivery of the child or the termination of the pregnancy was before 24 March 2016 — \$450; or
- (b) if the delivery of the child or the termination of the pregnancy was on or after 24 March 2016 — \$900.

[S 787/2018 wef 05/12/2018]

(12) Nothing in this regulation authorises any member to withdraw any sum under this regulation in excess of the total credit balance in the member's medisave account.

Overseas medical treatment

17.—(1) A member may apply to the Board to withdraw an amount from the member's medisave account for payment of an amount that is paid or to be paid —

- (a) by the member or any other payer; and
- (b) in respect of any qualifying overseas medical treatment received or to be received by the member, or any individual who may or may not be the member's dependant.

(2) A prescribed person may make an application under paragraph (1) on behalf of a member who —

- (a) is deceased or unconscious; or
- (b) is otherwise mentally incapacitated and unable to make an application under paragraph (1) himself.

(3) After the Board receives an application under paragraph (1), the Board may authorise the member to withdraw, from the member's medisave account, the whole or part of the amount paid or to be paid by the member or payer for the qualifying overseas medical treatment, subject to such terms and conditions as the Board may impose.

(4) An application to the Board under this regulation must be in such form, and supported by such information and documents, as the Board may require.

(5) In this regulation —

“payer”, in respect of any overseas medical treatment, means a person who pays or intends to pay for the overseas medical treatment, whether or not the overseas medical treatment is received by that person;

“qualifying overseas medical treatment” means any medical treatment, psychiatric treatment or other treatment —

- (a) provided in a hospital outside Singapore; and
- (b) approved, wholly or in part, by the Minister for Health on the application of the member or a payer, to be a qualifying overseas medical treatment.

[S 789/2017 wef 01/01/2018]

Treatment for infertility

18.—(1) Notwithstanding anything in these Regulations but subject to this regulation, where a female member or spouse of a male member has received medical treatment for conception as part of a treatment cycle from an approved medical practitioner as an in-patient or out-patient from an approved hospital or an approved clinic designated by the Minister for Health, the amount that may be withdrawn by the member to pay for such treatment shall not exceed —

- (a) where the treatment cycle commenced before 1st August 2004, the lower of the following:
 - (i) a sum of \$4,000 per treatment cycle; or
 - (ii) the total credit balance in the member's medisave account;
- (b) where the treatment cycle commenced on or after 1st August 2004 and before 1st October 2013 —
 - (i) for the first withdrawal for the treatment cycle received by a particular patient, the lower of the following:
 - (A) a sum of \$6,000; or
 - (B) the total credit balance in the member's medisave account;
 - (ii) for the second withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$5,000; or

- (B) the total credit balance in the member's medisave account; or
- (iii) for the third withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$4,000; or
 - (B) the total credit balance in the member's medisave account; or
- (c) where the treatment cycle commenced on or after 1st October 2013 —
 - (i) for the first withdrawal for the treatment cycle received by a particular patient, the lower of the following:
 - (A) a sum of \$6,000; or
 - (B) the total credit balance in the member's medisave account;
 - (ii) for the second withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$5,000; or
 - (B) the total credit balance in the member's medisave account; or
 - (iii) for the third or subsequent withdrawal for the treatment cycle received by the same patient, the lower of the following:
 - (A) a sum of \$4,000; or
 - (B) the total credit balance in the member's medisave account.

[S 623/2013 wef 01/10/2013]

(1A) The total amount withdrawn under paragraph (1) for all medical treatments for conception received by the same patient shall not exceed \$15,000.

[S 623/2013 wef 01/10/2013]

(2) Notwithstanding paragraph (1), where a female member or spouse of a male member has received medical treatment for conception before 1st October 2013, the Minister for Health may, on the application of the member, in the Minister's discretion and subject to such terms and conditions as the Minister may impose, authorise the member to make a withdrawal in accordance with paragraph (1)(c).

[S 623/2013 wef 01/10/2013]

(3) Medical investigations on the cause of infertility shall not be considered as part of a treatment cycle for the purpose of this regulation.

(4) *[Deleted by S 623/2013 wef 01/10/2013]*

(5) Where a cycle of medical treatment for conception has been discontinued and there is a refund of charges to a member, there shall become due and payable to the medisave account of the member, on the date the refund is received by the member, the total amount withdrawn from the member's medisave account under this regulation or the total amount of refund received, whichever is the lower.

(6) Where a cycle of medical treatment for conception has been discontinued and the sum withdrawn from the member's medisave account for the treatment has been repaid to the account in full, the repaid withdrawal for the discontinued cycle of medical treatment for conception shall be disregarded in determining whether a subsequent withdrawal for a treatment cycle for conception is a first, second, third or subsequent withdrawal for the purposes of paragraph (1).

[S 623/2013 wef 01/10/2013]

Renal dialysis treatment

19.—(1) Notwithstanding regulation 3, no withdrawal shall be made from a member's medisave account for the payment of charges incurred for any renal dialysis treatment received on or after

1st December 2004 by any of the following dependants of the member, except with the approval of the Minister for Health or any person designated by the Minister for Health:

- (a) a parent;
- (b) a grandparent who is a citizen or permanent resident of Singapore;
- (c) the spouse; or
- (d) a child above the age of 21 years.

