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CareShield Life and Long-Term Care Bill

Bill No. 24/2019.

Read the first time on 6 August 2019.

CARESHIELD LIFE AND LONG-TERM CARE ACT 2019

(No. of 2019)

ARRANGEMENT OF SECTIONS

PART 1

PRELIMINARY

Section

1. Short title and commencement
2. General interpretation
3. Meaning of “approved payee”
4. Meaning of “authorised applicant”

PART 2

CARESHIELD LIFE SCHEME

5. Establishment of CareShield Life Scheme
6. Application of CSHL Scheme
7. Application for insurance cover

PART 3

ELDERSHIELD SCHEME

8. Transfer date
9. Waiver of prohibition of transfer
10. Non-application of sections 49FA, 49FB, 49FC and 49FD of Insurance Act

Section

11. End of insurance cover under former ElderShield Scheme and establishment of ElderShield Scheme

PART 4

BENEFITS

12. CSHL Scheme and ESH Scheme benefits
13. Nature of rights and benefits under CSHL Scheme and ESH Scheme

PART 5

PREMIUMS

14. Premium
15. Refund of premium

PART 6

CLAIMS AND PAYOUTS

16. Claim
17. Disability assessment
18. Payment of insured sum
19. Deferment or suspension of payment
20. Protection of payouts
21. Periodic disability review

PART 7

RECOVERY OF OUTSTANDING PREMIUMS
AND EXCESS PAYMENTS

22. Recovery of benefit paid in excess and short payment of premium
23. Demand note for outstanding premiums under CSHL Scheme
24. Defaulter's agent for recovery of outstanding premiums under CSHL Scheme
25. Defaulter's agent in relation to joint moneys
26. Payment by Government
27. Suit for outstanding premiums, excess payments and sums due to Fund
28. Recovery from defaulter leaving Singapore
29. Penalty for late payment of premium under CSHL Scheme

Section

- 30. Recovery body

PART 8

HANDLING OF RESTRICTED INFORMATION

- 31. Health information
- 32. Confidential information
- 33. Offence and immunity relating to disclosure
- 34. General

PART 9

CARESHIELD LIFE AND ELDERSHIELD
INSURANCE FUND AND CARESHIELD LIFE COUNCIL

- 35. Establishment of CareShield Life and ElderShield Insurance Fund
- 36. Payments from Fund, etc.
- 37. CareShield Life Council

PART 10

LONG-TERM CARE SUPPORT FUND

- 38. Establishment of Long-Term Care Support Fund
- 39. Purposes of LTC Support Fund
- 40. Expenses
- 41. Withdrawals
- 42. Financial year
- 43. Accounts
- 44. Financial statements and audit
- 45. Dissolution of LTC Support Fund

PART 11

ENFORCEMENT

Division 1 — Powers of enforcement

- 46. Investigators
- 47. Power to obtain information

Division 2 — Offences

- 48. False or incorrect health declaration, means declaration, claim or application

Section

- 49. Fraudulent disability assessment
- 50. Misuse of payouts
- 51. Obstructing investigators in execution of duties
- 52. Offences by corporations
- 53. Offences by unincorporated associations or partnerships
- 54. Jurisdiction of courts
- 55. Conduct of prosecutions
- 56. Composition of offences

PART 12

MISCELLANEOUS

- 57. Power to delegate
- 58. Change of address
- 59. Certificate of officer authorised by Board to be evidence
- 60. Protection from personal liability
- 61. Service of documents
- 62. General exemption
- 63. Amendment of First Schedule
- 64. Regulations

PART 13

CONSEQUENTIAL AND RELATED AMENDMENTS
TO OTHER ACTS

- 65. Amendment of Bankruptcy Act
 - 66. Amendment of Central Provident Fund Act
 - 67. Amendment of Insolvency, Restructuring and Dissolution Act 2018
 - 68. Saving and transitional provision
 - First Schedule — Meaning of severe disability
 - Second Schedule — Administration of Act
for CareShield Life Scheme
 - Third Schedule — Administration of Act
for ElderShield Scheme
-

A BILL

i n t i t u l e d

An Act to establish and provide for the CareShield Life Scheme and other measures to provide for long-term care financing support for severely disabled persons, and to make consequential and related amendments to certain other Acts.

Be it enacted by the President with the advice and consent of the Parliament of Singapore, as follows:

PART 1
PRELIMINARY

Short title and commencement

1. This Act is the CareShield Life and Long-Term Care Act 2019
5 and comes into operation on a date that the Minister appoints by
notification in the *Gazette*.

General interpretation

2.—(1) In this Act, unless the context otherwise requires —

“Administrator” —

10 (a) in relation to the CSHL Scheme, means the person
appointed under section 5(3); or

(b) in relation to the ESH Scheme, means the person
appointed under section 11(3);

15 “assessor” means an assessor approved by the Minister under
section 17(1) to conduct, and report on, disability
assessments;

“Board” means the Central Provident Fund Board constituted
under section 3 of the CPF Act;

20 “claim applicant” means a person who makes a claim under
section 16(1);

“Council” means the CareShield Life Council appointed under
section 37;

“CPF Act” means the Central Provident Fund Act (Cap. 36);

25 “CPF member” means a “member of the Fund” or “member” as
defined in section 2(1) of the CPF Act;

“CSHL Scheme” means the severe disability insurance scheme
called the CareShield Life Scheme established by section 5;

“defaulter” means a person liable to pay an outstanding
premium;

“ESH Scheme” means the severe disability insurance scheme called the ElderShield Scheme that is transferred by the private insurers to the Government;

“former ElderShield Scheme” means the ElderShield Scheme approved by the Minister, that immediately before the transfer date was administered by the private insurers, for the purposes of allowing a person to purchase a severe disability insurance policy from a private insurer;

5

“Fund” means the CareShield Life and ElderShield Insurance Fund established by section 35;

10

“health declaration” means a declaration as to whether a person has any pre-existing medical condition (including a person’s disability condition) that is made to the Board for the purpose of determining whether a person is eligible for insurance cover under the CSHL Scheme or ESH Scheme;

15

“healthcare institution” means —

- (a) the holder of a licence under the Private Hospitals and Medical Clinics Act (Cap. 248); or
- (b) such other person who provides care services for the disabled as may be determined by the Minister;

20

“healthcare practitioner” means —

- (a) a medical practitioner registered under the Medical Registration Act (Cap. 174);
- (b) a nurse registered under the Nurses and Midwives Act (Cap. 209); or
- (c) an allied health professional registered under the Allied Health Professions Act (Cap. 6B);

25

“insured person” means a person who is insured under the CSHL Scheme or ESH Scheme, as the case may be;

“insured sum” means a prescribed sum that is payable monthly to an insured person under the CSHL Scheme or ESH Scheme;

30

“investigator” means an investigator appointed under section 46(1) or (2);

“IRAS” means the Inland Revenue Authority of Singapore established under section 3 of the Inland Revenue Authority of Singapore Act (Cap. 138A);

“LTC Support Fund” means the Long-Term Care Support Fund established by section 38;

“means declaration” means a declaration, submitted to a person appointed by the Minister, for the purposes of determining an individual’s household income or eligibility for a grant, subsidy or other benefit under a public scheme;

“means information” means —

(a) any documents, information, returns, assessment lists or copies of such lists relating to the income or items of income of any person to which section 6 of the Income Tax Act (Cap. 134) applies;

(b) any documents, information, returns and assessments relating to the business, the value of the supply of any goods and services, or the income of any taxable person to which section 6 of the Goods and Services Tax Act (Cap. 117A) applies;

(c) information obtained under the Property Tax Act (Cap. 254), including the Valuation List;

(d) information obtained under the Stamp Duties Act (Cap. 312); and

(e) information relating to the income or items of income of any person in the possession of any Government department or other public authority;

“medisave account” means a medisave account maintained under section 13 of the CPF Act;

“outstanding premium” means the amount of premium due which remains unpaid, and includes any interest imposed under section 23(1)(a), and any penalty imposed under section 29, in respect of the premium;

- “premium” means a premium payable for insurance cover under the CSHL Scheme or ESH Scheme;
- “prescribed public scheme” means a public scheme prescribed for the purposes of Part 8;
- “prescribed social or healthcare-related public scheme” means a public scheme, prescribed for the purposes of Part 8, that provides any grant, subsidy or other benefit for the payment of any social or healthcare expenses; 5
- “private insurer”, in relation to the former ElderShield Scheme, means an insurer approved by the Minister charged with the responsibility for health to sell severe disability insurance policies to CPF members under that Scheme; 10
- “public authority” means a body established or constituted by or under a public Act to perform or discharge a public function;
- “public scheme” means a scheme that is established — 15
- (a) by or under any written law and administered by a public authority; or
 - (b) by the Government in any other manner, to provide financial relief, assistance or support to citizens of Singapore or permanent residents of Singapore, or any part of them; 20
- “rebate” means a payment from the Fund that is declared by the Minister under section 36(2);
- “recovery body” means a public authority appointed as a recovery body under section 30; 25
- “regulations” means any regulations made under section 64;
- “severe disability” has the meaning given in the First Schedule;
- “Supplement Scheme” means an insurance scheme administered by an insurer approved by the Minister to provide disability insurance benefits over and above the CSHL Scheme or ESH Scheme; 30
- “transfer date” has the meaning given by section 8.

(2) In reckoning the age of an individual for the purposes of this Act —

(a) the individual is taken to have attained a particular age expressed in years on the relevant anniversary of the individual's birth;

(b) a reference to the anniversary of the birth of an individual in paragraph (a) is a reference to the day on which the anniversary occurs;

(c) where an individual was born on 29 February in any year, then in any subsequent year that is not a leap year, the anniversary of that individual's birth is taken to be 1 March in that subsequent year;

(d) if the day on which an individual was born cannot be ascertained but the month of the individual's birth can be ascertained, the individual is taken to be born on the first day of the month in which the individual was born; and

(e) if the month in which an individual was born cannot be ascertained, the individual is taken to be born in January.

(3) In this Act, a reference to a health declaration or means declaration includes a reference to a health declaration or means declaration (as the case may be) made before the date of commencement of section 5 or 11, in anticipation of the establishment of the CSHL Scheme or ESH Scheme, as the case may be.

(4) In this Act, an individual who lacks mental capacity is an individual who lacks capacity within the meaning of section 4 of the Mental Capacity Act (Cap. 177A).

Meaning of “approved payee”

3.—(1) In this Act, unless the context otherwise requires, an “approved payee”, in relation to an insured person, means a person who is within a class of persons approved by the Minister to receive benefits under the CSHL Scheme or ESH Scheme on behalf of the insured person.

(2) Different classes of persons may be approved under subsection (1) for different classes of claim applicants or different classes of insured persons.

Meaning of “authorised applicant”

4. In this Act, unless the context otherwise requires, “authorised applicant”, in relation to — 5

- (a) an individual making a health declaration for the purposes of the CSHL Scheme or ESH Scheme;
- (b) an individual making an application for insurance cover under the CSHL Scheme; 10
- (c) an insured person withdrawing from insurance cover under the CSHL Scheme or ESH Scheme;
- (d) an insured person making a claim under the CSHL Scheme or ESH Scheme; or
- (e) an individual’s reinstatement as an insured person under the CSHL Scheme or ESH Scheme, 15

who lacks mental capacity, means —

- (f) a person who is —
 - (i) a deputy appointed or deemed to be appointed for the individual or insured person (as the case may be) by the court under the Mental Capacity Act with power in relation to the individual or insured person (as the case may be) for the purposes of this Act; or 20
 - (ii) a donee under a lasting power of attorney registered under the Mental Capacity Act with power in relation to the individual or insured person (as the case may be) for the purposes of this Act; or 25
- (g) despite any provision in the Mental Capacity Act, where to the best of the Administrator’s or Board’s knowledge (as the case may be), there is no deputy appointed or deemed to be appointed, or no donee appointed under a lasting power of attorney, for the purposes of this Act for the individual or insured person (as the case may be), a person 30

who is within the class or classes of persons approved by the Minister —

- (i) to make a health declaration on behalf of the individual for the purposes of the CSHL Scheme or ESH Scheme;
- (ii) to make an application for insurance cover under the CSHL Scheme on behalf of the individual;
- (iii) to withdraw from insurance cover under the CSHL Scheme or ESH Scheme (as the case may be) on behalf of the insured person;
- (iv) to make a claim under the CSHL Scheme or ESH Scheme (as the case may be) on behalf of the insured person including the nomination of an approved payee (who may be the authorised applicant); or
- (v) to act on behalf of the individual in relation to the individual's reinstatement as an insured person under the CSHL Scheme or ESH Scheme, as the case may be.

PART 2

CARESHIELD LIFE SCHEME

Establishment of CareShield Life Scheme

5.—(1) There is established a severe disability insurance scheme called the CareShield Life Scheme or CSHL Scheme to provide payments of an insured sum to an insured person when he or she becomes severely disabled, during the period in which he or she is insured under the CSHL Scheme.

(2) It is the function of the Board to administer, on behalf of the Government, the provisions of this Act specified in Part 1 of the Second Schedule for the purposes of the CSHL Scheme.

(3) The Minister may appoint a person other than a public authority as an Administrator to administer, on behalf of the Government, the

provisions of this Act specified in Part 2 of the Second Schedule for the purposes of the CSHL Scheme.

Application of CSHL Scheme

6.—(1) The CSHL Scheme applies to —

- (a) every citizen of Singapore or permanent resident of Singapore whose birthday is on or after 1 January 1980 and who is at least 30 years of age; 5
- (b) every individual —
 - (i) who, immediately before the date of commencement of this Part, was not a citizen of Singapore or a permanent resident of Singapore, but becomes a citizen of Singapore or a permanent resident of Singapore on or after that date; 10
 - (ii) whose birthday is before 1 January 1980; and
 - (iii) who is not severely disabled on the date he or she becomes a citizen of Singapore or a permanent resident of Singapore; 15
- (c) every individual —
 - (i) who, on the transfer date or such other date prescribed for a particular class of individuals, is a citizen of Singapore or a permanent resident of Singapore; 20
 - (ii) whose birthday falls within such period or periods before 1 January 1980 as may be prescribed by an order in the *Gazette*; 25
 - (iii) who is not severely disabled on the transfer date or such other date prescribed for the purposes of this sub-paragraph for a particular class of individuals;
 - (iv) who, on the transfer date or such other date prescribed for a particular class of individuals, satisfies such other conditions as may be prescribed; and 30

(v) who does not withdraw (whether on his or her own or by an authorised applicant acting on behalf of the individual) from the CSHL Scheme before the date prescribed for the purposes of this sub-paragraph; and

(d) every other citizen of Singapore or a permanent resident of Singapore not within paragraph (a), (b) or (c) who —

(i) applies for insurance cover under the CSHL Scheme (on his or her own or by an authorised applicant acting on his or her behalf) and whose application is accepted under section 7; and

(ii) does not subsequently withdraw (on his or her own or by an authorised applicant acting on his or her behalf) from the CSHL Scheme within the prescribed period after the date the application is accepted under section 7.

(2) To ascertain the disability condition of an individual for the purposes of subsection (1)(b) and (c), the Board may require the individual to make a health declaration or attend a disability assessment by an assessor.

(3) For the purposes of subsection (1)(c)(i), (iii) and (iv), different dates may be prescribed for different classes of citizens of Singapore and permanent residents of Singapore.

(4) Despite subsection (1), where an individual —

(a) is not a citizen of Singapore and not a permanent resident of Singapore; or

(b) is severely disabled,

the Board may determine that the individual may be covered, for such period as the Board thinks fit, under the CSHL Scheme if the individual satisfies such conditions as may be determined by the Minister in any particular case where the Minister considers appropriate.

(5) An order made for the purposes of subsection (1)(c)(ii) cannot be amended or revoked by another order.

Application for insurance cover

7.—(1) An individual who wishes to have insurance cover under the CSHL Scheme must apply to the Board in accordance with this section.

(2) Despite any provision in the Mental Capacity Act, if an individual lacks mental capacity, an authorised applicant may make an application under this section on behalf of that individual. 5

(3) An application must —

(a) be in the form and manner required by the Board; and

(b) be accompanied by any document or information that the Board requires to decide whether to accept the application. 10

(4) The Board may accept an application if the individual to be insured satisfies such requirements as may be prescribed.

(5) In deciding whether to accept an application, the Board may —

(a) carry out such inquiries and investigations in relation to the application as are necessary for a proper consideration of the application; 15

(b) request that the authorised applicant or individual to be insured (as the case may be) provide, within a specified time, any additional information that the Board requires for a proper consideration of the application; and 20

(c) require that the individual to be insured attend a disability assessment by an assessor.