[S 789/2017 wef 01/01/2018]

(2) Despite anything in these Regulations but subject to regulations 21C, 21D and 24, where a member or his dependant has received renal dialysis treatment as an out-patient, the amount that may be withdrawn by him from his medisave account for the payment of such treatment shall not exceed —

- (a) in the case of haemodialysis at any approved centre, a sum of \$450 per month per patient;
- (b) in the case of continuous ambulatory peritoneal dialysis, a sum of \$450 per month per patient for payment of the purchase of any approved consumables and any fees for outpatient training to administer the dialysis;

[S 149/2008 wef 01/07/2008]

- (c) in the case of haemodialysis received at the member's home, a sum of \$450 per month per patient for payment of the purchase of any approved consumables;

(d) [*Deleted by S 177/2015 wef 01/04/2015*]

(e) the total expenditure for —

- (i) the renal dialysis treatment; or
- (ii) payment of the purchase of any approved consumables and any fees for outpatient training to administer dialysis; or

[S 149/2008 wef 01/07/2008]

(f) the total credit balance in the member's medisave account,

whichever is the lowest.

[S 628/2008 wef 01/01/2009]

[S 177/2015 wef 01/04/2015]

(2A) Despite anything in these Regulations, where a member has received renal dialysis treatment as an in-patient in an approved centre or approved hospital, the member may withdraw the amounts permitted to be withdrawn under regulation 5 for the renal dialysis treatment.

[S 177/2015 wef 01/04/2015]

(3) Where any dependant of a member referred to in paragraph (1) has received renal dialysis treatment as an out-patient on or after 1st December 2004, the withdrawal from the member's medisave account shall, in addition, be subject to such terms and conditions as the Minister for Health may impose.

[S 177/2015 wef 01/04/2015]

(4) Notwithstanding paragraphs (2) and (2A), no withdrawal of any amount shall be permitted under this regulation for the payment of any of the following:

- (a) any consultation fee incurred by the member;
- (b) the purchase of an ultra violet machine for sterilization;
- (c) the purchase of a dialysis machine; or
- (d) the purchase of any other related equipment.

[S 177/2015 wef 01/04/2015]

(5) In this regulation, "approved consumables" means any of the following:

- (a) continuous ambulatory peritoneal dialysis bag;
- (b) connecting bag;
- (c) dialyser;
- (d) arterio venous blood line;
- (e) arterio venous fistula needle;
- (f) dialysate;
- (g) intervenous infusion set;

- (h) normal saline or bicarbonate solution or biofiltrate; and
- (i) any other item approved by the Minister for Health for the purpose of this regulation.

(6) [*Deleted by S 789/2017 wef 01/01/2018*]

Psychiatric treatment

20.—(1) Notwithstanding anything in these Regulations (other than regulation 4), where a member or his dependant has received any psychiatric treatment as an in-patient from an approved medical practitioner in an approved hospital, the amount that may be withdrawn by the member from his medisave account for the payment of such treatment for himself or his dependant shall not exceed \$150 per day and shall also not exceed the relevant sum per year.

(2) For the purposes of paragraph (1), the relevant sum is —

- (a) \$3,500 if the member or dependant was admitted to the approved hospital before 1st January 2007; and
- (b) \$5,000 if the member or dependant was admitted to the approved hospital on or after 1st January 2007.

Day surgical treatment

21.—(1) Despite anything in these Regulations but subject to regulation 12, where a member or his dependant has received medical treatment (other than any approved vaccination) and undergone any day surgical treatment from an approved medical practitioner in an approved hospital or an approved day surgery centre, the amount that may be withdrawn by the member for —

- (a) the payment of attendance fees of the approved medical practitioner or practitioners shall not exceed \$30 per day, if the member or his dependant was admitted to the approved hospital or approved day surgery centre before 1 November 2018;

[S 730/2018 wef 01/11/2018]

- (b) the payment of hospital charges, including attendance fees, shall not exceed the relevant sum per day;

(c) the payment of operation fees for a maximum of 3 surgical procedures, involving not more than 2 anatomical systems and not more than 2 procedures within each system, shall not exceed the lower of the following cap amounts:

(i) the amount as determined by the Minister for Health for such operation or operations; or

(ii) a total of \$5,000 (for day surgical treatment received before 1st June 2009) or \$7,550 (for day surgical treatment received on or after 1st June 2009);

[S 239/2009 wef 01/06/2009]

(d) *[Deleted by S 625/2015 wef 01/11/2015]*

(da) the payment of radiosurgery treatment shall not exceed \$7,500 per treatment; and

[S 731/2007 wef 01/01/2008]

(e) the payment of the medical treatment —

(i) shall not exceed the total expenditure for the medical treatment; and

(ii) shall not exceed the total credit balance in the member's medisave account.

[S 523/2009 wef 01/11/2009]

[S 530/2016 wef 01/11/2016]

(2) For the purposes of paragraph (1)(b), the relevant sum is —

(a) \$150 if the member or dependant received the day surgical treatment before 1st December 2006;

(b) \$200 if the member or dependant received the day surgical treatment on or after 1st December 2006 but before 1st May 2007; and

(c) \$300 if the member or dependant received the day surgical treatment on or after 1st May 2007.

(3) Any withdrawal by a member under this regulation shall be subject to such terms and conditions as the Minister for Health may impose.

[S 367/2011 wef 01/07/2011]

Organ transplantation costs

21A.—(1) Subject to paragraph (3), where a member or his dependant —

- (a) is admitted to an approved hospital and receives any medical treatment as an in-patient from an approved medical practitioner therein in connection with an organ transplant; and
- (b) has incurred any organ transplantation costs in connection with the organ transplant,

such organ transplantation costs may, if the circumstances so require —

- (i) be considered as part of the charges incurred by the member or his dependant for the medical treatment so received; and
- (ii) be met out of the amount that the member is entitled to withdraw under these Regulations for the payment of such medical treatment, subject to the limits prescribed in regulation 5 and such other terms and conditions as the Board may impose.

(2) Subject to paragraph (3), where a member or his dependant —

- (a) receives any day surgical treatment from an approved medical practitioner in an approved day surgery centre in connection with an organ transplant; and
- (b) has incurred any organ transplantation costs in connection with the organ transplant,

such organ transplantation costs may, if the circumstances so require —

- (i) be considered as part of the charges incurred by the member or his dependant for the day surgical treatment so received; and
- (ii) be met out of the amount that the member is entitled to withdraw under these Regulations for the payment of such day surgical treatment, subject to the limits prescribed in

regulation 21 and such other terms and conditions as the Board may impose.

(3) Unless the Minister for Health otherwise directs —

(a) paragraph (1) shall apply only in the case where the member or his dependant is admitted to an approved hospital for medical treatment as an in-patient; and

(b) paragraph (2) shall apply only in the case where the member or his dependant receives day surgical treatment in an approved day surgery centre,

on or after —

(i) 1st October 2007 in connection with an organ transplant other than a living donor organ transplant; or

(ii) 17th February 2010 in connection with a living donor organ transplant.

(4) For the purposes of paragraphs (1) and (2), where the organ transplantation costs are incurred in connection with a living donor organ transplant of which the member or his dependent is the recipient of the specified organ, the limits prescribed in regulation 5 or 21 (as the case may be) shall, notwithstanding anything in these Regulations, apply separately in relation to —

(a) the medical treatment received by the member or his dependent; and

(b) the medical treatment received by the living organ donor.

[S 88/2010 wef 17/02/2010]

Withdrawal for specified out-patient treatment

21B.—(1) Subject to the withdrawal limit specified in regulation 21D, a member may withdraw moneys from the member's medisave account to pay for any specified out-patient treatment received, on or after 1 April 2015, by the member or the member's spouse if the conditions in paragraph (2) are satisfied.

(2) The conditions for withdrawal of moneys under paragraph (1) are —

(a) where the out-patient is the member —

(i) the member has attained the eligible age at the time the member receives the specified out-patient treatment;

[S 341/2018 wef 01/06/2018]

(ii) the specified out-patient treatment for the member is instructed by an approved medical practitioner; and

(iii) the member receives the specified out-patient treatment other than as part of an approved treatment package; and

(b) where the out-patient is the member's spouse —

(i) the member and the member's spouse have both attained the eligible age at the time the member's spouse receives the specified out-patient treatment;

[S 341/2018 wef 01/06/2018]

(ii) the specified out-patient treatment for the member's spouse is instructed by an approved medical practitioner; and

(iii) the member's spouse receives the specified out-patient treatment other than as part of an approved treatment package.

(3) In paragraph (2), “eligible age” means —

(a) in relation to any specified out-patient treatment received on or after 1 April 2015 but before 1 June 2018 — 65 years of age or older; and

(b) in relation to any specified out-patient treatment received on or after 1 June 2018 — 60 years of age or older.

[S 341/2018 wef 01/06/2018]

[S 177/2015 wef 01/04/2015]

Additional withdrawal for treatment, etc., received as out-patient

21C.—(1) Subject to the withdrawal limit specified in regulation 21D, a member may withdraw moneys from the

member's medisave account to pay for any of the following received, on or after 1 April 2015, by the member or the member's spouse as an out-patient if the conditions in paragraph (2) are satisfied:

(a) any of the following:

- (i) any treatment of neoplasms by chemotherapy mentioned in regulation 13(2) as in force immediately before 1 July 2017;
- (ii) any First Schedule treatment mentioned in regulation 13(3);
- (iii) any Third Schedule treatment mentioned in regulation 13(3A);
- (iv) any cancer scan or diagnostic test mentioned in regulation 13(6);

[S 340/2017 wef 01/07/2017]

(b) any out-patient scan referred to in regulation 13A(1);

(c) any approved chronic illness treatment referred to in regulation 14(1);

(d) any approved vaccination referred to in regulation 14A(1);

(e) any approved screening referred to in regulation 14B(1);

(f) any renal dialysis treatment referred to in regulation 19(2);

[S 730/2018 wef 01/11/2018]

(g) any approved out-patient parenteral nutrition mentioned in regulation 9B(1).