PART 3

ELDERSHIELD SCHEME

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Transfer date

8. The transfer date is the date that the Minister may, by notification in the *Gazette*, appoint to be the date on which the former ElderShield Scheme is transferred to the Government.

Waiver of prohibition of transfer

9.—(1) A provision in any contract, agreement, conveyance, deed, lease, guarantee, bond, indemnity and other instrument or undertaking to which a private insurer is a party on the eve of the transfer date which prohibits or has the effect of prohibiting the transfer of any property, rights, obligations or liabilities of the private insurer on the eve of the transfer date and that relate to the former ElderShield Scheme is deemed by this Act waived on the transfer date.

(2) A provision in any contract, agreement, conveyance, deed, lease, guarantee, bond, indemnity and other instrument or undertaking to which a private insurer is a party on the eve of the transfer date which confers on any counterparty to that contract, agreement, conveyance, deed, lease, guarantee, bond, indemnity, other instrument or undertaking any right of first refusal or pre-emption rights —

(a) in respect of any property, right, obligation or liability of the private insurer on the eve of the transfer date and that relate to the former ElderShield Scheme; and

(b) arising from or because of, or to the effect that a default is to occur or be deemed to occur as a result of, the transfer or intended transfer of those property, rights, obligations or liabilities,

is deemed by this Act waived on the transfer date.

Non-application of sections 49FA, 49FB, 49FC and 49FD of Insurance Act

10. Sections 49FA, 49FB, 49FC and 49FD of the Insurance Act (Cap. 142) do not apply to, or in relation to, the transfer or proposed transfer of the former ElderShield Scheme to the Government mentioned in section 8.

End of insurance cover under former ElderShield Scheme and establishment of ElderShield Scheme

11.—(1) As from the transfer date —

(a) insurance cover under the former ElderShield Scheme ends; and 5

(b) the ElderShield Scheme or ESH Scheme is established and applies to every individual whose birthday is before 1 January 1980 and who —

(i) immediately before the transfer date, was insured, or treated by the Board as insured, under the former ElderShield Scheme; and 10

(ii) is not insured under the CSHL Scheme.

(2) It is the function of the Board to administer, on behalf of the Government, the provisions of this Act specified in Part 1 of the Third Schedule for the purposes of the ESH Scheme. 15

(3) The Minister may appoint a person other than a public authority as an Administrator to administer, on behalf of the Government, the provisions of this Act specified in Part 2 of the Third Schedule for the purposes of the ESH Scheme.

PART 4

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BENEFITS

CSHL Scheme and ESH Scheme benefits

12.—(1) This section applies to, and in relation to, the CSHL Scheme and ESH Scheme.

(2) Subject to subsection (3), an insured person is entitled to one or more payments of an insured sum of an amount prescribed where — 25

(a) the insured person is severely disabled; and

(b) a claim made by or on behalf of the insured person is accepted under section 16.

(3) An insured person's entitlement to payment of an insured sum ends — 30

- (a) on the date that the insured person's insurance cover under the CSHL Scheme or ESH Scheme (as the case may be) ends in accordance with the regulations; or
- (b) if the insurance cover has not ended in accordance with the regulations — on the date that the insured person is no longer severely disabled.

Nature of rights and benefits under CSHL Scheme and ESH Scheme

13.—(1) The rights and benefits of an insured person arising from his or her insurance cover under the CSHL Scheme or ESH Scheme are not assignable or transferable.

(2) A policy of insurance issued under the CSHL Scheme or ESH Scheme does not create any legal or equitable trust.

(3) Section 73 of the Conveyancing and Law of Property Act (Cap. 61) and section 49L of the Insurance Act do not apply to any policy of insurance issued under the CSHL Scheme or ESH Scheme.

(4) The Insurance Act does not apply to the CSHL Scheme or ESH Scheme, or anything done under this Act in relation to the CSHL Scheme or ESH Scheme.

PART 5

PREMIUMS

Premium

14.—(1) The premium for each insurance period (called in this section a relevant insurance period) is payable by or on behalf of an insured person until the insured person's obligation to pay premiums under the CSHL Scheme or ESH Scheme (as the case may be) ends in accordance with the regulations.

(2) The premium for each relevant insurance period is the amount specified in a prescribed manner, which may include a website.

(3) For every relevant insurance period, the premium must be paid by, or on behalf of, an insured person —

(a) not later than 30 days after the beginning of the relevant insurance period, or on or before a later date the Board may permit in any particular case; and

(b) in the manner the Board permits.

(4) Despite any provision in the CPF Act, the Board is entitled to deduct from the amount standing to a person's credit in that person's medisave account, the whole or any part of the premium for a relevant insurance period, and any interest or penalty imposed on an insured person under section 23 or 29 in respect of that premium, that —

(a) is payable by that person, being an insured person; or

(b) may, in circumstances prescribed, be payable by that person.

(5) The Board may waive the whole or any part of any premium, penalty or interest on late payment that is payable by, or on behalf of, an insured person.

Refund of premium

15.—(1) Where the whole or any part of the premium paid by or on behalf of an insured person is liable to be refunded under this Act, the amount may be refunded —

(a) to the insured person in such manner as the Board may determine, including by paying into the insured person's account in the Central Provident Fund; or

(b) to such other person in such manner as the Board may determine, including by paying into such other person's account in the Central Provident Fund.

(2) The Board is entitled to recover on behalf of the Government from any amount which is liable to be refunded under this Act to a person in subsection (1)(a) or (b) —

(a) any Government grant for the payment of the person's premium; and

(b) any interest which the person is liable to pay the Government under the terms of the Government grant.

(3) Where a person who has paid in cash any sum towards the person's premium for any insurance period (called in this section a relevant person), whether for the relevant person or for any other person, dies before the start of that insurance period, and the sum does not exceed such amount as the Minister may, by notification in the *Gazette*, specify —

(a) the Board may pay to a proper claimant the whole or any part of the sum, as the Board may determine; and

(b) the receipt by the proper claimant is a proper discharge of the Board's duties for the payment to the proper claimant under paragraph (a).

(4) Subsection (3) does not affect any recourse which any person may have against a proper claimant for an amount paid to the proper claimant under subsection (3)(a).

(5) In this section —

“child” means a legitimate child and includes any child adopted by virtue of an order of court under any written law for the time being in force in Singapore, Malaysia or Brunei Darussalam;

“parent”, in relation to a relevant person, includes —

(a) an adoptive parent of the relevant person;

(b) a step-parent of the relevant person; or

(c) a guardian, or any person who has the actual custody, of the relevant person;

“proper claimant” means a person who —

(a) claims to be entitled to a sum mentioned in subsection (3) on the death of a relevant person, as personal representative of the relevant person; or

(b) claims to be entitled (whether for the person's own benefit or not) to a sum mentioned in subsection (3) on the death of a relevant person, being the widower, widow, child, grandchild, parent, brother, sister,

nephew, niece, grandparent, uncle or aunt of the deceased relevant person.

PART 6

CLAIMS AND PAYOUTS

Claim

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16.—(1) Despite any provision in the Mental Capacity Act, an insured person may receive benefits under the CSHL Scheme or ESH Scheme if any of the following persons makes a claim in accordance with subsection (2) and the Administrator accepts the claim:

- (a) in the case where the insured person lacks mental capacity — an authorised applicant; 10
- (b) in any other case —
 - (i) the insured person; or
 - (ii) a person authorised by the insured person to make a claim on behalf of the insured person. 15

(2) A claim must —

- (a) be in the form and manner required by the Administrator; and
- (b) be accompanied by any document or information that the Administrator requires to decide whether to accept the claim. 20

(3) In deciding whether to accept a claim, the Administrator may —

- (a) carry out such inquiries and investigations in relation to the claim as are necessary for a proper consideration of the claim; 25
- (b) request that the insured person or claim applicant provide, within a specified time, any additional information that the Administrator requires for a proper consideration of the claim; and
- (c) require that the insured person attend a disability assessment by an assessor. 30

(4) The Administrator may refuse a claim —

- (a) if the insured person is not severely disabled;
- (b) if the claim is not made in accordance with this section;
- (c) if the insured person or claim applicant does not comply with the Administrator's request or requirement (as the case may be) under subsection (3); or
- (d) the insured person's severe disability arises from, one or more such events or occurrences as may be prescribed.

Disability assessment

17.—(1) The Minister may, subject to such conditions as the Minister may impose, approve one or more individuals having the necessary qualifications to be assessors to conduct, and report on, disability assessments under this Act.

(2) An assessor may charge a fee, not exceeding such amount as may be prescribed, for every disability assessment that the assessor conducts in respect of a person.

Payment of insured sum

18.—(1) Subject to the provisions of this section, where a claim is accepted by the Administrator under section 16, the Board may pay an insured sum under the CSHL Scheme or ESH Scheme (as the case may be) to the following persons:

- (a) for a claim mentioned in section 16(1)(a) —
 - (i) the insured person; or
 - (ii) an approved payee (who may be the authorised applicant) nominated by the authorised applicant, in the form and manner required by the Administrator, to receive the insured sum on behalf of the insured person;
- (b) for a claim mentioned in section 16(1)(b) —
 - (i) the insured person; or

- (ii) an approved payee nominated by the insured person, in the form and manner required by the Administrator, to receive the insured sum on behalf of the insured person.

(2) A payment under subsection (1) may —

5

- (a) be subject to such conditions as the Board may impose;
- (b) start for the month that the claim is accepted or such other month as may be determined by the Administrator; and
- (c) be made in the manner in subsections (3) and (4).

(3) A payment to the insured person under subsection (1) may be made by paying to the insured person's account in the Central Provident Fund or in such other manner as the Board may determine.

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(4) A payment under subsection (1) to a person other than the insured person may be made in such manner as the Board may determine.

15

(5) A payment by the Board to a person mentioned in subsection (1) is a proper discharge of the Board's and Administrator's duties under this Part.

(6) Subsection (5) does not prevent the Board from making one or more payments of the insured sum to —

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- (a) an insured person; or
- (b) another approved payee mentioned in subsection (1)(a)(ii) or (b)(ii), as the case may be,

where there has been a misuse of any benefits for which an offence is committed under section 50.

25

(7) Despite section 12(3)(b), the Board may continue to make payment under this section of any insured sum to, or for the benefit of, an insured person mentioned in section 12(3)(b) until the completion of the insured person's next periodic disability review mentioned in section 21.

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(8) An approved payee mentioned in subsection (1) who receives any insured sum on behalf of an insured person may, in such circumstances as may be prescribed, pay the whole or any part of the

insured sum to the insured person's account in the Central Provident Fund.

(9) Despite any provision in the CPF Act, the Board may, in such circumstances as may be prescribed, allow the withdrawal by such person or persons as may be prescribed of the whole or any part of any insured sum paid to the insured person's account in the Central Provident Fund under subsections (3) and (8).

Deferment or suspension of payment

19.—(1) The Board may defer or suspend, for such period or further period as the Board may determine, the payment of an insured sum under section 18 in the circumstances prescribed.

(2) At the end of every period or further period of deferment or suspension (as the case may be) mentioned in subsection (1), the Board has to resume payment of the insured sum for the month immediately after the month in which the deferment or suspension ends and may restore the whole or any part of the insured sums payment of which was deferred or suspended, as directed by the Administrator.

(3) Where the payment of an insured sum has been deferred or suspended under subsection (1) for a continuous period exceeding a period prescribed and has to be deferred or suspended further, the Board may, instead of further deferring or suspending the payment, determine to stop payment entirely and request that the insured person make a new claim.

Protection of payouts

20.—(1) Despite any other written law, all benefits (including goodwill sums) that are paid to an insured person, or for the benefit of an insured person, under the CSHL Scheme or ESH Scheme —

(a) are not assignable or transferable, and not liable to be attached, sequestered or levied upon for or in respect of any debt or claim;

(b) are excluded from any set-off of any nature for any debt owing by the insured person or any person who receives

the benefits on behalf of the insured person, except as provided in subsection (2);

- (c) if the insured person, or any person who receives the benefits on behalf of the insured person, is adjudicated a bankrupt by a court —

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- (i) do not pass to the Official Assignee on the bankruptcy of the insured person or that person, as the case may be; and

- (ii) are deemed not to form part of the property of the insured person or that person, as the case may be.

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(2) Subsection (1)(b) does not apply to the set-off of —

- (a) any debt due to the Fund; and

- (b) any debt arising from the care of the insured person and due to the healthcare institution that is an approved payee receiving the benefits on behalf of the insured person who is receiving care from the healthcare institution.

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Periodic disability review

21.—(1) The Administrator may, from time to time, conduct a disability review in respect of an insured person receiving an insured sum under the CSHL Scheme or ESH Scheme, or for whose benefit an insured sum is being paid under the CSHL Scheme or ESH Scheme.

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(2) For the purposes of a disability review under subsection (1) in respect of an insured person, the Administrator may —

- (a) carry out such inquiries and investigations in relation to the health condition of the insured person and all other relevant circumstances of the case;

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- (b) request that the insured person, or the claim applicant on behalf of the insured person, provide within a specified time any information that the Administrator requires; and

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- (c) require that the insured person attend a disability assessment by an assessor.

(3) The Board may stop payment of any insured sum to, or for the benefit of, an insured person if the Board is informed by the Administrator that the insured person or claim applicant on behalf of the insured person (as the case may be) fails to comply with a request or requirement under subsection (2).

(4) The Board may, in such circumstances as may be determined by the Administrator —

(a) resume the payment of an insured sum stopped under subsection (3); and

(b) pay to, or for the benefit of, the insured person the amount, or any part of, any insured sum (with or without interest) that was not paid because of the stoppage under subsection (3).

PART 7

RECOVERY OF OUTSTANDING PREMIUMS AND EXCESS PAYMENTS

Recovery of benefit paid in excess and short payment of premium

22.—(1) If, on account of any material change to the information available to the Board or the correction of any error relating to an insured person or in other prescribed circumstances (if prescribed), the Board finds that any premium paid in respect of any insurance period by or for any person insured or to be insured under the CSHL Scheme or ESH Scheme is less than an amount which ought to have been paid under this Act, the amount of the shortfall is payable, by all or any of the following persons, and in such proportion, as the Board may require:

(a) the insured person;

(b) a person by whom the premium is payable under section 14(4)(b).

(2) If, on account of any material change to the information available to the Board or the Administrator, or the correction of any error relating to an insured person or in any other circumstances

prescribed, the Board or the Administrator finds that any benefit or payment under the CSHL Scheme or ESH Scheme has been paid in excess of the amount that ought to have been paid under the CSHL Scheme or ESH Scheme (as the case may be), the Board or the Administrator (as the case may be) may direct that the excess payment be repaid to the Fund in accordance with the regulations by the insured person or approved payee who received the excess payment.

(3) The Board may charge an insured person, a person by whom the premium is payable or an approved payee (as the case may be) an administrative fee of such amount as may be prescribed and (if applicable) interest on the excess payment at such rate as may be prescribed, if any material change, error or prescribed circumstances referred to in subsection (1) or (2) arise from incorrect information which is —

(a) provided by —

(i) the insured person, or the authorised applicant or claim applicant acting on behalf of the insured person;

(ii) the person by whom the premium is payable;

(iii) the approved payee,

as the case may be; and

(b) included in a health declaration, means declaration, claim or any other application made under or used for the CSHL Scheme or ESH Scheme in relation to the insured person.

(4) Sections 14(4), 23 to 30, 35, 59(2) and 64(2)(g) apply, with such modifications as may be prescribed, to any amount payable under this section as they apply to a premium.

Demand note for outstanding premiums under CSHL Scheme

23.—(1) If the whole or any part of the premium payable for an insurance period under the CSHL Scheme remains unpaid at the expiry of such period as the Board may permit (being at least one month) after the beginning of that insurance period —

(a) interest may be imposed from time to time on any outstanding premium for that insurance period (excluding any penalty imposed under section 29), to run from the beginning of that insurance period or from such later period as the Board may determine at the prescribed rates; and

(b) sections 24, 25, 26, 27 and 28 may be applied to the outstanding premium.

(2) A recovery body must serve a demand note on a defaulter liable to pay any outstanding premium —

(a) if any interest or penalty is to be imposed on the defaulter under subsection (1)(a) or section 29, as the case may be; and

(b) before any power under section 24, 25, 26, 27 or 28 is exercised to recover that outstanding premium from the defaulter.

(3) A demand note must state —

(a) the outstanding premium which is payable by the defaulter; and

(b) any interest imposed under subsection (1)(a) and any penalty imposed under section 29.

(4) This Part applies to an outstanding premium despite any appeal pending against liability to pay the whole or any part of that outstanding premium.