[S 730/2018 wef 01/11/2018]

(2) The conditions for withdrawal of moneys under paragraph (1) are —

(a) where the out-patient is the member —

- (i) the member has attained the eligible age at the time the member receives the treatment, scan, vaccination or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral

nutrition mentioned in paragraph (1)(g) (as the case may be); and

[S 341/2018 wef 01/06/2018]

[S 730/2018 wef 01/11/2018]

- (ii) the member receives the treatment, scan, vaccination or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be) other than as part of an approved treatment package; and

[S 730/2018 wef 01/11/2018]

(b) where the out-patient is the member's spouse —

- (i) the member and the member's spouse have both attained the eligible age at the time the member's spouse receives the treatment, scan, vaccination or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be); and

[S 341/2018 wef 01/06/2018]

[S 730/2018 wef 01/11/2018]

- (ii) the member's spouse receives the treatment, scan, vaccination or screening referred to in paragraph (1)(a), (b), (c), (d), (e) or (f) or the approved out-patient parenteral nutrition mentioned in paragraph (1)(g) (as the case may be) other than as part of an approved treatment package.

[S 730/2018 wef 01/11/2018]

(3) To avoid doubt, any amount that may be withdrawn under paragraph (1) is in addition to any amount that may be withdrawn in accordance with the withdrawal limits specified in regulations 9B, 13, 13A, 14, 14A, 14B, 14C and 19 (as the case may be) for the relevant treatment, scan, vaccination or screening, or approved out-patient parenteral nutrition, referred to in paragraph (1).

[S 730/2018 wef 01/11/2018]

(4) In paragraph (2), “eligible age” means —

- (a) in relation to any treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, received on or after 1 April 2015 but before 1 June 2018 — 65 years of age or older; and

[S 730/2018 wef 01/11/2018]

- (b) in relation to any treatment, scan, test, vaccination or screening, or approved out-patient parenteral nutrition, received on or after 1 June 2018 — 60 years of age or older.

[S 730/2018 wef 01/11/2018]

[S 341/2018 wef 01/06/2018]

[S 177/2015 wef 01/04/2015]

Total limit for withdrawal under regulations 21B and 21C

21D. The total amount that a member may withdraw under regulations 21B and 21C, in respect of all specified out-patient treatments and all treatments, scans, vaccinations and screenings, and approved out-patient parenteral nutrition, referred to in regulation 21C(1), must not exceed \$200 per patient per year.

[S 177/2015 wef 01/04/2015]

[S 730/2018 wef 01/11/2018]

Authorisation of withdrawal from future contributions

22.—(1) Where a member or his dependant has received —

- (a) any medical or psychiatric treatment as an in-patient in a Class C or B2 ward of an approved hospital, or in a ward of an approved community hospital, an approved convalescent hospital or an approved in-patient hospice which is equivalent to a Class C or B2 ward of an approved hospital and in respect of which the Government makes an annual grant in aid of recurrent expenditure incurred or to be incurred in operating or maintaining the ward;

[S 377/2016 wef 01/08/2016]

- (b) any day surgical treatment at subsidised rates at an approved day surgery centre; or

- (c) any radiosurgery treatment at subsidised rates at an approved medical institution,

and the amount standing to the credit of the member in his medisave account is insufficient to pay for the charges incurred in respect of the treatment referred to in sub-paragraph (a), (b) or (c), the Board may, with the approval of the Minister for Health and subject to such terms and conditions as the Board may impose, authorise the member to withdraw his future contributions to his medisave account to pay the outstanding balance.

(2) Paragraph (1) shall not apply to —

- (a) any surgical treatment to reverse any treatment for sexual sterilization;
- (b) any medical treatment for conception; or
- (c) any approved vaccination received in a ward of an approved convalescent hospital or approved in-patient hospice which is equivalent to a Class C or B2 ward of an approved hospital.

[S 523/2009 wef 01/11/2009]

[S 377/2016 wef 01/08/2016]

Reimbursement by another person

23. Where —

- (a) a member has withdrawn moneys from the member's medisave account under these Regulations to pay charges incurred for medical treatment or psychiatric treatment (including any specified out-patient treatment), or approved rehabilitation treatment, received by the member or member's dependant; and

[S 340/2017 wef 01/07/2017]

- (b) another person, who is under an obligation (contractual or otherwise) to pay or reimburse the member for such charges incurred for the treatment referred to in paragraph (a), has made the payment or reimbursement,

an amount, computed in accordance with the following formula, becomes due and payable to the member's medisave account by the member on the date such payment or reimbursement is made by that other person:

$$A + B - C,$$

where A is the total amount of the payment or reimbursement made by that other person;

B is the total amount withdrawn from the member's medisave account referred to in paragraph (a); and

C is the total sum of the charges incurred for the treatment referred to in paragraph (a).

[S 625/2015 wef 01/11/2015]

Medical treatment provided to person other than dependant

24.—(1) The Minister for Health may, in his discretion and subject to such terms and conditions as he may impose, authorise a member to withdraw the whole or part of the amount standing to his credit in his medisave account for the payment of charges incurred in respect of —

- (a) any medical treatment (other than renal dialysis treatment or any approved vaccination) provided by an approved medical practitioner in a Class C or B2 ward of an approved hospital, or in a ward of an approved community hospital, an approved convalescent hospital or an approved in-patient hospice which is equivalent to a Class C or B2 ward of an approved hospital and in respect of which the Government makes an annual grant in aid of recurrent expenditure incurred or to be incurred in operating or maintaining the ward;

[S 523/2009 wef 01/11/2009]

[S 682/2008 wef 01/01/2009]

[S 377/2016 wef 01/08/2016]

(b) any day surgical treatment at subsidised rates provided by an approved medical practitioner in an approved day surgery centre;

(c) any approved rehabilitation treatment in any approved day rehabilitation centre;

[S 289/2010 wef 01/06/2010]

[S 340/2017 wef 01/07/2017]

(d) any radiosurgery treatment at subsidised rates at an approved medical institution;

(e) any First Schedule treatment or Third Schedule treatment provided on an out-patient basis at subsidised rates;

[S 340/2017 wef 01/07/2017]

(f) any approved chronic illness treatment provided on an out-patient basis by an approved medical practitioner at an approved CIT medical institution;

(g) any renal dialysis treatment received on or after 1st January 2009 at an approved centre or approved hospital, and the payment made on or after 1st January 2009 for any purchase of any approved consumables or any fees for outpatient training to administer dialysis;

[S 682/2008 wef 01/01/2009]

[S 523/2009 wef 01/11/2009]

[S 659/2009 wef 01/01/2010]

(h) any approved vaccination (other than against Hepatitis B) provided on an out-patient basis by an approved medical practitioner in an approved clinic, approved community hospital or approved CIT medical institution;

[S 659/2009 wef 01/01/2010]

[S 523/2009 wef 01/11/2009]

(ha) any medical treatment (other than any approved vaccination) provided in an approved day hospice;

[S 377/2016 wef 01/08/2016]

- (i) any medical treatment (other than any approved vaccination) provided by an approved home palliative care provider;

[S 367/2011 wef 01/07/2011]

[S 659/2009 wef 01/01/2010]

[S 872/2014 wef 01/01/2015]

[S 377/2016 wef 01/08/2016]

- (j) any approved screening provided on an out-patient basis in an approved clinic, approved hospital or approved clinical laboratory;

[S 872/2014 wef 01/01/2015]

[S 367/2011 wef 01/07/2011]

[S 730/2018 wef 01/11/2018]

- (k) any out-patient scan under regulation 13A; or

[S 872/2014 wef 01/01/2015]

[S 730/2018 wef 01/11/2018]

- (l) any approved out-patient parenteral nutrition mentioned in regulation 9B(1),

[S 730/2018 wef 01/11/2018]

to a person other than a member's dependant as if the person were the member's dependant.

(1A) Notwithstanding paragraph (1), the Minister for Health may, upon a request by a member in any particular case, approve the withdrawal by the member of the whole or part of the amount standing to his credit in his medisave account for the payment of charges incurred in respect of any of the following treatments received on or after 1st May 2008 by a person other than the member's dependant as if that person were the member's dependant, subject to such terms and conditions as the Minister for Health may impose:

- (a) any medical treatment specified in paragraph (1)(a) in a ward of an approved hospital, approved community hospital, approved convalescent hospital or approved in-

patient hospice, as the case may be, other than a ward of the type mentioned in that paragraph; or

[S 377/2016 wef 01/08/2016]

(b) any treatment specified in paragraph (1)(b), (d) or (e) at non-subsidised rates.

[S 456/2008 wef 01/05/2008]

(2) Where the Minister authorises a withdrawal under paragraph (1) or approves a withdrawal under paragraph (1A), the person referred to in the relevant paragraph shall for the purposes of these Regulations be deemed to be the dependant of such member.

[S 456/2008 wef 01/05/2008]

(3) In paragraph (1)(e), “First Schedule treatment” means any of the following medical treatments:

- (a) radiotherapy treatment from an approved medical practitioner in an approved hospital;
- (b) treatment of neoplasms by chemotherapy from an approved medical practitioner in an approved hospital;
- (c) blood transfusions and desferrioxamine for the medical treatment of thalassaemia from an approved medical practitioner in an approved hospital;
- (d) intravenous antibiotic infusion from an approved medical practitioner in an approved hospital as designated by the Minister for Health;
- (e) rental of devices for long term oxygen therapy and infant continuous positive airway pressure therapy from an approved medical practitioner in an approved hospital;
- (f) immunosuppressants for organ transplant from an approved medical practitioner in an approved hospital.