Defaulter's agent for recovery of outstanding premiums under CSHL Scheme

24.—(1) A recovery body may, if it considers necessary, by written notice declare any person (other than the Government) to be a defaulter's agent.

(2) The person declared to be the defaulter's agent under subsection (1) is regarded as the agent of the defaulter for the purposes of this Act, and may be required by the recovery body to pay any outstanding premium payable under the CSHL Scheme by the

defaulter from any moneys which may be held or received by the defaulter's agent for, or due from the defaulter's agent to, the defaulter —

- (a) on, or within 90 days after, the date on which the defaulter's agent receives the notice under subsection (1); or 5
 - (b) on or after the date on which the defaulter's agent receives the notice under subsection (1), if the moneys are earnings and the defaulter's agent is liable, as a principal and not as an employee or agent, to pay the earnings to the defaulter. 10
- (3) Where separate amounts of moneys come to be held or received by the defaulter's agent for, or become due from the defaulter's agent to, the defaulter at different times within the period in subsection (2)(a) or (b) (as the case may be), the recovery body may require the outstanding premium to be paid in instalments of such sums as the recovery body may specify from one or more of those separate amounts. 15
- (4) Any person who is declared by a recovery body to be a defaulter's agent under subsection (1) and is aggrieved by the declaration may object to the declaration by written notice to the recovery body within 14 days after the date of receipt of the notice, or within such longer period as the recovery body in its discretion may allow in a particular case. 20
- (5) The recovery body must examine the objection under subsection (4) and may cancel, vary or confirm the declaration objected to. 25
- (6) An objector in subsection (4) who is aggrieved by the recovery body's decision under subsection (5) may appeal against that decision in accordance with the regulations.
- (7) If the defaulter's agent fails to make any payment under subsection (2), the outstanding premium is recoverable from the defaulter's agent in the manner provided in section 27. 30
- (8) For the purposes of this section, a recovery body may require any person to give information as to —

(a) any moneys, funds or other assets which may be held or received by that person for any defaulter; or

(b) any moneys due from that person to any defaulter.

5 (9) Where a defaulter's agent makes any payment of moneys to the recovery body under this section or section 25 —

(a) the defaulter's agent is deemed to have acted under the authority of the defaulter;

10 (b) the defaulter's agent is, by this provision, entitled to be indemnified by the defaulter in respect of the payment to the recovery body;

(c) the outstanding premium due from the defaulter is reduced by the amount paid by the defaulter's agent to the recovery body; and

15 (d) the amount paid by the defaulter's agent to the recovery body is deemed to have been paid to the defaulter in accordance with any law, contract or scheme governing the payment of moneys held or received by the defaulter's agent for, or due from the defaulter's agent to, the defaulter.

20 (10) In this section, "earnings", in relation to a defaulter, means any sum payable to the defaulter —

(a) by way of wages or salary, including any fees, bonus, commission, overtime pay or other emoluments payable in addition to wages or salary by the person paying the wages or salary, or payable under a contract of service; or

25 (b) by way of pension, including an annuity in respect of past services, whether or not the services were rendered to the person paying the annuity, and including periodical payments by way of compensation for the loss, abolition or relinquishment, or any diminution in the emoluments, of
30 any office or employment.

Defaulter's agent in relation to joint moneys

25.—(1) This section applies where the moneys referred to in section 24(2) are moneys in a joint account of which the defaulter is a

joint account holder, or are the proceeds of sale of any immovable property of which the defaulter was a joint owner.

(2) The defaulter's agent must —

- (a) within 14 days after the date of the receipt of the notice under section 24(1), send a notice, by registered post addressed to every joint account holder of that joint account in the bank or owner of the proceeds of sale (called in this section joint moneys) at the joint account holder's or owner's address last known to the defaulter's agent, informing the joint account holder or owner of the declaration under section 24(1); 5
- (b) retain such amount of the joint moneys as is presumed under subsection (3) to belong to the person from whom the outstanding premium is due; and
- (c) subject to subsections (6) and (7), within the time specified in the notice (being not less than 42 days after the date of the receipt of the notice under section 24(1)) pay the outstanding premium due from the retained amount to the recovery body. 10 15

(3) It is presumed, until the contrary is proved, that the joint account holders of a joint account have equal shares of the moneys in the account as at the date of the receipt of the notice under section 24(1), and that the joint owners of any immovable property share the proceeds of sale of the property equally. 20

(4) Any owner of joint moneys who objects to the share presumed under subsection (3) may give notice of the owner's objection in writing to the defaulter's agent within 28 days after the date of the receipt of the agent's notice under subsection (2)(a), or within such longer period as the recovery body may allow, and give proof as to the owner's share of the joint moneys together with the notice of objection. 25 30

(5) Where an objection under subsection (4) is received, the defaulter's agent must —

- (a) inform the recovery body of the objection within 7 days after the date of the receipt of the objection; and 35

(b) retain the amount of the joint moneys mentioned in subsection (2)(b) until such time as the recovery body by notice under subsection (6) informs the defaulter's agent of the recovery body's decision on the objection.

5 (6) The recovery body must consider the objection under subsection (4) and, by written notice, inform the objector of its decision.

(7) An owner of joint moneys aggrieved by the decision of the recovery body under subsection (6) may appeal against that decision
10 in accordance with the regulations.

(8) Where the recovery body has decided under subsection (6) on the amount of the defaulter's share of the joint moneys, the defaulter's agent must, despite any appeal under subsection (7), pay that amount, from the amount of the joint moneys retained under subsection (5)(b),
15 towards any outstanding premium due from the defaulter.

(9) In this section, "joint account" means a bank account in the names of 2 or more persons, but excludes any partnership account, any trust account and any account where a minor is one of the joint account holders.

20 **Payment by Government**

26.—(1) Where —

- (a) any outstanding premium under the CSHL Scheme is due from any person under this Act other than as a defaulter's agent under section 24 or 25;
- 25 (b) an amount is or would be payable by the Government to the person by or under any written law, contract or scheme —
 - (i) on, or within 90 days after, the date on which the public officer in paragraph (c) receives the notice in that paragraph; or
 - 30 (ii) on or after the date on which the public officer in paragraph (c) receives the notice in that paragraph, if the amount is earnings (as defined in section 24(10)) payable to the person by the Government as a principal and not as an agent; and

- (c) before the amount referred to in paragraph (b) is paid to the person, the recovery body serves a notice on any public officer by whom the payment is to be made that the outstanding premium referred to in paragraph (a) is due from the person,

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then the public officer is, despite that or any other written law, contract or scheme, entitled to pay the whole or any part of the amount referred to in paragraph (b) towards the whole or any part of the outstanding premium referred to in paragraph (a).

(2) If a public officer makes a payment under subsection (1) towards the outstanding premium referred to in subsection (1)(a) —

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- (a) the amount of the outstanding premium must be reduced by the amount of that payment; and
- (b) that payment is deemed to have been made to the person in accordance with the law, contract or scheme referred to in subsection (1)(b).

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Suit for outstanding premiums, excess payments and sums due to Fund

27.—(1) All outstanding premiums imposed under this Act, all excess payments under the CSHL Scheme and ESH Scheme, and all sums due to the Fund, may be sued for and recovered by a recovery body in its own name by way of specially endorsed writ of summons.

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(2) A recovery body is entitled to all costs and interest allowed by law against the person sued.

(3) All sums (including costs and interest) recovered in a suit brought under this section must be paid into the Fund.

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Recovery from defaulter leaving Singapore

28.—(1) Where a recovery body is of the opinion that any defaulter is about or likely to leave Singapore without paying all outstanding premiums payable under the CSHL Scheme by the defaulter, the recovery body may —

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- (a) issue a certificate containing particulars of such outstanding premiums; and

(b) give a direction to the Commissioner of Police or the Controller of Immigration, or both, to prevent the defaulter from leaving Singapore unless the outstanding premiums are paid or security to the recovery body for that payment is furnished.

(2) Subject to the provisions of any order issued or made under any law for the time being in force relating to banishment or immigration, upon receiving a direction under subsection (1), the Commissioner of Police or the Controller of Immigration, or both (as the case may be), must take, or cause any police officer or immigration officer to take, such measures as may be necessary to prevent the defaulter in question from leaving Singapore until every outstanding premium has been paid or secured.

(3) The measures mentioned in subsection (2) may include —

(a) the use of such force as may be necessary; and

(b) if appropriate, the detention of any passport, certificate of identity or travel document and any exit permit or other document authorising the defaulter to leave Singapore.

(4) Despite section 61, when the recovery body issues the certificate under subsection (1), the recovery body must give the defaulter, by personal service or registered post, a notification of the issue of the certificate; but a non-receipt of the notification does not invalidate any proceedings under this section.

(5) Payment of any outstanding premium to an officer-in-charge of a police station or an immigration officer, or production of a certificate issued by the recovery body stating that an outstanding premium has been paid or secured, is sufficient authority to not prevent the defaulter from leaving Singapore.

(6) A defaulter who, knowing that a direction has been issued under this section to prevent the defaulter's departure from Singapore, voluntarily leaves or attempts to leave Singapore without paying the outstanding premium or furnishing security to the recovery body's satisfaction for that payment —

(a) shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000 or to

imprisonment for a term not exceeding 12 months or to both; and

(b) may be arrested, without warrant, by any police officer or immigration officer.

(7) No civil or criminal proceedings are to be instituted or maintained against the Commissioner of Police, the Controller of Immigration or any other police officer or immigration officer, in respect of anything done in good faith and with reasonable care under the authority of this section.

Penalty for late payment of premium under CSHL Scheme

29.—(1) Subject to subsection (3), if the whole or any part of the premium for an insurance period under the CSHL Scheme, or any interest imposed under section 23(1)(a), remains unpaid at the expiry of such period as the Board may permit (being not less than one month) after the beginning of that insurance period, a penalty may be added to the premium and interest at the rates and times prescribed in the regulations.

(2) Subject to subsection (3), the regulations may provide for penalties to be imposed at different rates for premiums and interest imposed under section 23(1)(a) which remain unpaid for different periods.

(3) The total amount of the penalties imposed on the premium and interest for an insurance period must not exceed 17% of the total amount of the premium for that insurance period and any interest imposed under section 23(1)(a) on the outstanding premiums for that insurance period.

(4) The recovery body may, subject to such terms and conditions as the recovery body may specify, extend the time limit within which payment of any penalty is to be made.

(5) A recovery body may for any good cause shown remit the whole or any part of the penalty imposed under subsection (1).

Recovery body

30.—(1) The Minister may appoint one or more public authorities as recovery bodies for the purposes of this Part.

(2) A recovery body may —

(a) only exercise any powers under this Part which the Minister authorises the recovery body to exercise; and

(b) must, in exercising those powers, comply with any directions of the Council.

(3) Despite the provisions of any written law, a legal officer of a recovery body who is an advocate and solicitor may appear for the recovery body in any civil proceedings arising from the exercise of the recovery body's powers under this Part, and may make and do all acts and applications in respect of such proceedings on behalf of the recovery body.

PART 8

HANDLING OF RESTRICTED INFORMATION

Health information

31.—(1) Where the Minister certifies, under the Minister's hand, that an authorised person requires confidential information relating to the disability of a person (called in this section a data subject) which is in the possession of a healthcare institution or a healthcare practitioner who attended to the data subject in order to —

(a) assess the eligibility of the data subject to be covered under the CSHL Scheme or ESH Scheme; or

(b) assess a claim for benefits under the CSHL Scheme or ESH Scheme by or for the data subject,

the authorised person may request that healthcare institution or healthcare practitioner to provide so much of the confidential information to the authorised person as the authorised person needs for that purpose.

(2) Where any confidential information about a data subject has been obtained under subsection (1), the authorised person may —

- (a) access or use, or disclose to another authorised person, such confidential information for the purposes certified by the Minister under subsection (1) or such other purposes relating to the provision of support for a person's disability as may be prescribed; 5
 - (b) with the approval of the Minister, disclose such confidential information to another authorised person for the administration or enforcement of a prescribed public scheme; or
 - (c) disclose such confidential information to any public authority or other organisation or person, that is responsible for a prescribed public scheme (called in this subsection a recipient organisation) or any officer, employee or agent of the recipient organisation, for the recipient organisation to disburse, or facilitate the disbursement of, a grant, subsidy or benefit under the prescribed public scheme, only — 10
 - (i) in the form of a report derived from such confidential information stating whether any person satisfies the disability criteria for a grant, subsidy or benefit under a prescribed public scheme or any disability tier or category within the eligibility criteria (whether or not the report includes any information other than health information); 15 20
 - (ii) at the request of the recipient organisation; and 25
 - (iii) with the approval of the Minister.
- (3) If a data subject opts out, in the manner determined by the Minister, from the provision of information about the data subject for the purposes of subsection (1)(a), an authorised person must not, from the time the authorised person is notified that the data subject has opted out, except with the data subject's consent — 30
- (a) request a healthcare institution or a healthcare practitioner to provide the information under subsection (1)(a); or
 - (b) access or use any information obtained under subsection (1)(a). 35

(4) If a data subject opts out, in the manner determined by the Minister, from the provision of information about the data subject for a prescribed purpose mentioned in subsection (2)(a) or for the purposes of subsection (2)(b) or (c), an authorised person must not, from the time the authorised person is notified that the data subject has opted out, disclose the information under subsection (2)(a) for that prescribed purpose or the information under subsection (2)(b) or (c) (as the case may be), except with the data subject's consent.

(5) In this Part, "authorised person" means a person authorised by the Minister to access, use or disclose information obtained under subsection (1) for the purposes described in subsection (1)(a) or (b) or (2)(a), (b) or (c).

Confidential information

32.—(1) Where the Minister certifies, under the Minister's hand, that a public officer, a public authority or any other organisation or person (called in this subsection a recipient organisation) requires any particular class of confidential information about a person (called in this section a data subject), which is in the possession of a Government department, another public authority or the Administrator, for the administration or enforcement of the CSHL Scheme, ESH Scheme or any prescribed social or healthcare-related public scheme (as the case may be), or in order to disburse or facilitate the disbursement of any grant, subsidy or benefit under a prescribed social or healthcare-related public scheme, in relation to the data subject —

(a) the Minister charged with the responsibility for that Government department or other public authority, or the Minister charged with the responsibility for health in the case of the Administrator, may, in addition to any other power conferred by any written law, direct that Government department or other public authority or the Administrator (as the case may be) to provide so much of the class of confidential information about the data subject to the recipient organisation as the recipient organisation requires for that purpose; and

- (b) that Government department or other public authority or the Administrator (as the case may be) must comply with the direction under paragraph (a).

(2) The Board may use so much of the confidential information about a data subject obtained by the Board before, on or after the date of commencement of this section in the course of performing the Board's functions or duties under the CPF Act, to administer or enforce the CSHL Scheme or ESH Scheme in relation to that data subject as —

- (a) the Minister certifies, under the Minister's hand, to be required by the Board for that purpose; and
- (b) the Minister charged with the responsibility for the Board approves to be used for that purpose.

(3) The Board may use so much of the confidential information about a data subject obtained by the Board in the course of performing its functions or duties under this Act to perform the Board's functions and duties under the CPF Act in relation to that data subject as the Minister approves to be used for that purpose.

(4) An Administrator may use so much of the confidential information about a data subject obtained by the Administrator in the course of performing its functions or duties under this Act to administer or enforce the CSHL Scheme, ESH Scheme or any prescribed social or healthcare-related public scheme in relation to that data subject as the Minister approves to be used for that purpose.

(5) A person who had consented, before the date of commencement of section 64(2)(l), to the Board disclosing information about that person in the Board's possession to an insurer to administer or operate an insurance scheme mentioned in section 77(1)(k) of the CPF Act in relation to that person, or that person's dependant, is deemed to consent to the Board disclosing information, obtained by the Board on or after that date in the course of administering or enforcing the CPF Act or this Act, to that insurer to administer or operate that insurance scheme (whether pursuant to regulations made under section 77(1)(k) of the CPF Act or regulations made under section 64(2)(l)), until such deemed consent is withdrawn.

(6) IRAS may, if it is prescribed as a recovery body, use to enforce the CSHL Scheme or ESH Scheme so much of the means information and confidential information obtained by it (whether before, on or after the date of commencement of this section) in the course of performing its functions under section 6 of the Inland Revenue Authority of Singapore Act as the Minister charged with the responsibility for finance approves to be used for such purpose.

(7) This section does not apply to —

(a) confidential information about a person obtained directly or indirectly from a healthcare institution or a healthcare practitioner who attended to that person; and

(b) means information, except means information obtained by IRAS (if any) under subsection (6).