[S 340/2017 wef 01/07/2017]

(4) In paragraph (1)(g), “approved consumables” has the same meaning as in regulation 19(5).

[S 682/2008 wef 01/01/2009]

Payment by Board

25.—(1) All moneys authorised by the Board to be withdrawn from a member’s medisave account under these Regulations are to be paid —

- (a) by the Board to a member or a specified payee; and
- (b) in such manner as the Board may determine.

(2) In this regulation, “specified payee” means —

- (a) an approved medical institution or approved home palliative care provider —
 - (i) from which the member or his dependant received, or is to receive, any medical, psychiatric or approved rehabilitation treatment;
 - (ii) that has submitted the application for withdrawal of moneys from the member’s medisave account on behalf of the member, in respect of any out-patient scan, pre-delivery medical treatment or specified out-patient treatment mentioned in regulation 13A, 16 or 21B, respectively; or
 - (iii) that is affiliated to a hospital outside Singapore from which the member, or an individual who may or may not be the member’s dependant, received or is to receive any qualifying overseas medical treatment;or
- (b) the prescribed person who made the application under regulation 3(2) or (3C) or 17(2), or a person specified by that prescribed person, whom the Board verifies has paid for the treatment for which the moneys are authorised by the Board to be withdrawn.

[S 789/2017 wef 01/01/2018]

Repayment of moneys withdrawn and paid under section 67D(1) of Act

25A. For the purposes of section 67D(1) of the Act, a withdrawal from a member’s medisave account or payment by the Board of the

amount withdrawn (as the case may be) is not in compliance with these Regulations if —

- (a) the application for withdrawal was submitted by a Medisave healthcare provider in contravention of regulation 3(2)(d) of the Central Provident Fund (Financial Penalties) Regulations 2016 (G.N. No. S 720/2016);
- (b) where the Board imposes any terms and conditions under regulation 3 when authorising the withdrawal, any of the terms or conditions are breached in relation to the withdrawal;
- (c) any of the terms and conditions required by the Board under section 67B(2) of the Act, in relation to an application for the withdrawal, are breached by the Medisave healthcare provider;
- (d) the amount withdrawn or paid exceeds the amount permitted to be withdrawn or used for payment under these Regulations for the medical treatment, psychiatric treatment or approved rehabilitation treatment received by the member or member's dependant, as the case may be; or
[S 340/2017 wef 01/07/2017]
- (e) the withdrawal is authorised or the withdrawn amount is paid on the basis of inaccurate or misleading information.
[S 723/2016 wef 01/01/2017]

Revocation of approval of medical practitioner

26. Notwithstanding anything in these Regulations, where the approval of a medical practitioner is revoked at such time when a member or his dependant is receiving medical treatment from the practitioner —

- (a) as an in-patient in an approved hospital; or
 - (b) as an out-patient in an approved clinic or approved centre,
- the member or his dependant may continue to withdraw from the medisave account for payment of any treatment authorised under

these Regulations by the medical practitioner for the period of such hospitalisation or approved out-patient treatment as if the approval had not been revoked.

FIRST SCHEDULE

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>First Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
1. Radiotherapy treatment		Regulations 2 and 13
(a) External radiotherapy	For course of treatment beginning before 1st June 1997	\$60 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1st June 1997	\$80 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(b) Brachy-therapy with external radiotherapy	For course of treatment beginning before 1st June 1997	\$150 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1st June 1997	\$300 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(c) Brachy-therapy without	For course of treatment beginning before 1st June 1997	\$300 per treatment or the total credit balance in the

FIRST SCHEDULE — *continued*

external radiotherapy		member's medisave account, whichever is the lower.
	For course of treatment beginning on or after 1st June 1997	\$360 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(d) Superficial X- ray	With effect from 1st July 1990	\$30 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
(e) Stereotactic radiotherapy for cancer	With effect from 1st November 1999	\$2,800 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
2. [Deleted by S 523/2009 wef 01/11/2009]		
3. Treatment of neoplasms by chemotherapy	With effect from 1 November 2015	\$1,200 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
4. Anti-retroviral drugs registered in Singapore for the medical treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)	With effect from 1st June 2001	\$550 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.

FIRST SCHEDULE — *continued*

5. Radiosurgery treatment:
- | | | |
|-----------------------------------|-------------------------------------|--|
| (a) Gamma knife treatment | With effect from 27th November 1995 | The relevant sum per day for hospital charges (as defined in regulations 5(2) and 21(2)), and \$7,500 per treatment or the total credit balance in the member's medisave account (whichever is the lower). |
| (b) Novalis shaped beam treatment | With effect from 1st May 2007 | The relevant sum per day for hospital charges (as defined in regulations 5(2) and 21(2)), and \$7,500 per treatment or the total credit balance in the member's medisave account (whichever is the lower). |
6. Blood transfusions and desferrioxamine for the medical treatment of thalassaemia
- With effect from 1st June 1999
- \$350 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
7. Hyperbaric oxygen therapy
- With effect from 1st March 2002
- \$100 per treatment or the total credit balance in the member's medisave account, whichever is the lower.
8. Intravenous antibiotic infusion at approved hospitals as
- 1 October 2002 to 30 June 2017 (both dates inclusive)
- \$600 per weekly cycle subject to a maximum claim of \$2,400 per year per

FIRST SCHEDULE — *continued*

designated by the Minister of Health		patient or the total credit balance in the member's medisave account, whichever is the lower.
9. Rental of devices for long term oxygen therapy and infant continuous positive airway pressure therapy	With effect from 1st October 2002	\$75 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
10. Immunosuppressants for organ transplant	With effect from 1st January 2006	\$300 per month per patient or the total credit balance in the member's medisave account, whichever is the lower.
11. Cancer scan or diagnostic test	With effect from 1st April 2008	\$600 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.

[S 340/2017 wef 01/07/2017]

[S 625/2015 wef 01/11/2015]

[S 149/2008 wef 01/04/2008]

[S 731/2007 wef 01/01/2008]

[S 523/2009 wef 01/11/2009]

[S 548/2010 wef 01/10/2010]

SECOND SCHEDULE

Regulation 13(8)

EXCLUDED TREATMENTS

1. Experimental treatments, including treatments given as part of a clinical trial.
2. Traditional or alternative medicine (e.g. Traditional Chinese Medicines, Aryurvedic treatments).

SECOND SCHEDULE — *continued*

3. Optional items such as television, telephone, special requested meals, medical reports and other items which are not necessary for the treatment of any illness, condition or any injury or disability.

[S 548/2010 wef 01/10/2010]

THIRD SCHEDULE

Regulations 2(1), 13(3A), 21C(1)
and 24(1)

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Third Schedule treatment</i>	<i>Operative date for treatment or services received</i>	<i>Maximum amount that may be withdrawn</i>
1. Bone marrow transplant	With effect from 1 July 2017	\$2,800 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.
2. Intravenous antibiotic infusion	With effect from 1 July 2017	\$600 per weekly cycle subject to a maximum claim of \$2,400 per year per patient or the total credit balance in the member's medisave account, whichever is the lower.

[S 340/2017 wef 01/07/2017]

LEGISLATIVE HISTORY
CENTRAL PROVIDENT FUND (MEDISAVE ACCOUNT
WITHDRAWALS) REGULATIONS
(CHAPTER 36, RG 17)

This Legislative History is provided for the convenience of users of the Central Provident Fund (Medisave Account Withdrawals) Regulations. It is not part of these Regulations.

1. G. N. No. S 250/1988 — Central Provident Fund (Medisave Account Withdrawals) Regulations 1988

Date of commencement : 16 September 1988

2. G. N. No. S 66/1989 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1989

Date of commencement : 1 November 1988

3. G. N. No. S 434/1989 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1989

Date of commencement : 1 July 1989

4. G. N. No. S 270/1990 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1990

Date of commencement : 1 July 1990

5. G. N. No. S 61/1992 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1992

Date of commencement : 1 August 1991

6. 1990 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations

Date of operation : 25 March 1992

7. G. N. No. S 357/1993 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1993

Date of commencement : 1 April 1992

8. 1993 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations

Date of operation : 1 April 1993

- 9. G. N. No. S 62/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**
Date of commencement : 1 January 1994
- 10. G. N. No. S 330/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**
Date of commencement : 13 June 1994
- 11. G. N. No. S 330/1994 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1994**
Date of commencement : 1 July 1994
- 12. G. N. No. S 117/1995 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1995**
Date of commencement : 21 March 1995
- 13. G. N. No. S 350/1996 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1996**
Date of commencement : 27 November 1995
- 14. G. N. No. S 350/1996 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1996**
Date of commencement : 8 August 1996
- 15. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**
Date of commencement : 1 March 1997
- 16. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**
Date of commencement : 1 June 1997
- 17. 1998 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**
Date of operation : 1 January 1998
- 18. G. N. No. S 198/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1998**
Date of commencement : 1 January 1998
- 19. G. N. No. S 532/1998 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1998**
Date of commencement : 1 November 1998

- 20. G. N. No. S 232/1999 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 1999**
Date of commencement : 1 June 1999
- 21. G. N. No. S 493/1999 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 1999**
Date of commencement : 1 November 1999
- 22. G. N. No. S 435/2000 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2000**
Date of commencement : 1 October 2000
- 23. G. N. No. S 526/2000 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2000**
Date of commencement : 1 October 2000
- 24. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**
Date of commencement : 1 January 2001
- 25. G. N. No. S 108/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2001**
Date of commencement : 26 February 2001
- 26. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**
Date of commencement : 22 May 2001
- 27. G. N. No. S 318/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2001**
Date of commencement : 1 June 2001
- 28. G. N. No. S 570/2001 — Central Provident Fund (Medisave Account Withdrawals) Regulations 2001**
Date of commencement : 1 November 2001
- 29. G. N. No. S 642/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2004**
Date of commencement : 1 November 2001