Offence and immunity relating to disclosure

33.—(1) Subject to subsections (2), (3) and (4), a person who, knowing that any information about any other person was provided or obtained under any provision of section 31 or 32, accesses, uses or discloses the information, without the consent of that other person, shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 12 months or to both.

(2) No person or organisation shall be guilty of an offence under any written law or of any breach of confidence, shall incur any civil liability or shall be liable to any disciplinary action by a professional body, by virtue merely of doing any of the following in good faith and with reasonable care:

(a) complying with a request under section 31(1) or a direction under section 32(1)(a);

(b) providing or disclosing information in accordance with any provision of section 31 or 32;

(c) accessing or using information provided or obtained under any provision of section 31 or 32 in accordance with the requirements of such provision and any terms and conditions imposed under section 34(1);

(d) with the approval of the Minister —

- (i) disclosing any information obtained under section 31 or 32 to the Council for the exercise of the Council's functions and powers under this Act; or
- (ii) where the organisation is the Council, using that information to exercise its functions and powers under this Act.

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(3) Sections 31 and 32 and subsection (2) apply despite any obligations as to confidentiality under the common law regarding medical or healthcare information.

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(4) Sections 31 and 32 do not affect the exercise of any right or authority under any other written law or rule of law to access, use or disclose confidential information.

General

34.—(1) An approval under section 31(2)(b) or (c)(iii), 32(2)(b), (3), (4) or (6) or 33(2)(d) or a direction under section 32(1)(a) may be given on such terms and conditions, as the Minister giving the approval or direction considers appropriate, regarding access to the information provided or disclosed pursuant to the approval or direction, as the case may be.

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(2) A certification, an approval or a direction by a Minister under this Part may be given in relation to a particular class of confidential information about persons within a class of persons specified in the certification, approval or direction.

(3) References in this Part to the CSHL Scheme, ESH Scheme and to other provisions of this Act are to apply, before the commencement of the provisions establishing the CSHL Scheme, the provisions establishing the ESH Scheme and the commencement of those other provisions of this Act, respectively, as if those provisions were already in force.

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PART 9

CARESHIELD LIFE AND ELDERSHIELD
INSURANCE FUND AND CARESHIELD LIFE COUNCIL

**Establishment of CareShield Life and ElderShield Insurance
Fund**

35. There is established a fund called the CareShield Life and ElderShield Insurance Fund for the purposes of the CSHL Scheme and ESH Scheme, comprising —

- (a) all premiums (including interest, costs and penalties under sections 23(1)(a), 27(3) and 29, respectively) and any other sums paid under the CSHL Scheme;
- (b) all premiums under the ESH Scheme paid on or after the transfer date, and any other sums paid under the ESH Scheme;
- (c) all Government grants paid to the credit of the Fund for the purposes of the CSHL Scheme and ESH Scheme;
- (d) all gifts and donations given or made by any person for payment into the Fund, or to the Government or the Board for the purposes of the CSHL Scheme and ESH Scheme or for payment into the Fund;
- (e) all investments out of moneys in the Fund under section 36(4) and the proceeds of any such investments, including the net income from such investments; and
- (f) all moneys under the former ElderShield Scheme that are transferred to the Government on the transfer date.

Payments from Fund, etc.

36.—(1) All payments of benefits (including goodwill sums) and other payments (including any rebate mentioned in subsection (2) and reimbursement of assessors' fees for disability assessments as determined by the Board) under the CSHL Scheme and ESH Scheme are to be met from the Fund.

(2) The Minister may declare the payment of any rebate from the Fund to insured persons to account for the difference between the

Fund's expected experience and actual experience (including claims experience), which is in such proportion and in such manner as the Minister may determine.

(3) Any costs or expenses incurred in —

(a) the administration or enforcement of the CSHL Scheme and ESH Scheme; and 5

(b) doing anything incidental to or in connection with the administration or enforcement mentioned in paragraph (a),

may be met from the Fund.

(4) The Board may invest the moneys in the Fund in accordance with the standard investment power of statutory boards as defined in section 33A of the Interpretation Act (Cap. 1), except that the Board is subject to any general or specific directions from the Minister (instead of the Minister charged with the responsibility for the Board). 10 15

(5) The Board and the Administrator are not liable for any payment under the CSHL Scheme or ESH Scheme on or after the transfer date, for any costs or expenses incurred in the administration or enforcement of the CSHL Scheme or ESH Scheme (as the case may be), by reason of anything done, purported to be done, or omitted to be done, by the Board or the Administrator (as the case may be) in good faith and with reasonable care. 20

CareShield Life Council

37.—(1) The Minister may appoint a CareShield Life Council comprising the following members: 25

(a) the Chairperson;

(b) at least 2 and not more than 16 other members.

(2) The Minister may appoint a Deputy Chairperson from among the members mentioned in subsection (1)(b).

(3) In addition to the functions conferred on the Council by other provisions of this Act, the Council also has the following functions: 30

(a) to make recommendations to the Minister on policy and scheme parameters, including premiums and benefits, to ensure that the CSHL Scheme and ESH Scheme provide effective protection for citizens of Singapore and permanent residents of Singapore in an affordable and sustainable manner;

(b) to review the administration of the CSHL Scheme and ESH Scheme to ensure alignment with the directions of the Council;

(c) to advise the Minister on matters related to the investment of the Fund, and any other matters related to the CSHL Scheme, ESH Scheme or the Fund as the Minister may direct.

(4) The terms and conditions of the appointment of the members of the Council are to be determined by the Minister.

(5) The Council may appoint from among its own members or from other persons who are not members such number of committees as the Council thinks fit for purposes which, in the opinion of the Council, will be better managed by means of such committees.

(6) Unless otherwise provided by or under this Act, the Council may determine the procedure to be adopted by the Council for the purposes of this Act.

PART 10

LONG-TERM CARE SUPPORT FUND

Establishment of Long-Term Care Support Fund

38.—(1) There is established a Government fund called the Long-Term Care Support Fund comprising —

(a) all moneys from time to time appropriated from the Consolidated Fund and authorised to be paid into the LTC Support Fund by any written law;

(b) all other revenues of Singapore allocated by any written law to the LTC Support Fund;

(c) all gifts and donations given or made by any person to the Government for the purposes of the LTC Support Fund; and

(d) all investments out of moneys in the LTC Support Fund authorised to be made by any written law and the proceeds of any such investment, including the net income from such investments.

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(2) For the purposes of subsection (1)(d), the net income from investments is the amount ascertained by adding to, or deducting from, the income received from investments of moneys in the Fund any profit derived or loss sustained (as the case may be) from the realisation of such investments.

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(3) The LTC Support Fund is to be regarded as comprising public moneys for the purposes of any other written law, and the Financial Procedure Act (Cap. 109) applies to the LTC Support Fund to the extent that it is not inconsistent with any of the provisions of this Act.

15

Purposes of LTC Support Fund

39.—(1) The moneys in the LTC Support Fund may be withdrawn and applied only for all or any of the following purposes:

(a) to provide premium support for the CSHL Scheme in the form of a subsidy of the cost of any premium of the CSHL Scheme covering an eligible insured person;

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(b) to fund any part of the cost of the CSHL Scheme and ESH Scheme;

(c) to fund all or any part of the cost of any prescribed public scheme that provides financial support for disabled persons;

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(d) for such other purposes as are authorised under this Act to be paid out of the LTC Support Fund.

(2) The moneys in the LTC Support Fund may be deposited in any bank account and invested in any investment authorised under the Financial Procedure Act.

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Expenses

40.—(1) Unless otherwise directed by the Minister, all costs, expenses and charges incurred in relation to making any investment of moneys in the LTC Support Fund are to be charged upon and payable out of the LTC Support Fund.

(2) All other expenses incidental to or arising from the administration and management of moneys in the LTC Support Fund are to be charged upon and payable out of the LTC Support Fund, including but not limited to the following:

(a) the cost of auditing the accounts of the LTC Support Fund, and the remuneration of the auditor if he or she is not the Auditor-General;

(b) the expenses incurred by any public authority or person whom the Minister has appointed to administer the LTC Support Fund in carrying out their duties under that appointment and doing any thing incidental to or in connection with the purposes of that appointment.

(3) However, no remuneration or allowances payable to a public officer may be met out of moneys in the LTC Support Fund.

Withdrawals

41.—(1) Moneys cannot be withdrawn from the LTC Support Fund unless they are charged upon the LTC Support Fund or are authorised to be withdrawn or transferred under this Act.

(2) Despite section 13 of the Financial Procedure Act, payment may be made out of the LTC Support Fund only if the payment is approved by the Minister or an accounting officer authorised, in writing, by the Minister.

Financial year

42.—(1) The financial year of the LTC Support Fund begins on 1 April of each year and ends on 31 March of the succeeding year.

(2) However, the first financial year of the LTC Support Fund begins on the date of commencement of this Part and ends on 31 March of the succeeding year.

Accounts

43. An accounting officer of the LTC Support Fund must —

- (a) cause to be kept proper accounts and records of all transactions and affairs relating to the LTC Support Fund, or the transactions and affairs of the part of the LTC Support Fund that the accounting officer is in charge of, as the case may be; 5
- (b) do all things necessary to ensure that payments out of the LTC Support Fund and the disbursement of those funds are properly authorised and correctly made; and 10
- (c) ensure that adequate control is maintained over the assets and receipts of the LTC Support Fund, or the assets and receipts of the part of the LTC Support Fund that the accounting officer is in charge of, as the case may be.

Financial statements and audit

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44.—(1) The Minister must, as soon as practicable after the close of each financial year, cause to be prepared and submitted financial statements and accounts of the LTC Support Fund in respect of the financial year to the Auditor-General, or such other auditor who may be appointed by the Minister in consultation with the Auditor-General, for audit in accordance with this Act. 20

(2) A person must not be qualified for appointment as an auditor under subsection (1) unless he or she is a public accountant within the meaning of the Companies Act (Cap. 50).

(3) The auditor of the LTC Support Fund or any person authorised by the auditor is entitled at all reasonable times to full and free access to all accounting and other records relating, directly or indirectly, to the financial transactions of the LTC Support Fund and may make copies of, or take extracts from, any such accounting and other records. 25 30

(4) The auditor of the LTC Support Fund must in his or her report state —

- (a) whether the financial statements show fairly the financial transactions and the state of affairs of that Fund;

(b) whether proper accounting and other records have been kept, including records of all assets of that Fund;

(c) whether receipts, expenditure and investment of moneys and the acquisition and disposal of assets on account of that Fund during the financial year were in accordance with the provisions of this Act; and

(d) such other matters arising from the audit as he or she considers necessary.

(5) As soon as the accounts of the LTC Support Fund and the financial statements have been audited, a copy of the audited financial statements, together with a copy of any report made by the Auditor-General, must be submitted to the Minister.

(6) Where the Auditor-General is not the auditor of the LTC Support Fund, a copy of the audited financial statements and any report made by the auditor must be forwarded to the Auditor-General.

(7) The Minister must as soon as practicable cause a copy of the audited financial statements of the LTC Support Fund and the auditor's report to be presented to Parliament.

Dissolution of LTC Support Fund

45. Upon dissolution of the LTC Support Fund during any term of office of the Government (within the meaning of the Constitution), the balance of such moneys remaining in the LTC Support Fund must be transferred to the Consolidated Fund and be added to the reserves of the Government not accumulated by it during that term of office.

PART 11

ENFORCEMENT

Division 1 — Powers of enforcement

Investigators

46.—(1) The Minister may, in writing, appoint any public officer or any other person as an investigator to investigate any offence under this Act.

(2) The chief executive officer of the Board may, in writing, appoint any officer of the Board as an investigator to investigate any offence under this Act.

(3) An investigator, when exercising any powers and carrying out any duties under this Act, must comply with such general or special directions as may from time to time be given —

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(a) by the Minister, if the investigator is a public officer or a person mentioned in subsection (1); or

(b) by the chief executive officer of the Board, if the investigator is an officer of the Board.

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Power to obtain information

47.—(1) An investigator who has a reasonable suspicion that any person has committed an offence under this Act may —

(a) by written notice require the person to attend at such reasonable time and at such place as may be specified by the investigator to answer any question or to provide a signed statement in writing concerning the suspected offence;

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(b) require the person —

(i) to provide any information within the person's knowledge; or

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(ii) to produce for inspection any document or record in the person's possession,

that the investigator believes on reasonable grounds to be connected with the suspected offence; and

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(c) retain the original copy of any document or record that the investigator believes on reasonable grounds to be connected with the suspected offence, or make or cause to be made, without payment, copies of or extracts from that document or record.

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(2) Where any document or record required by an investigator is kept in electronic form, then —

(a) the power of an investigator to require that document or record to be produced for inspection under subsection (1)(b)(ii) includes the power to require a copy of that document or record to be made available for inspection in legible form; and

(b) subsection (1)(c) applies to any copy so made available.

(3) Any copy of or extract from any document or record made under subsection (1)(c) and certified as such by the investigator is admissible as evidence in any proceedings under this Act.

(4) A person who, when required by an investigator to provide under subsection (1)(b) any information or produce any document or record, refuses or fails, without reasonable excuse, to provide the information or to produce the document or record within the time allowed by the investigator shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 6 months or to both.

Division 2 — Offences

False or incorrect health declaration, means declaration, claim or application

48.—(1) A person commits an offence if the person —

(a) makes, or assists in the making of, a health declaration, means declaration, claim or any application under this Act which is false or misleading in a material particular, knowing that the declaration, claim or application is false or misleading in a material particular;

(b) in making a health declaration, means declaration, claim or an application omits any matter or thing without which the health declaration, means declaration, claim or application (as the case may be) is misleading in a material particular, knowing that the omission makes the declaration, claim or application misleading in a material particular; or

(c) provides any information to any person which is false or misleading in a material particular, knowing that the information provided —

- (i) is false or misleading in a material particular; and
- (ii) may be included in a health declaration, means declaration or claim made under the CSHL Scheme, or ESH Scheme, or an application under this Act, or may affect any payment of a premium subsidy for the purposes of the CSHL Scheme.

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(2) A person who is guilty of an offence under subsection (1) shall be liable on conviction —

- (a) in the case where the person is an individual — to a penalty equal to the relevant amount; or
- (b) in any other case — to a penalty equal to 5 times the relevant amount.

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(3) A person who commits an offence under subsection (1), with the intention of causing any premium to be undercharged or any benefit or claim to be overpaid under the CSHL Scheme or ESH Scheme, shall be guilty of an offence and shall be liable on conviction —

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- (a) in the case where the person is an individual —

- (i) to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 12 months or to both; and
- (ii) in addition, to a penalty equal to 2 times the relevant amount; or

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- (b) in any other case —

- (i) to a fine not exceeding \$10,000; and
- (ii) in addition, to a penalty equal to 4 times the relevant amount.

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(4) In this section, “relevant amount” means the amount by which any premium has been undercharged, or the amount of any benefit or claim that has been overpaid, as a result of the offence, or that would have been so undercharged or overpaid if the false or misleading declaration, claim or application (as the case may be) had been accepted as correct.

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Fraudulent disability assessment

49.—(1) An assessor in making a report of a disability assessment that he or she conducted in respect of an individual under this Act must not give any information which is false, or conceal any
5 information, with the intent of causing —

(a) the individual to be given or not to be given insurance cover under the CSHL Scheme or ESH Scheme; or

(b) a claim made by or on behalf of the individual to be accepted or rejected under the CSHL Scheme or ESH
10 Scheme.

(2) An assessor who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction —

(a) to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 2 years or to both; and

(b) in addition, to a penalty equal to 4 times the relevant
15 amount (if applicable).

(3) In this section, “relevant amount” means the amount of overpayment and the amount of assessment fee charged for the assessment.

Misuse of payouts

50.—(1) A person who receives any benefits under the CSHL Scheme or ESH Scheme on behalf of an insured person must first apply the benefits for the care of the insured person.

(2) A person who, without reasonable excuse, contravenes
25 subsection (1) shall be guilty of an offence and shall be liable on conviction —

(a) in the case where the person is an individual —

(i) to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 2 years or to both; and

(ii) in addition, to a penalty equal to 4 times the relevant
30 amount; or

(b) in any other case —

(i) to a fine not exceeding \$20,000; and

(ii) in addition, to a penalty equal to 8 times the relevant amount.

(3) Where a person has been convicted by a court under subsection (2), the court may order that person to make payment into the Fund of any moneys paid out to the person under the CSHL Scheme or ESH Scheme for the care of the insured person, including interest on those moneys at such rate as may be prescribed.

(4) In this section, “relevant amount” means the amount of the benefits received by the person mentioned in subsection (1) which was not applied for the care of the insured person.

Obstructing investigators in execution of duties

51. A person who, without reasonable excuse, obstructs, hinders or impedes any investigator in the performance or execution of a duty or anything which the investigator is authorised, empowered or required to do under this Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both.

Offences by corporations

52.—(1) Where, in a proceeding for an offence under this Act, it is necessary to prove the state of mind of a corporation in relation to a particular conduct, evidence that —

(a) an officer, employee or agent of the corporation engaged in that conduct within the scope of his or her actual or apparent authority; and

(b) the officer, employee or agent had that state of mind, is evidence that the corporation had that state of mind.

(2) Where a corporation commits an offence under this Act, a person —

(a) who is —

(i) an officer of the corporation; or

- (ii) an individual involved in the management of the corporation and in a position to influence the conduct of the corporation in relation to the commission of the offence; and

5 (b) who —

- (i) consented or connived, or conspired with others, to effect the commission of the offence;
- (ii) is in any other way, whether by act or omission, knowingly concerned in, or is party to, the
10 commission of the offence by the corporation; or
- (iii) knew or ought reasonably to have known that the offence by the corporation (or an offence of the same type) would be or is being committed, and failed to take all reasonable steps to prevent or stop the
15 commission of that offence,

shall be guilty of that same offence as is the corporation, and shall be liable on conviction to be punished accordingly.

(3) A person mentioned in subsection (2) may rely on a defence that would be available to the corporation if it were charged with the
20 offence with which the person is charged and, in doing so, the person bears the same burden of proof that the corporation would bear.

(4) To avoid doubt, this section does not affect the application of —

- (a) Chapters V and VA of the Penal Code (Cap. 224); or
- (b) the Evidence Act (Cap. 97) or any other law or practice
25 regarding the admissibility of evidence.

(5) To avoid doubt, subsection (2) also does not affect the liability of the corporation for an offence under this Act, and applies whether or not the corporation is convicted of the offence.

(6) In this section —

30 “corporation” includes a limited liability partnership within the meaning of section 2(1) of the Limited Liability Partnerships Act (Cap. 163A);

“officer”, in relation to a corporation, means any director, partner, chief executive, manager, secretary or other similar officer of the corporation, and includes —

- (a) any person purporting to act in any such capacity; and
- (b) for a corporation whose affairs are managed by its members, any of those members as if the member were a director of the corporation;

“state of mind” of a person includes —

- (a) the knowledge, intention, opinion, belief or purpose of the person; and
- (b) the person’s reasons for the intention, opinion, belief or purpose.

Offences by unincorporated associations or partnerships

53.—(1) Where, in a proceeding for an offence under this Act, it is necessary to prove the state of mind of an unincorporated association or a partnership in relation to a particular conduct, evidence that —

- (a) an employee or agent of the unincorporated association or partnership engaged in that conduct within the scope of his or her actual or apparent authority; and
- (b) the employee or agent had that state of mind,

is evidence that the unincorporated association or partnership had that state of mind.

(2) Where an unincorporated association or a partnership commits an offence under this Act, a person —

- (a) who is —
 - (i) an officer of the unincorporated association or a member of its governing body;
 - (ii) a partner in the partnership; or
 - (iii) an individual involved in the management of the unincorporated association or partnership and in a position to influence the conduct of the unincorporated association or partnership (as the

case may be) in relation to the commission of the offence; and

(b) who —

(i) consented or connived, or conspired with others, to effect the commission of the offence;

(ii) is in any other way, whether by act or omission, knowingly concerned in, or is party to, the commission of the offence by the unincorporated association or partnership; or

(iii) knew or ought reasonably to have known that the offence by the unincorporated association or partnership (or an offence of the same type) would be or is being committed, and failed to take all reasonable steps to prevent or stop the commission of that offence,

shall be guilty of the same offence as is the unincorporated association or partnership (as the case may be), and shall be liable on conviction to be punished accordingly.

(3) A person mentioned in subsection (2) may rely on a defence that would be available to the unincorporated association or partnership if it were charged with the offence with which the person is charged and, in doing so, the person bears the same burden of proof that the unincorporated association or partnership would bear.

(4) To avoid doubt, this section does not affect the application of —

(a) Chapters V and VA of the Penal Code; or

(b) the Evidence Act or any other law or practice regarding the admissibility of evidence.

(5) To avoid doubt, subsection (2) also does not affect the liability of an unincorporated association or a partnership for an offence under this Act, and applies whether or not the unincorporated association or partnership is convicted of the offence.

(6) In this section —

“officer”, in relation to an unincorporated association (other than a partnership), means the president, the secretary, or any member of the committee of the unincorporated association, and includes —

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(a) any person holding a position analogous to that of president, secretary or member of a committee of the unincorporated association; and

(b) any person purporting to act in any such capacity;

“partner” includes a person purporting to act as a partner;

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“state of mind” of a person includes —

(a) the knowledge, intention, opinion, belief or purpose of the person; and

(b) the person’s reasons for the intention, opinion, belief or purpose.

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Jurisdiction of courts

54. Despite the Criminal Procedure Code (Cap. 68), a District Court or a Magistrate’s Court has jurisdiction to try any offence under this Act and has power to impose the full punishment for any such offence.

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Conduct of prosecutions

55. Proceedings in respect of any offence under this Act may, with the authorisation of the Public Prosecutor, be conducted —

(a) by any public officer appointed by the Minister to conduct such proceedings; or

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(b) by any officer of the Board appointed by the chief executive officer of the Board to conduct such proceedings.

Composition of offences

56.—(1) A public officer authorised by the Minister, or an officer of the Board authorised by the chief executive officer of the Board, may

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compound any offence under this Act that is prescribed as a compoundable offence by collecting from a person reasonably suspected of having committed the offence a sum not exceeding the lower of the following:

5 (a) one half of the amount of the maximum fine that is prescribed for the offence;

 (b) \$1,000.

(2) On payment of such sum of money, no further proceedings are to be taken against that person in respect of the offence.

10 (3) All sums collected under this section must be paid into the Consolidated Fund.

PART 12

MISCELLANEOUS

Power to delegate

15 **57.**—(1) The Council may in respect of a specified matter or class of matters, by writing, delegate any of its functions or duties under this Act to a member of the Council or a committee appointed under section 37(5), except the power of delegation conferred by this subsection.

20 (2) The Board may in respect of a specified matter or class of matters, by writing, delegate any of its functions, duties or powers under this Act to a member, an officer or a committee of the Board, except the power of delegation conferred by this subsection.

25 (3) The chief executive officer of the Board may in respect of a specified matter or class of matters, by writing, delegate any of the chief executive officer's functions, duties or powers under this Act to a member or an officer of the Board, except the power of delegation conferred by this subsection.

30 (4) An Administrator may in respect of a specified matter or class of matters, by writing, delegate any of its functions, duties or powers under this Act to an officer of the Administrator, except the power of delegation conferred by this subsection.

(5) A recovery body may in respect of a specified matter or class of matters, by writing, delegate any of its powers under this Act to any officer of the recovery body, except the power of delegation conferred by this subsection.

(6) Without affecting the power of delegation under section 36 of the Interpretation Act, any Minister who has the power to issue an approval or a direction under Part 8 may in respect of any specified matter or class of matters, by writing, delegate that power to any public officer.

(7) Every member, officer, committee or public officer purporting to act pursuant to a delegation under this section is, in the absence of proof to the contrary, presumed to be acting in accordance with the terms of the delegation.

(8) A delegation under this section is revocable at will, and no such delegation prevents the exercise of any power, function or duty by the Minister, the Council, the Board, the chief executive officer of the Board, the Administrator or the recovery body (as the case may be) that made the delegation.

Change of address

58.—(1) Subject to subsection (2) —

- (a) every insured person who is liable to pay any premium;
- (b) every person who is liable to pay any premium on behalf of an insured person; and
- (c) every person who receives any benefit under the CSHL Scheme or ESH Scheme, including a person who receives any such benefit on behalf of an insured person,

must inform the Board or the Administrator in writing of any change in that insured person's or that person's residential address, as the case may be.

(2) If a person has changed the person's residential address and has made a report of the change under section 8 of the National Registration Act (Cap. 201), that person is taken to have informed the Board of the change of that residential address in accordance with subsection (1).

Certificate of officer authorised by Board to be evidence

5 **59.**—(1) In any legal proceedings, a copy of an entry in the accounts of the Fund duly certified under the hand of an officer of the Board authorised by the Board to sign the certification is prima facie evidence of the entry having been made and of the truth of the contents of the entry.

10 (2) In any suit under section 27, the production of a certificate signed by an officer of the Board authorised by the Board to sign the certification stating the following is sufficient evidence of the amount due and sufficient authority for the court to give judgment for that amount:

- (a) the name and address of the defaulter or the person from whom the amount is due;
- 15 (b) the amount of the outstanding premium payable by the defaulter or other amount payable by the person from whom the amount is due.

Protection from personal liability

60. No liability shall lie against —

- (a) any public officer;
- 20 (b) any member of the Council or of any committee appointed under section 37;
- (c) any member, officer or employee of the Board, the Administrator or a recovery body; or
- 25 (d) any other person acting under the direction of the Council, the Board or the Administrator,

for anything which is done or purported to be done, or omitted to be done, in good faith and with reasonable care in the exercise or purported exercise of any power under this Act, or the performance or purported performance of any function or duty under this Act.

Service of documents

30 **61.**—(1) A document that is permitted or required by this Act to be served on a person may be served as described in this section.

(2) A document permitted or required by this Act to be served on an individual may be served —

- (a) by giving it to the individual personally;
- (b) by sending it by prepaid registered post to the address specified by the individual for the service of documents or, if no address is so specified, the individual's residential address or business address; 5
- (c) by leaving it at the individual's residential address with an adult apparently resident there, or at the individual's business address with an adult apparently employed there; 10
- (d) by affixing a copy of the document in a conspicuous place at the individual's residential address or business address;
- (e) by sending it by fax to the fax number last known to the person giving or serving the document as the fax number for the service of documents on the individual; or 15
- (f) by sending it by email to the individual's last email address.

(3) A document permitted or required by this Act to be served on a partnership (other than a limited liability partnership) may be served — 20

- (a) by giving it to any partner or other similar officer of the partnership;
- (b) by leaving it at, or by sending it by prepaid registered post to, the business address of the partnership;
- (c) by sending it by fax to the fax number used at the business address of the partnership; or 25
- (d) by sending it by email to the last email address of the partnership.

(4) A document permitted or required by this Act to be served on a body corporate (including a limited liability partnership) or an unincorporated association may be served — 30

- (a) by giving it to the secretary or other similar officer of the body corporate or unincorporated association, or to the manager of the limited liability partnership;
- 5 (b) by leaving it at, or by sending it by prepaid registered post to, the registered office or principal office in Singapore of the body corporate or unincorporated association;
- (c) by sending it by fax to the fax number used at the registered office or principal office in Singapore of the body corporate or unincorporated association; or
- 10 (d) by sending it by email to the last email address of the body corporate or unincorporated association.

(5) Service of a document under subsection (2), (3) or (4) takes effect —

- 15 (a) if the document is sent by fax and a notification of successful transmission is received, on the day of transmission;
- (b) if the document is sent by prepaid registered post, 2 days after the day the document was posted (even if it is returned undelivered); or
- 20 (c) if the document is sent by email, at the time the email becomes capable of being retrieved by the person to whom the document is sent.

(6) However, service of any document under this Act on a person by email may be effected only with that person's prior consent (express or implied) to service in that way.

(7) This section does not apply to documents to be served in proceedings in court.

(8) In this section —

“business address” means —

- 30 (a) in the case of an individual, the individual's usual or last known place of business, or place of employment, in Singapore; or

- (b) in the case of a partnership (other than a limited liability partnership), the principal or last known place of business in Singapore of the partnership;

“document” includes a demand note and notice permitted or required by this Act to be served;

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“last email address” means —

- (a) the last email address given, by the addressee concerned to the person giving or serving the document, as the email address for the service of documents under this Act; or

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- (b) the last email address of the addressee concerned known to the person giving or serving the document;

“residential address” means an individual’s usual or last known place of residence in Singapore.

General exemption

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62. The Minister may, by order in the *Gazette*, exempt any person or class of persons from all or any of the provisions of this Act, either generally or in a particular case and subject to such conditions as may be specified in the order.

Amendment of First Schedule

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63.—(1) The Minister may from time to time, by order in the *Gazette*, amend, add to or vary the First Schedule.

(2) The Minister may, in any order made under subsection (1), make such incidental, consequential or supplementary provisions as may be necessary or expedient.

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(3) Any order made under subsection (1) must be presented to Parliament as soon as possible after publication in the *Gazette*.

Regulations

64.—(1) The Minister may make regulations necessary or convenient for carrying out the purposes and provisions of this Act.

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(2) Without limiting subsection (1), such regulations may —

(a) provide for the different classes of persons who are to be covered under the CSHL Scheme under section 6(1)(c);

(b) provide for determination of insurance periods under the CSHL Scheme and ESH Scheme;

(c) provide for the commencement of insurance cover under the CSHL Scheme;

(d) despite sections 6(1) and 11(1), provide for the circumstances in which the insurance cover ends for a person under the CSHL Scheme and ESH Scheme, the date on which such insurance cover ends, and for the reinstatement of a person as an insured person in certain circumstances, including —

(i) refunds and payments to be made to adjust for such changes (including payments, in certain circumstances and to certain persons, of goodwill sum and the treatment of payments of goodwill sum as payments of insured sum when a person is reinstated as an insured person);

(ii) interest paid into a person's medisave account to be deducted and paid to the general moneys of the Central Provident Fund; and

(iii) payments that a person is liable to make under this Act to be deducted from payments due to that person under this Act, to adjust for such changes;

(e) prescribe the benefits payable under the CSHL Scheme and ESH Scheme (which may differ for different classes of insured persons) and provide for claims for such benefits, including providing for any payments which an insured person is liable to make under this Act to be deducted from the benefits payable to that person or the approved payee;

(f) prescribe the circumstances for imposing and the manner of computing premiums (which may be at different rates for different classes of insured persons), interest (including

compound interest) under section 23 and penalties imposed under section 29, and the order in which payments are applied to such premiums, interest and penalties, and provide for waiver of interest;

- (g) prescribe the circumstances in which premiums, interest under section 23 and penalties imposed under section 29 are payable by a person (other than an insured person) and may be deducted from that person's medisave account under section 14(4); 5
- (h) provide for any payment under this Act to be deducted from the medisave account of the person liable to make that payment; 10
- (i) provide for the refund of any premium, interest under section 23, penalty under section 29 or other payment made under this Act (called in this paragraph the refunded payment), including — 15
 - (i) the rate, manner or circumstances for the refund to be made;
 - (ii) for any payments which the insured person is liable to make under this Act to be deducted from the amount to be refunded; and 20
 - (iii) if the refunded payment was deducted from an account of a CPF member in the Central Provident Fund, the refund, to that or any other account of that CPF member in the Central Provident Fund, of the whole or such part of the interest which would have been payable if the refunded payment had not been so deducted; 25
- (j) prescribe the fees and charges for the purposes of this Act;
- (k) provide in respect of any offence under the regulations — 30
 - (i) in a case where the offender is an individual, for a penalty not exceeding a fine of \$5,000 or imprisonment for a term not exceeding 12 months or both for each offence; or

- (ii) in any other case, for a penalty not exceeding a fine of \$10,000 for each offence;

(l) regulate the participation of insurers in Supplement Schemes, including prescribing terms of supplementary disability insurance policies offered under any Supplement Scheme and where a CPF member or the CPF member's dependant is insured under a Supplement Scheme —

- (i) the withdrawal of money from the CPF member's medisave account for the payment of any premium payable by the member or the member's dependant in respect of the Supplement Scheme;

- (ii) the refund or repayment of any premium paid by the member or the member's dependant in respect of the Supplement Scheme, the circumstances under which any such refund or repayment will be made, and the determination of the manner in which any such refund or repayment will be made (including the person who will make any such determination);

- (iii) the payment of any rebate given in respect of the Supplement Scheme, the circumstances under which any such payment will be made, and the determination of the manner in which any such payment will be made (including the person who will make any such determination); and

- (iv) the requirement for such insurer to pay administrative fees to the Board for any material change or error in relation to any withdrawal, refund or payment by the Board arising from incorrect information provided by the insurer or from such other circumstances as may be prescribed;

(m) make saving and transitional provisions for —

- (i) the former ElderShield Scheme; and

- (ii) an insurance scheme administered by an insurer approved by the Minister, in the case of the revocation of the regulations made under

section 77(1)(k) of the CPF Act applying to that insurance scheme,

including for the payment of benefits, the recovery of premiums payable and the refund of payments made under the former ElderShield Scheme on or after the date of commencement of section 11 or under the insurance scheme referred to in sub-paragraph (ii) on or after the revocation of those regulations, as the case may be;

(n) make financial provisions in relation to the Fund, the CSHL Scheme and ESH Scheme, including the audit of the Fund and the CSHL Scheme and ESH Scheme and the submission of reports on the administration and enforcement of the Fund or the CSHL Scheme and ESH Scheme; and

(o) prescribe anything that is required or permitted to be prescribed under this Act.