- 30. G. N. No. S 679/2001 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2001**
Date of commencement : 1 January 2002
- 31. G. N. No. S 102/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2002**
Date of commencement : 1 March 2002
- 32. G. N. No. S 319/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2002**
Date of commencement : 1 July 2002
- 33. G. N. No. S 528/2002 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2002**
Date of commencement : 1 October 2002
- 34. G. N. No. S 642/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2004**
Date of commencement : 1 August 2004
- 35. G. N. No. S 738/2004 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2004**
Date of commencement : 1 December 2004
- 36. 2005 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations**
Date of operation : 31 March 2005
- 37. G. N. No. S 887/2005 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2005**
Date of commencement : 1 January 2006
- 38. G. N. No. S 50/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2006**
Date of commencement : 1 February 2006
- 39. G. N. No. S 192/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2006**
Date of commencement : 1 April 2006

40. G. N. No. S 371/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2006

Date of commencement : 1 July 2006

41. G. N. No. S 569/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2006

Date of commencement : 1 October 2006

42. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007

Date of commencement : 1 December 2006

43. G. N. No. S 644/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2006

Date of commencement : 1 December 2006

44. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007

Date of commencement : 1 January 2007

45. G. N. No. S 644/2006 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 5) Regulations 2006

Date of commencement : 1 January 2007

46. G. N. No. S 180/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2007

Date of commencement : 1 May 2007

47. 2007 Revised Edition — Central Provident Fund (Medisave Account Withdrawals) Regulations

Date of operation : 15 May 2007

48. G. N. No. S 224/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2007

Date of commencement : 1 June 2007

- 49. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010**
Dates of commencement : 2 June 2007 (Regulation 4(e), (f), (h))
- 50. G. N. No. S 527/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2007**
Date of commencement : 1 October 2007
- 51. G. N. No. S 731/2007 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2007**
Date of commencement : 1 January 2008
- 52. G. N. No. S 149/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2008**
Date of commencement : 1 April 2008 (Except regulation 4)
- 53. G. N. No. S 456/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2008**
Date of commencement : 1 May 2008
- 54. G. N. No. S 149/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2008**
Date of commencement : 1 July 2008 (Regulation 4)
- 55. G. N. No. S 682/2008 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2008**
Date of commencement : 1 January 2009
- 56. G. N. No. S 86/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2009**
Date of commencement : 1 March 2009
- 57. G. N. No. S 239/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2009**
Dates of commencement : 1 June 2009

58. G. N. No. S 239/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2009

Dates of commencement : 1 October 2009

59. G. N. No. S 523/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2009

Date of commencement : 1 November 2009

60. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Date of commencement : 1 December 2009
(Regulation 4(b), (c), (d))

61. G. N. No. S 659/2009 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2009

Date of commencement : 1 January 2010

62. G. N. No. S 88/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Date of commencement : 17 February 2010

63. G. N. No. S 118/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2010

Date of commencement : 1 March 2010

64. G. N. No. S 289/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2010

Date of commencement : 1 June 2010

65. G. N. No. S 548/2010 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 4) Regulations 2010

Date of commencement : 1 October 2010

66. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Dates of commencement : 1 October 2010
(Regulation 4(g))

67. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Dates of commencement : 2 October 2010
(Regulation 6(b))

68. G. N. No. S 367/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2010

Dates of commencement : 1 July 2011 (Otherwise)

69. G.N. No. S 725/2011 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2011

Date of commencement : 1 January 2012

70. G.N. No. S 107/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2013

Date of commencement : 1 March 2013

71. G.N. No. S 482/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2013

Date of commencement : 1 August 2013

72. G.N. No. S 623/2013 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2013

Date of commencement : 1 October 2013

73. G.N. No. S 427/2014 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2014

Date of commencement : 1 July 2014

74. G.N. No. S 872/2014 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2014

Date of commencement : 1 January 2015

75. G.N. No. S 177/2015 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2015

Date of commencement : 1 April 2015

76. G.N. No. S 625/2015 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2015

Date of commencement : 1 November 2015

77. G.N. No. S 377/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2016

Date of commencement : 1 August 2016

78. G.N. No. S 530/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2016

Date of commencement : 1 November 2016

79. G.N. No. S 723/2016 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2016

Date of commencement : 1 January 2017

80. G.N. No. S 340/2017 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2017

Date of commencement : 1 July 2017

81. G.N. No. S 789/2017 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2017

Date of commencement : 1 January 2018

82. G.N. No. S 145/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment) Regulations 2018

Date of commencement : 1 April 2018

83. G.N. No. S 341/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 2) Regulations 2018

Date of commencement : 1 June 2018

84. G.N. No. S 730/2018 — Central Provident Fund (Medisave Account Withdrawals) (Amendment No. 3) Regulations 2018

Date of commencement : 1 November 2018

**85. G.N. No. S 787/2018 — Central Provident Fund (Medisave Account
Withdrawals) (Amendment No. 4) Regulations
2018**

Date of commencement : 5 December 2018