(3) The regulations may make different provisions for different classes of persons.

(4) All regulations made under this Act must be presented to Parliament as soon as possible after publication in the *Gazette*.

PART 13

CONSEQUENTIAL AND RELATED AMENDMENTS TO OTHER ACTS

Amendment of Bankruptcy Act

65.—(1) Section 56I(1) of the Bankruptcy Act (Cap. 20, 2009 Ed.) is amended —

(a) by deleting the word “and” at the end of paragraph (f); and

(b) by deleting the full-stop at the end of paragraph (g) and substituting the word “; and”, and by inserting immediately thereafter the following paragraph:

“(h) ninth, all premiums (including interest and penalties for late payment) and other sums

payable in respect of the bankrupt's insurance cover under the MediShield Life Scheme mentioned in section 3 of the MediShield Life Scheme Act 2015 (Act 4 of 2015) and the CareShield Life Scheme established by section 5 of the CareShield Life and Long-Term Care Act 2019, respectively, before the time fixed for the proving of debts has expired.”.

(2) Section 90(1) of the Bankruptcy Act is amended by inserting, immediately after the words “MediShield Life Scheme Act 2015” in paragraph (*h*), the words “, and the CareShield Life Scheme established by section 5 of the CareShield Life and Long-Term Care Act 2019, respectively,”.

(3) Section 127(2) of the Bankruptcy Act is amended by inserting, immediately after “2015” in paragraph (*c*), the words “and the CareShield Life and Long-Term Care Act 2019”.

Amendment of Central Provident Fund Act

66.—(1) Section 2(1) of the Central Provident Fund Act (Cap. 36, 2013 Ed.) (called in this section the CPF Act) is amended —

(*a*) by inserting, immediately after the definition of “approved corporation”, the following definition:

““assessor” means a person having the necessary qualifications approved by the Minister charged with the responsibility for health, subject to such conditions as that Minister may impose, to conduct, and report, on disability assessments for the purposes of a certification under section 16B(2);”;

(*b*) by inserting, immediately after the definition of “Board”, the following definitions:

““CareShield Life Scheme” means the CareShield Life Scheme established by section 5 of the

CareShield Life and Long-Term Care Act 2019;

“certifying body” means a body appointed by the Minister charged with the responsibility for health —

(a) to certify whether a member needs long-term care based on the conditions prescribed in regulations made under section 77(1); and 5

(b) to determine the matters in sections 16B and 16C;”; 10

(c) by inserting, immediately after the definition of “contract”, the following definition:

““ElderShield Scheme” means the ElderShield Scheme established by section 11 of the CareShield Life and Long-Term Care Act 2019;”; 15

(d) by inserting, immediately after the definition of “interest in land”, the following definition:

““investigator” means an investigator appointed under section 58D(1) or (2);”; and 20

(e) by inserting, immediately after the definition of “special account”, the following definition:

““Supplement Scheme” means the Supplement Scheme defined in section 2(1) of the CareShield Life and Long-Term Care Act 2019;”. 25

(2) Section 10 of the CPF Act is amended by inserting, immediately after subsection (2), the following subsection:

“(2A) Despite anything in this Act or the CareShield Life and Long-Term Care Act 2019, no money in the Fund is to be used to make any payment for the purposes of the CareShield Life and Long-Term Care Act 2019 or any costs or expenses incurred in the administration of the CareShield Life Scheme or ElderShield Scheme, except for — 30

(a) withdrawals or deductions from a member's medisave account made in accordance with this Act or the CareShield Life and Long-Term Care Act 2019; or

5 (b) any payment made by the Board, as a defaulter's agent under section 24 or 25 of the CareShield Life and Long-Term Care Act 2019, from moneys payable from the Fund.”.

(3) Section 13(1A) of the CPF Act is amended —

10 (a) by deleting the words “or the MediShield Life Scheme Act 2015 (Act 4 of 2015)” in paragraph (a) and substituting the words “, the MediShield Life Scheme Act 2015 (Act 4 of 2015) or the CareShield Life and Long-Term Care Act 2019”; and

15 (b) by deleting the words “or the MediShield Life Scheme Act 2015” in paragraph (b) and substituting the words “, the MediShield Life Scheme Act 2015 or the CareShield Life and Long-Term Care Act 2019”.

(4) Section 16A(1) of the CPF Act is amended —

20 (a) by inserting, immediately after the words “section 34 of the MediShield Life Scheme Act 2015”, the words “, section 64 of the CareShield Life and Long-Term Care Act 2019”; and

25 (b) by deleting the full-stop at the end of paragraph (c) and substituting a semi-colon, and by inserting immediately thereafter the following paragraphs:

30 “(d) for any premium (including interest and penalties for late payment) and other sums payable for the member's insurance under the CareShield Life Scheme or ElderShield Scheme, or under any Supplement Scheme, if —

(i) the member is insured under the CareShield Life Scheme,

ElderShield Scheme or Supplement Scheme, as the case may be; and

- (ii) the Board has authorised, whether before or after the member's death, the withdrawal of any amount standing to his credit in his medisave account for the payment of any such premium; 5

- (e) for the member or the member's dependant pursuant to section 16B, if that withdrawal had been authorised before the member's death." 10

(5) The CPF Act is amended by inserting, immediately after section 16A, the following sections:

“Withdrawal from medisave account for long-term care 15

16B.—(1) The Board may, on application by a member of the Fund, permit the member to withdraw the whole or any part of the sum standing to the member's credit in the medisave account as the Board may determine, for the member or the member's dependant, as the case may be, in accordance with regulations made under section 77(1) and subject to such terms and conditions as the Board may impose, if — 20

- (a) the amount standing to the credit of the member is not less than such amount as may be prescribed;
- (b) a certification under subsection (2) has been issued and remains in force; and 25
- (c) the member and, where applicable, the member's dependant satisfy such other conditions as may be determined by the Minister charged with the responsibility for health. 30

(2) The certifying body may, on an application by a member who wishes to make an application under subsection (1), issue a certification in writing stating that the member is eligible to make a withdrawal —

(a) in the case of a withdrawal for the member —

(i) if the certifying body is satisfied that the member requires long-term care based on the conditions prescribed in regulations made under section 77(1);

(ii) if the member has, at the time the certifying body issues the certification, attained such age as may be prescribed in regulations made under section 77(1); and

(iii) if the member satisfies such other requirements as the Minister charged with the responsibility for health may impose; or

(b) in the case of a withdrawal for the member's dependant —

(i) if the certifying body is satisfied that the member's dependant requires long-term care based on the conditions prescribed in regulations made under section 77(1);

(ii) if the member and the member's dependant have, at the time the certifying body issues the certification, attained such age as may be prescribed in regulations made under section 77(1); and

(iii) if the member's dependant satisfies such other requirements as the Minister charged with the responsibility for health may impose.

(3) The Minister charged with the responsibility for health may, in any particular case, waive any condition mentioned in subsections (1)(a) and (b), (2)(a)(i) and (ii) and (2)(b)(i) and (ii).

(4) For the purposes of a certification under this section, the certifying body may —

(a) carry out such inquiries and investigations in relation to the certification;

(b) request that the member or member's dependant (as the case may be) provide, within a specified time, any information that the certifying body requires; and

(c) require the member or member's dependant (as the case may be) to attend a disability assessment by an assessor.

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(5) The Minister charged with the responsibility for health may —

(a) in writing delegate to any person, or group of persons, appointed by the Minister all or any of his functions and powers under subsection (3); and

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(b) under paragraph (a), delegate different functions and powers to different persons or groups of persons.

(6) Where the Board permits the withdrawal of an amount under subsection (1) for the member or the member's dependant (as the case may be), the Board may pay the amount to —

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(a) the person for whom the amount was withdrawn; or

(b) an approved payee nominated by the person mentioned in paragraph (a) to receive the amount on the person's behalf,

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as determined by the certifying body.

(7) A payment by the Board to a person mentioned in subsection (6) is a proper discharge of the Board's duties under this section.

(8) Subsection (7) does not affect any recourse which any person may have against the person receiving the amount paid to him under subsection (6).

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(9) The approved payee who receives the amount under subsection (6) for the person for whom the amount was withdrawn may, in such circumstances as may be prescribed, pay the whole or any part of the amount to that person's account in the Fund.

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(10) Except where subsection (9) applies, the approved payee who receives the amount under subsection (6) for the person whom the amount was withdrawn must first apply the amount for the care of the person for whom the amount was withdrawn.

5 (11) An approved payee who, without reasonable excuse, contravenes subsection (10) shall be guilty of an offence and shall be liable on conviction —

(a) in the case of an individual —

10 (i) to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 2 years or to both; and

(ii) in addition, to a penalty equal to 4 times the relevant amount; or

(b) in any other case —

15 (i) to a fine not exceeding \$20,000; and

(ii) in addition, to a penalty equal to 8 times the relevant amount.

20 (12) Where a person has been convicted by a court under subsection (11), the court may order that person to make payment of the whole or any part of the amount received by him under subsection (6) including the whole or any part of the interest that would have been payable thereon had the amount not been withdrawn from the Fund.

25 (13) Where a court has ordered payment under subsection (12), the moneys given by a person in compliance with the order are to be paid to the medisave account of the member from which the amount was withdrawn under subsection (6).

(14) In this section —

30 “approved payee”, in relation to the person mentioned in subsection (6)(a), means a person whom the certifying body is satisfied is within the class or classes of persons approved by the Minister charged with the responsibility for health to receive a withdrawal under subsection (1)

on behalf of the person for whom the amount is to be withdrawn;

“dependant”, in relation to a member, means such person whom the certifying body is satisfied is related to the member in such manner as may be prescribed in regulations made under section 77(1) or in any other manner as the Minister charged with the responsibility for health may determine;

“relevant amount” means the amount received by a person under subsection (6) which was not applied for the care of the person for whom the amount was withdrawn.

Application under section 16B by approved person

16C.—(1) Despite section 70 and any provision in the Mental Capacity Act (Cap. 177A) but subject to subsection (2) —

(a) the Board may —

(i) permit the whole or any part of the sum standing to a relevant person’s credit in the medisave account to be withdrawn under section 16B, where an application to the Board under section 16B is made by an approved person on behalf of a relevant person;

(ii) permit any information for the purposes of section 16B to be provided to the Board by an approved person on behalf of a relevant person (whether or not the relevant person is the person whose moneys in the medisave account are to be withdrawn under section 16B); and

(b) for the purposes of a certification under section 16B —

(i) the certifying body may permit any information to be provided to the certifying body by an approved person on behalf of a relevant person (whether or not the relevant person is the person

whose moneys in the medisave account are to be withdrawn under section 16B); and

- (ii) the approved person may do all that is necessary in relation to the application under section 16B.

5 (2) Any permission by the Board under subsection (1)(a) is subject to such terms and conditions as the Board may, with the approval of the Minister charged with the responsibility for health, impose.

10 (3) Where the Board permits the whole or any part of the sum standing to the relevant person's credit in the medisave account to be withdrawn under subsection (1), the Board may pay the amount withdrawn from the relevant person's medisave account to an approved payee nominated by the approved person to receive the amount on the relevant person's behalf.

15 (4) Where —

- (a) the relevant person is the member's dependant; and
- (b) the Board permits the whole or any part of the sum standing to the member's credit in the medisave account to be withdrawn under section 16B(1) for the relevant person,

20 the Board may pay the amount withdrawn from the member's medisave account to an approved payee nominated by the approved person, to receive the amount on behalf of the relevant person.

25 (5) The receipt by the approved payee is a proper discharge of the Board's duties for the amount paid to the approved payee under subsection (3) or (4), as the case may be.

30 (6) Subsection (5) does not affect any recourse which any person may have against the approved person or the approved payee for the amount paid to the approved payee under that subsection.

(7) The approved payee who receives the amount under subsection (3) or (4) (as the case may be) for the relevant person may, in such circumstances as may be prescribed, pay the

whole or any part of the amount to that person's account in the Fund.

(8) Except where subsection (7) applies, the approved payee must first apply the amount paid to him under subsection (3) or (4) (as the case may be) for the care of the relevant person. 5

(9) An approved payee who, without reasonable excuse, contravenes subsection (8) shall be guilty of an offence and shall be liable on conviction —

(a) in the case of an individual —

(i) to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 2 years or to both; and 10

(ii) in addition, to a penalty equal to 4 times the relevant amount; or

(b) in any other case — 15

(i) to a fine not exceeding \$20,000; and

(ii) in addition, to a penalty equal to 8 times the relevant amount.

(10) Where a person has been convicted by a court under subsection (9), the court may order that person to make payment of the whole or any part of the amount paid to him under subsection (3) or (4) (as the case may be) including the whole or any part of the interest that would have been payable thereon had the amount not been withdrawn from the Fund. 20

(11) Where a court has ordered payment under subsection (10), the moneys given by a person in compliance with the order are to be paid to the medisave account of the person from whose medisave account the moneys were withdrawn. 25

(12) The Minister charged with the responsibility for health may — 30

- (a) approve different classes of approved payees for applications made by different classes of approved persons;
- (b) impose different terms and conditions for different classes of approved persons; and
- (c) impose different terms and conditions for different classes of approved payees.

(13) In this section —

“approved payee”, in relation to a relevant person, means a person whom the certifying body is satisfied is within the class or classes of persons approved by the Minister charged with the responsibility for health to receive any amount under subsection (3) or (4) (as the case may be) on behalf of the person for whom the amount was withdrawn;

“approved person”, in relation to a relevant person, means a person whom the certifying body is satisfied is within the class or classes of persons approved by the Minister charged with the responsibility for health to make an application, provide information or do all that is necessary under subsection (1);

“relevant amount” means the amount received by an approved payee which was not applied for the care of the person for whom the amount was withdrawn;

“relevant person” means a person —

(a) whom the certifying body is satisfied to lack mental capacity and who —

(i) is entitled, but is unable, to make any application under section 16B; or

(ii) is unable to provide any information for the purposes of section 16B; and

(b) who, to the best of the certifying body’s knowledge, has neither of the following:

(i) a deputy appointed or deemed to be appointed for the person by the court under the Mental Capacity Act with power in relation to the person for the purposes of this Act;

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(ii) a donee under a lasting power of attorney registered under the Mental Capacity Act with power in relation to the person for the purposes of this Act.”.

(6) Section 27B of the CPF Act is amended —

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(a) by inserting, immediately after “16A,” in subsections (6)(b)(i) and (7)(b)(i), “16B,”;

(b) by deleting the word “and” at the end of subsections (6)(b)(ii)(A) and (7)(b)(ii)(A);

(c) by deleting the full-stop at the end of subsections (6)(b)(ii)(B) and (7)(b)(ii)(B) and substituting in each case the word “; and”; and

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(d) by inserting, immediately after sub-paragraph (B) of subsections (6)(b)(ii) and (7)(b)(ii), the following sub-paragraph:

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“(C) the CareShield Life and Long-Term Care Act 2019.”.

(7) The CPF Act is amended by renumbering section 58 as subsection (1) of that section, and by inserting immediately thereafter the following subsection:

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“(2) Subsection (1)(a) does not apply to anything done in relation to —

(a) the making of an application for the purposes of section 16B or 16C; and

(b) the provision of information for the purposes of section 16B or 16C.”.

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(8) The CPF Act is amended by inserting, immediately after section 58A, the following sections:

“False application for purposes of sections 16B and 16C

58B.—(1) A person commits an offence if the person —

5 (a) makes, or assists in the making of an application for purposes of section 16B or 16C which is false or misleading in a material particular, knowing that the application is false or misleading in a material particular;

10 (b) omits any matter or thing without which the application for purposes of section 16B or 16C is misleading in a material particular, knowing that the omission makes the application misleading; or

 (c) provides any information for purposes of section 16B or 16C which is false or misleading in a material particular, knowing that the information provided —

15 (i) is false or misleading in a material particular; and

 (ii) may be included in an application for purposes of section 16B or 16C.

20 (2) A person who is guilty of an offence under subsection (1) shall be liable on conviction —

 (a) in the case of an individual — to a penalty equal to the relevant amount; or

 (b) in any other case — to a penalty equal to 5 times the relevant amount.

25 (3) A person who commits an offence under subsection (1), with the intention of causing the Board to permit a withdrawal under section 16B or 16C which the Board would otherwise not permit, shall be guilty of an offence and shall be liable on conviction —

30 (a) in the case of an individual —

 (i) to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 12 months or to both; and

(ii) in addition, to a penalty equal to 2 times the relevant amount; or

(b) in any other case —

(i) to a fine not exceeding \$10,000; and

(ii) in addition, to a penalty equal to 4 times the relevant amount.

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(4) In this section, “relevant amount” means the amount withdrawn from the medisave account under section 16B or 16C as a result of the offence, or that would have been so withdrawn if the false or misleading declaration or application (as the case may be) had been accepted as correct.

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Fraudulent disability assessment

58C.—(1) An assessor in making a report of a disability assessment that the assessor conducted for a person for the benefit of whom an application is made under section 16B or 16C must not give any information which is false, or conceal any information, with the intent of causing an application made under section 16B or 16C (as the case may be) to be accepted and overpaid or rejected and underpaid.

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(2) An assessor who contravenes subsection (1) shall be guilty of an offence and shall be liable on conviction —

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(a) to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 2 years or to both; and

(b) in addition, to a penalty equal to 4 times the relevant amount (if applicable).

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(3) In this section, “relevant amount” means the amount of overpayment and the amount of assessment fee charged for the assessment.

Investigators

58D.—(1) The Minister charged with the responsibility for health may, in writing, appoint any public officer or any other person as an investigator to investigate any offence in relation to

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a withdrawal of moneys from the medisave account under section 16B or 16C or any regulations made under section 77(1) in relation to such withdrawal.

(2) The chief executive officer of the Board may, in writing, appoint any officer of the Board as an investigator to investigate any offence in relation to a withdrawal of moneys from the medisave account under section 16B or 16C or any regulations made under section 77(1) in relation to such withdrawal.

(3) An investigator, when exercising any powers and carrying out any duties under this Act, must comply with such general or special directions as may from time to time be given —

- (a) by the Minister, if the investigator is a public officer or a person mentioned in subsection (1); or
- (b) by the chief executive officer of the Board, if the investigator is an officer of the Board.

Power to obtain information

58E.—(1) An investigator who has a reasonable suspicion that any person has committed an offence in relation to a withdrawal of moneys from the medisave account under section 16B or 16C or any regulations made under section 77(1) in relation to such withdrawal may —

- (a) by written notice require any person to attend at such reasonable time and at such place as may be specified by the investigator to answer any question or to provide a signed statement in writing concerning the suspected offence;
- (b) require any person —
 - (i) to provide any information within the person's knowledge; or
 - (ii) to produce for inspection any document or record in the person's possession,
 that the investigator believes on reasonable grounds to be connected with the suspected offence; and

- (c) retain the original copy of any document or record that the investigator believes on reasonable grounds to be connected with the suspected offence, or make or cause to be made, without payment, copies of or extracts from that document or record.

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(2) Where any document or record required by an investigator is kept in electronic form, then —

- (a) the power of an investigator to require that document or record to be produced for inspection under subsection (1)(b)(ii) includes the power to require a copy of that document or record to be made available for inspection in legible form; and

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- (b) subsection (1)(c) applies to any copy so made available.

(3) Any copy of or extract from any document or record made under subsection (1)(c) and certified as such by the investigator is admissible as evidence in any proceedings under this Act.

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(4) A person who, when required by an investigator to provide under subsection (1)(b) any information or produce any document or record, refuses or fails, without reasonable excuse, to provide the information or to produce the document or record within the time allowed by the investigator shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 6 months or to both.

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Obstructing investigators in execution of duties

58F. A person who, without reasonable excuse, obstructs, hinders or impedes any investigator in the performance or execution of a duty or anything which the investigator is authorised, empowered or required to do under this Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both.”.

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(9) Section 59(6) of the CPF Act is amended by inserting, immediately after the words “section 77(1)(k)”, the words “or a Supplement Scheme”;

5 (10) Section 61B(2) of the CPF Act is amended by inserting, immediately after the words “subsection (1A),”, the words “section 16B(12) or 16C(10),”.

(11) The CPF Act is amended by renumbering section 67 as subsection (1) of that section, and by inserting immediately thereafter the following subsection:

10 “(2) Without limiting subsection (1), proceedings in respect of any offence under this Act, in relation to a withdrawal of moneys from the medisave account under section 16B or 16C or any regulations made under section 77(1) in relation to such withdrawal, may, with the authorisation of the Public
15 Prosecutor, be conducted by any public officer authorised in writing by the Minister charged with the responsibility for health to conduct such proceedings.”.

(12) Section 76A of the CPF Act is amended by deleting the words “or any public officer” and substituting the words “, any public
20 officer or any member, officer or employee of a certifying body”.

(13) Section 77(1) of the CPF Act is amended by inserting, immediately after paragraph (j), the following paragraph:

“(ja) for the purposes of sections 16B and 16C, and in particular —

25 (i) to provide for the determination of the following matters or prescribe the person or persons who will make a determination of the following matters:

30 (A) the circumstances in which any amount standing to the credit of a member in the member’s medisave account is permitted to be withdrawn;

- (B) the amount that may be withdrawn from the member's medisave account for different classes of members;
- (C) the manner in which the amount withdrawn from the member's medisave account may be paid, including by payment to the member's or another member's account in the Fund; 5
- (D) the deduction (if any), from the member's account in the Fund or from the amount mentioned in sub-paragraph (B) that may be withdrawn, for any costs or expenses charged (including by any third party) for facilitating any payment mentioned in sub-paragraph (C); 10 15
- (E) the repayment by any person of all or such part of the amount withdrawn (including the whole of such part, as the Board may determine, of the interest that would have been payable on the amount if the amount had not been so withdrawn) and payment to the Fund of the whole or such part of any reasonable expenses incurred by the Board, or any person or group of persons appointed by the Board or the Minister charged with the responsibility for health, in recovering such sum or interest; 20 25
- (F) the circumstances in which a repayment mentioned in sub-paragraph (E) is to be made, the person or persons who are to make the repayment, and the manner in which any such repayment may be made, including by repayment to the member's or any other person's medisave account; 30
- (G) the manner in which a member's dependant is related to the member for 35

the purposes of determining the eligibility to withdraw from the member's medisave account, which may be different for different classes of members; and

- (ii) to provide for the Board to retain the amount permitted to be withdrawn under sub-paragraph (i)(A) and set it off against any amount payable to the member's account in the Fund mentioned in sub-paragraph (i)(C);”.

Amendment of Insolvency, Restructuring and Dissolution Act 2018

67.—(1) Section 296(1) of the Insolvency, Restructuring and Dissolution Act 2018 (Act 40 of 2018) is amended by inserting, immediately after “2015” in paragraph (i), the words “, and the CareShield Life Scheme established by section 5 of the CareShield Life and Long-Term Care Act 2019, respectively,”.

(2) Section 352(1) of the Insolvency, Restructuring and Dissolution Act 2018 is amended by inserting, immediately after “2015” in paragraph (i), the words “, and the CareShield Life Scheme established by section 5 of the CareShield Life and Long-Term Care Act 2019, respectively,”.

(3) Section 397(2) of the Insolvency, Restructuring and Dissolution Act 2018 is amended by inserting, immediately after “2015” in paragraph (c), the words “or the CareShield Life and Long-Term Care Act 2019”.

Saving and transitional provision

68. For a period of 2 years after the date of commencement of any provision of this Act, the Minister may, by regulations, prescribe such provisions of a saving or transitional nature consequent on the enactment of that provision as the Minister may consider necessary or expedient.

FIRST SCHEDULE

Sections 2(1) and 63

MEANING OF SEVERE DISABILITY

In this Act, a person is severely disabled when he or she is unable to perform 3 or more of the following daily activities:

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

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SECOND SCHEDULE

Section 5(2) and (3)

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ADMINISTRATION OF ACT FOR CARESHIELD LIFE SCHEME

PART 1

PROVISIONS ADMINISTERED BY BOARD

Sections 6, 7, 14, 15, 18 (for payment of insured sum), 19 (for payment of insured sum), 21 (for stopping and resuming payment of insured sum), 22(1), (2) (for excess payments arising from information available to the Board) and (3), 23(1), 36, 58 (for information given to the Board) and 59.

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PART 2

PROVISIONS ADMINISTERED BY ADMINISTRATOR

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Sections 16, 18 (for determination of the month that payment of insured sum starts), 19 (for determination of the month that payment of insured sum resumes), 21 (for periodic disability review), 22(2) (for excess payments arising from

SECOND SCHEDULE — *continued*

information available to the Administrator) and 58 (for information given to the Administrator).

THIRD SCHEDULE

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Section 11(2) and (3)

ADMINISTRATION OF ACT
FOR ELDERSHIELD SCHEME

PART 1

PROVISIONS ADMINISTERED BY BOARD

10 Sections 14, 15, 18 (for payment of insured sum), 19 (for payment of insured sum), 21 (for stopping and resuming payment of insured sum), 22(1), (2) (for excess payments arising from information available to the Board) and (3), 36, 58 (for information given to the Board) and 59.

PART 2

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PROVISIONS ADMINISTERED BY ADMINISTRATOR

Sections 16, 18 (for determination of the month that payment of insured sum starts), 19 (for determination of the month that payment of insured sum resumes), 21 (for periodic disability review), 22(2) (for excess payments arising from information available to the Administrator) and 58 (for information given to the Administrator).

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EXPLANATORY STATEMENT

This Bill seeks to establish the CareShield Life Scheme (the CSHL Scheme), and the ElderShield Scheme (the ESH Scheme) under Government administration, to provide long-term care financing support for severely disabled persons. The CSHL Scheme and ESH Scheme are severe disability insurance schemes which are financed through the CareShield Life and ElderShield Insurance Fund established by the Bill.

The Bill also establishes the Long-Term Care Support Fund, which is a Government fund that provides premium support for the CSHL Scheme and supports various long-term care financing schemes.

In addition, the Bill makes consequential and related amendments to the Bankruptcy Act (Cap. 20), the Central Provident Fund Act (Cap. 36) (CPF Act)

and the Insolvency, Restructuring and Dissolution Act 2018 (Act 40 of 2018). One significant related amendment to the CPF Act is to make provision for medisave withdrawals for long-term care, for the purposes of providing long-term care financing support for severely disabled persons.

PART 1

PRELIMINARY

Clause 1 relates to the short title and commencement.

Clause 2 is a general interpretation provision that defines certain terms used in the Bill, such as “assessor”, “claim applicant”, “insured sum” and “premium”. “Severe disability” is defined in the First Schedule. The clause also sets out the date when a person is taken to attain a particular age for the purposes of the Bill.

Clause 3 defines “approved payee”.

Clause 4 defines “authorised applicant”.

PART 2

CARESHIELD LIFE SCHEME

Clause 5 establishes the CSHL Scheme. The CSHL Scheme will be administered, on behalf of the Government, by the Central Provident Fund Board (the Board) and the Administrator who is a person (other than a public authority) appointed by the Minister.

Clause 6 sets out the groups of individuals to whom the CSHL Scheme is to apply. The CSHL Scheme is compulsory for —

- (a) all citizens and permanent residents of Singapore born on or after 1 January 1980 and are at least 30 years of age; and
- (b) all new citizens and permanent residents of Singapore born before 1 January 1980 if they are not severely disabled on the date that they become citizens or permanent residents of Singapore.

An individual is a new citizen or permanent resident of Singapore if he or she becomes a citizen or permanent resident of Singapore on or after the date of commencement of Part 2.

For other citizens or permanent residents of Singapore, the clause provides for the automatic application of the CSHL Scheme to them if their birthdays are during a particular period before 1 January 1980, they are not severely disabled and satisfy other conditions, and they do not withdraw from the CSHL Scheme before a deadline. The period, other conditions and deadline will be specified in the regulations.

The clause further provides that the CSHL Scheme applies to any other citizen or permanent resident of Singapore who applies to join the CSHL Scheme and whose application is accepted, if the individual does not withdraw from the CSHL Scheme within the prescribed period.

Where an individual is not a citizen and not a permanent resident of Singapore, or is a citizen or permanent resident of Singapore but is severely disabled, the clause enables the Board to determine that the individual may nevertheless be covered under the CSHL Scheme if the individual satisfies the conditions determined by the Minister in any particular case where the Minister considers appropriate.

Clause 7 provides for the making of an application for insurance cover under the CSHL Scheme. The application is to be made to the Board and the Board will decide whether or not to accept the application after considering whether the individual satisfies the requirements that will be specified in the regulations.

PART 3

ELDERSHIELD SCHEME

Clause 8 provides for the transfer date to be appointed by the Minister by notification in the *Gazette*. The transfer date is the date on which the former ElderShield Scheme is transferred to the Government.

Clause 9 provides that any provision in an agreement, etc., to which a private insurer is a party on the eve of the transfer date, prohibiting a transfer of property, rights, obligations or liabilities of the private insurer on the eve of the transfer date and that relate to the former ElderShield Scheme, or granting any right of first refusal or pre-emption rights in connection with such transfer, is deemed waived on the transfer date.

Clause 10 provides for the non-application of sections 49FA, 49FB, 49FC and 49FD of the Insurance Act (Cap. 142) to the transfer of the former ElderShield Scheme to the Government.

Clause 11 provides that as from the transfer date, insurance cover under the former ElderShield Scheme ends and the ESH Scheme is established. The ESH Scheme will be administered, on behalf of the Government, by the Board and the Administrator who is a person (other than a public authority) appointed by the Minister. The clause also provides that the ESH Scheme applies to policyholders under the former ElderShield Scheme who are not insured under the CSHL Scheme.

PART 4

BENEFITS

Clause 12 provides for the benefits under the CSHL Scheme and ESH Scheme, which comprise one or more payments of an insured sum to an insured person when he or she becomes severely disabled. The amount of the insured sum will be specified in the regulations. The clause also sets out the events triggering the end of an insured person's entitlement to receive payment of the insured sum.

Clause 13 contains provisions on the nature of rights and benefits under the CSHL Scheme and ESH Scheme, based on section 10 of the MediShield Life Scheme Act 2015 (Act 4 of 2015). The rights and benefits of an insured person arising from the insured person's insurance cover under the CSHL Scheme or ESH Scheme are not assignable or transferable. A policy of insurance issued under the CSHL Scheme or ESH Scheme does not create any legal or equitable trust. Section 73 of the Conveyancing and Law of Property Act (Cap. 61) and section 49L of the Insurance Act do not apply to any policy of insurance issued under the CSHL Scheme or ESH Scheme. The Insurance Act does not apply to the CSHL Scheme or ESH Scheme, or anything done under the Bill in relation to the CSHL Scheme or ESH Scheme.

PART 5

PREMIUMS

Clause 14 provides for the payment of premiums for insurance cover under the CSHL Scheme and ESH Scheme, the persons by whom premiums are payable and the time and manner of payment (including deduction from a person's medisave account). The clause also empowers the Board to waive the whole or any part of any premium, penalty or interest on late payment that is payable by, or on behalf of, an insured person.

Clause 15 provides for the refund of premiums under the CSHL Scheme and ESH Scheme, the recovery of Government grants (and interest on such grants) from such refunds, and the payment of the refund to any proper claimant (as defined in clause 15(5)) to discharge the liability to make a refund.

PART 6

CLAIMS AND PAYOUTS

Clause 16 provides for the making of claims, and the acceptance of claims by the Administrator, in order for an insured person to receive benefits under the CSHL Scheme or ESH Scheme. Under the clause, in deciding whether to accept a claim, the Administrator is given the power to carry out inquiries and investigations, request that the insured person or claim applicant provide any

additional information that is required, and require the insured person to attend a disability assessment by an assessor. A claim applicant can be the insured person or any person authorised by the insured person. However, where the insured person lacks mental capacity, the claim applicant is an authorised applicant (as defined in clause 4) who acts on behalf of the insured person.

Clause 17 provides for the approval by the Minister of individuals with the necessary qualifications to be assessors to conduct disability assessments under the Bill. The Minister is empowered to impose conditions for any approval. The clause further provides for the charging of a fee by an assessor for every disability assessment that is conducted by the assessor. Such a fee must not exceed the amount that is specified in the regulations.

Clause 18 provides for the payment of an insured sum by the Board where the Administrator has accepted a claim. The Board is empowered to impose conditions for the payment of the insured sum.

Under the clause, payments of an insured sum may be made to an insured person or to the insured person's account in the Central Provident Fund. An insured person may also nominate an approved payee who will receive the insured sum on the insured person's behalf. The clause further provides for the payment by an approved payee of the whole or part of the insured sum to the insured person's account in the Central Provident Fund. The clause also provides for the withdrawal of the whole or any part of any insured sum paid into an insured person's account in the Central Provident Fund in certain circumstances specified in the regulations.

If an insured person lacks mental capacity, the clause provides for the option of paying the benefits to an approved payee nominated by an authorised applicant.

Clause 19 empowers the Board to defer or suspend payment of an insured sum in certain circumstances which will be specified in the regulations. If the deferment or suspension has been for a continuous period exceeding a period prescribed, the clause empowers the Board to stop payment entirely and request the insured person to make a new claim, instead of further deferring or suspending the payment.

Clause 20 provides for the protection of benefits that are paid to an insured person, or for the benefit of an insured person, from a claim by any creditor of the insured person or of any person who receives the benefits on the insured person's behalf.

The clause also protects such benefits from any set-off for any debt owing by the insured person or any person who receives the benefits on the insured person's behalf. This protection, however, does not apply to the set-off for any debt due to the Fund, and any debt arising from the care of the insured person that is due to a healthcare institution (being an approved payee receiving benefits on the insured person's behalf) from which the insured person is receiving care.

Clause 21 empowers the Administrator to require an insured person to attend periodic disability reviews. The Administrator may also require the insured person to attend a disability assessment by an assessor. Failure by the insured person to attend any disability assessment if required by the Administrator may cause the Board to stop any payment of benefits.

PART 7

RECOVERY OF OUTSTANDING PREMIUMS AND EXCESS PAYMENTS

Clause 22 provides for the recovery of any shortfall in the premium or the refund of any excess payment on account of any material change to the information available to the Board or the Administrator (as the case may be) or the correction of any error relating to the insured person, or in any other circumstances specified in the regulations. The clause allows the Board to charge the insured person, the person by whom the premium is payable or the approved payee an administrative fee for the premium shortfall or excess payment, or interest on the excess payment, if the material change or error or prescribed circumstances arise from any incorrect information which is provided by that person and included in a health declaration, means declaration, claim or any other application made under or used for the CSHL Scheme or ESH Scheme in relation to the insured person. The administrative fee and interest rate will be specified in the regulations.

Clause 23 (which is based on section 11 of the MediShield Life Scheme Act 2015) allows interest to be imposed on any premium for an insurance period under the CSHL Scheme that remains unpaid at the expiry of a period determined by the Board (being at least one month) after the beginning of that insurance period. A demand note stating the amount of the outstanding premium payable, and any interest and penalty imposed must be served by a recovery body on the person by whom the outstanding premium is payable, if any such interest or penalty is imposed and before any power under clauses 24 to 28 is exercised.

Clause 24 empowers a recovery body, by written notice, to declare a person other than the Government to be a defaulter's agent. The defaulter's agent must pay any outstanding premium under the CSHL Scheme payable by the defaulter from any moneys which may be held or received by the defaulter's agent for, or due from the defaulter's agent to, the defaulter. This provision (which is based on section 12 of the MediShield Life Scheme Act 2015) is similar to section 57 of the Income Tax Act (Cap. 134), except that it allows for payments to be required from earnings beyond a period of 90 days after the date the defaulter's agent receives the notice issued by the recovery body.

Clause 25 (which is based on section 13 of the MediShield Life Scheme Act 2015) is similar to section 57 of the Income Tax Act, and applies where the outstanding premium due under the CSHL Scheme is to be paid from moneys in a

joint account (at a bank) of which the defaulter is a joint account holder or from the proceeds of sale of any immovable property of which the defaulter was a joint owner (called joint moneys). The defaulter's agent must retain the defaulter's share of the joint moneys and pay the outstanding premium due from the retained amount to the recovery body.

Clause 26 (which is based on section 14 of the MediShield Life Scheme Act 2015) is similar to section 57 of the Income Tax Act, and provides for the deduction of outstanding premiums under the CSHL Scheme from the amounts payable by the Government to a defaulter by or under any written law, contract or scheme.

Clause 27 (which is based on section 15 of the MediShield Life Scheme Act 2015) is adapted from section 89 of the Income Tax Act and provides for all outstanding premiums imposed under the Bill, all excess payments under the CSHL Scheme and ESH Scheme and all sums due to the Fund to be sued for and recovered by a recovery body in its own name. The recovery body is also entitled to all costs and interest allowed by law against the person sued. All sums (including costs and interest) recovered in such a suit must be paid into the Fund.

Clause 28 (which is based on section 16 of the MediShield Life Scheme Act 2015) is similar to section 86 of the Income Tax Act, and applies where a recovery body is of the opinion that any defaulter is about or is likely to leave Singapore without paying all outstanding premiums under the CSHL Scheme payable by the defaulter or furnishing security for the payment. It empowers the Commissioner of Police or the Controller of Immigration, or both, on the direction of a recovery body, to take, or cause any police officer or immigration officer to take, such measures as may be necessary to prevent the defaulter from leaving Singapore until the outstanding premium has been paid or secured.

Clause 29 (which is based on section 17 of the MediShield Life Scheme Act 2015) allows for penalties to be imposed on any premium for an insurance period under the CSHL Scheme, or any interest imposed that remains unpaid at the end of a period permitted by the Board (being at least one month) after the beginning of that insurance period, at different rates for amounts remaining unpaid for different periods. The total amount of the penalties imposed on such premium and interest for an insurance period must not exceed 17% of the total amount of the premium for that insurance period and any interest imposed on the outstanding premiums for that insurance period. This provision differs from section 87 of the Income Tax Act in certain respects, namely, computation of the penalty, and the possibility that interest and the penalty may run concurrently.

Clause 30 provides for the Minister to prescribe one or more public authorities as recovery bodies for the purposes of Part 7. A recovery body may only exercise powers under that Part which the Minister authorises it to exercise, and must, in exercising its powers, comply with any directions of the Council. A legal officer of

a recovery body who is an advocate and solicitor may appear for the recovery body in any civil proceedings arising from the exercise of its powers under Part 7.

PART 8

HANDLING OF RESTRICTED INFORMATION

Clause 31 provides for an authorised person to request for the disclosure and use of a person's health information relating to the person's disability in certain circumstances. A person may opt out from the provision of health information for the purposes specified in clause 31(3) and (4).

Clause 32 relates to the disclosure and use of confidential information about a person (not being health information or means information). The clause provides for the provision of information by a Government department, other public authority or the Administrator for the administration or enforcement of the CSHL Scheme or ESH Scheme or any prescribed social or healthcare-related public scheme, or in order to disburse or facilitate the disbursement of grants, subsidies or benefits under prescribed social or healthcare-related public schemes, on the direction of the relevant Minister and with the certification of the Minister for Health that the information is required for that purpose.

Clause 33 makes it an offence for any person who, knowing that information about a person concerned was provided or obtained under clause 31 or 32, accesses, uses or discloses the information without the consent of that person concerned. However, no person or organisation is guilty of an offence under any written law or of any breach of confidence, incurs any civil liability or is liable to any disciplinary action by a professional body, by virtue merely of anything done in good faith and with reasonable care for doing the things specified in the clause.

Clause 34 sets out general provisions applicable to Part 8. The clause provides that a Minister giving any of certain approvals and directions relating to the provision or disclosure of information may do so on terms and conditions regarding access to that information. The clause also provides that any certification, approval or direction may be given by a Minister in respect of a particular class of confidential information about persons within a class of persons, instead of individually.

PART 9

CARESHIELD LIFE AND ELDERSHIELD INSURANCE FUND AND CARESHIELD LIFE COUNCIL

Clause 35 establishes a new fund called the CareShield Life and ElderShield Insurance Fund (the Fund) for the purposes of the CSHL Scheme and ESH Scheme.

Clause 36 provides for the payments that can be made from the Fund.

Clause 37 provides for the establishment of the CareShield Life Council (the Council) which, among other things, has the following functions: (a) to make recommendations to the Minister on policy and scheme parameters (including premiums and benefits) to ensure that the CSHL Scheme and ESH Scheme provide effective protection for citizens and permanent residents of Singapore in an affordable and sustainable manner; (b) to review the administration of the CSHL Scheme and ESH Scheme to ensure alignment with the directions of the Council; and (c) to advise the Minister on matters related to the investment of the Fund, and any other matters related to the CSHL Scheme and ESH Scheme or the Fund as the Minister may direct.

PART 10

LONG-TERM CARE SUPPORT FUND

Clause 38 establishes a new Government fund called the Long-Term Care Support Fund (LTC Support Fund). Its primary source of revenue will be moneys appropriated from the Consolidated Fund.

Clause 39 sets out the purposes to which moneys in the LTC Support Fund may be applied.

Clause 40 provides that the expenses in administering the LTC Support Fund are charged upon and payable out of the Fund.

Clause 41 deals with withdrawals and payments from the LTC Support Fund and the necessary authorisation to do so.

Clause 42 prescribes the financial year of the LTC Support Fund.

Clause 43 relates to the keeping of accounts of the LTC Support Fund.

Clause 44 requires annual financial statements and accounts of the LTC Support Fund to be prepared and provides for their audit. It also requires the Minister to cause a copy of the audited financial statements of the LTC Support Fund and the auditor's report to be presented to Parliament.

Clause 45 requires that the balance of moneys remaining in the LTC Support Fund upon dissolution of the LTC Support Fund be transferred to the Consolidated Fund and be added to the past reserves of the Government.

PART 11

ENFORCEMENT

Clause 46 provides for the appointment of public officers, officers of the Board or any other person as investigators by the Minister to investigate offences under the Bill.

Clause 47 relates to the investigator's powers to obtain information on reasonable suspicion that any person has committed an offence under the Bill.

Clause 48 makes it an offence to provide a false or incorrect health declaration, means declaration, claim or application under the Bill, knowing that it is false or misleading in a material particular.

Clause 49 makes it an offence where an assessor in making a report of a disability assessment gives false information or conceals any information, with the intent of causing an individual to be given or not to be given insurance cover under the CSHL Scheme or ESH Scheme, or a claim to be accepted or rejected.

Clause 50 makes it an offence where a person who receives benefits on behalf of an insured person fails, without reasonable excuse, to first apply the benefits for the care of the insured person. This ensures that approved payees prioritise the use of benefits for the insured person's care, while allowing for circumstances where, for instance, the benefits are not used directly for the care of the insured person because the insured person's financial needs are already taken care of. An example is where a caregiver living with an insured person uses part of the benefits for household expenses of the insured person's family, while caring for the insured person.

Clause 51 makes it an offence for a person, without reasonable excuse, to obstruct, hinder or impede any investigator in the performance or execution of a duty or anything which the investigator is authorised, empowered or required to do under the Bill.

Clause 52 deals with corporate offenders and attributes criminal liability to officers of corporate entities for offences committed by the entity. The clause also attributes the state of mind of an officer to the corporate entity where an offence requires a mental element.

Clause 53 deals with unincorporated associations and partnerships (called unincorporated entities) and similarly attributes criminal liability to the officers of unincorporated associations or partners of partnerships for offences committed by the unincorporated entity in question. The clause also attributes the state of mind of an officer or partner to the unincorporated entity.

Clause 54 gives a District Court or Magistrate's Court the jurisdiction to try any offence under the Bill and to impose the full punishment.

Clause 55 provides for the conduct of prosecutions for offences under the Bill, with the authorisation of the Public Prosecutor, by any public officer appointed by the Minister, or by any officer of the Board appointed by the chief executive officer of the Board, to conduct such proceedings.

Clause 56 empowers a public officer authorised by the Minister, or an officer of the Board authorised by the chief executive officer of the Board, to compound an offence prescribed by regulations to be compoundable. This may be done by

collecting from a person reasonably suspected of having committed the offence a sum not exceeding one half of the amount of the maximum fine that is prescribed for the offence or a sum of \$1,000, whichever is the lower.

PART 12

MISCELLANEOUS

Clause 57 provides for the delegation of powers under the Bill by the Council, the Board, the chief executive officer of the Board, an Administrator, a recovery body or certain Ministers (in relation to their powers to issue approvals or directions under the Bill), except for any power of delegation conferred by that clause.

Clause 58 requires a person liable to pay the premium and a person receiving benefits to notify the Board or the Administrator of any change of residential address. Notification of change of residential address under section 8 of the National Registration Act (Cap. 201) will satisfy the notification requirement.

Clause 59 provides for a copy of an entry in the accounts of the Fund duly certified by an authorised officer of the Board to be evidence of such entry in legal proceedings and the truth of the entry, and for a certificate of such officer stating the name and address of the defaulter or person from whom the amount is due, and the amount of outstanding premium payable by the defaulter or other amount payable by the person from whom the amount is due, to be sufficient evidence of the amount due and sufficient authority for the court to give judgment for that amount in any suit brought under clause 27.

Clause 60 grants personal immunity to certain persons appointed under the Bill for anything done in good faith and with reasonable care in the execution of the Bill.

Clause 61 provides for the service of documents under the Bill.

Clause 62 enables the Minister to exempt a person or class of persons from all or any of the provisions of the Bill.

Clause 63 allows the Minister to amend, add to or vary the First Schedule by order in the *Gazette*, which must be presented to Parliament.

Clause 64 empowers the Minister to make regulations for the carrying out of the purposes and provisions of the Bill, including the matters specified in the clause.

PART 13

CONSEQUENTIAL AND RELATED AMENDMENTS
TO OTHER ACTS

Clause 65 makes related amendments to the Bankruptcy Act. The clause inserts a new section 56I(1)(h) and amends section 90(1)(h) of that Act to rank the priority of premiums (including interest and penalties for late payment) and other sums payable in respect of the bankrupt's insurance cover under the CSHL Scheme before the time for proving debts has expired. The new section 56I(1)(h) also ranks the priority of premiums (including interest and penalties for late payment) and other sums payable in respect of the bankrupt's cover under the MediShield Life Scheme in the same manner. The clause also amends section 127(2)(c) of that Act to provide that a bankrupt's debt in respect of any premium under the CSHL Scheme (including interest and penalties for late payment) and other sums due under the Bill, is not affected by the bankrupt's discharge.

Clause 66 makes consequential and related amendments to the CPF Act.

Clause 66(1), (3), (4) and (6) makes consequential amendments to sections 2(1), 13(1A), 16A and 27B of the CPF Act.

Clause 66(2) inserts a new section 10(2A) of the CPF Act to clarify that moneys in the Central Provident Fund should not be used (except with certain exceptions) to make any payment for the purposes of the Bill or any costs or expenses incurred in the administration of the CSHL Scheme and ESH Scheme.

Clause 66(5) inserts new sections 16B and 16C of the CPF Act to allow the Board to permit a member to make medisave account withdrawals for the member or for the member's dependant (as the case may be) taking into account a certification by a certifying body that the member or the member's dependant (as the case may be) requires long-term care and that other conditions for the withdrawal have been met. The Board may pay the amount to the person for whom the amount was withdrawn or to an approved payee. It is an offence for the approved payee to fail, without reasonable excuse, to first apply the benefits for the care of the person for whom the amount was withdrawn. Section 16C allows an application for such withdrawal to be made by an approved person on behalf of a member who lacks mental capacity and provides for the amount withdrawn to be paid to an approved payee.

Clause 66(7) amends section 58 of the CPF Act such that section 58(1)(a) does not apply to anything done in relation to the making of an application for purposes of section 16B and the provision of information for the purposes of section 16B or 16C.

Clause 66(8) inserts new sections 58B to 58F of the CPF Act which provide for certain offences in relation to the new sections 16B and 16C of the CPF Act, the

appointment of investigators and the investigator's powers to obtain information in relation to such offences.

Clause 66(9) makes consequential amendments to section 59 of the CPF Act to allow the Board to disclose information obtained by it in the course of performing its duties under the CPF Act to insurers for their administration of a Supplement Scheme.

Clause 66(10) amends section 61B of the CPF Act to allow the court to, in the case where the court has made an order for payment under section 16B(12) or 16C(10), order that such amount be recoverable following section 61B(2)(a) or (b) of the CPF Act.

Clause 66(11) amends section 67 of the CPF Act to additionally provide for the appointment of public officers for the conduct of prosecutions for the new offences introduced to the CPF Act under the Bill.

Clause 66(12) amends section 76A of the CPF Act to extend to officers of the certifying body protection from personal liability for the purposes of performing duties under the CPF Act.

Clause 66(13) inserts a new paragraph in section 77(1) of the CPF Act to allow regulations to be made for the purposes of new sections 16B and 16C of the CPF Act.

Clause 67 makes related amendments to the Insolvency, Restructuring and Dissolution Act 2018 in the same manner as the related amendments to the Bankruptcy Act under clause 65.

Clause 68 provides for saving and transitional provisions for the Bill.

EXPENDITURE OF PUBLIC MONEY

This Bill will involve the Government in extra financial expenditure, the exact amount of which cannot at present be ascertained.
