

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

**CENTRAL PROVIDENT FUND
(WITHDRAWALS FOR ELDERSHIELD SCHEME)
REGULATIONS**

ARRANGEMENT OF REGULATIONS

Regulation

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[30th September 2002]

Citation

1. These Regulations may be cited as the Central Provident Fund (Withdrawals for ElderShield Scheme) Regulations.

Definitions

- 2.** In these Regulations, unless the context otherwise requires —
- “approved insurer” means any insurer approved by the Minister for Health for the purposes of these Regulations;
- “dependant”, in relation to a member, means —
- (a) the member’s spouse, child, parent or grandparent; or

(b) any other person who is dependent on the member and whom the Board may approve for the purposes of these Regulations;

“ElderShield Scheme” means an insurance scheme established and maintained by the Ministry of Health for the purposes of allowing a person to purchase a severe disability insurance policy from an approved insurer;

“ElderShield Supplement Scheme” means an insurance scheme established and maintained by the Ministry of Health for the purposes of allowing an insured person to purchase a supplementary severe disability insurance policy from an approved insurer to provide additional severe disability insurance benefits over and above the ElderShield Scheme;

“Government premium subsidy” means the amount of premium payable under an insurance policy (after deducting any rebate given by the insurer) as may be subsidised by the Government;

“member” means a member of the Fund (including a member who is an undischarged bankrupt);

“net premium” means the amount of premium payable under an insurance policy, less —

- (a) any rebate given by the approved insurer of that insurance policy; and
- (b) the Government premium subsidy (if any);

“premium” means any premium payable under a severe disability insurance policy purchased under the ElderShield Scheme or ElderShield Supplement Scheme, and includes any goods and services tax thereon;

“severe disability insurance policy” or “insurance policy” means an insurance product or plan —

- (a) which pays an insured person a fixed sum of monthly benefits if, at any time during the period the person is insured under the policy, he becomes incapable of independently performing activities of daily living by reason of severe disability; and

- (b) which is approved by the Minister for Health for the purposes of the ElderShield Scheme or ElderShield Supplement Scheme.

ElderShield Supplement Scheme

2A. A person shall not qualify to be insured under the ElderShield Supplement Scheme unless he is already insured under the ElderShield Scheme.

Members eligible to withdraw

3.—(1) Any member who satisfies the criteria specified by the Ministry of Health to be automatically insured under the ElderShield Scheme shall be deemed to have authorised the Board to withdraw the moneys standing to his credit in his medisave account in the Fund for the payment of any premium payable under any severe disability insurance policy taken out with an approved insurer under the ElderShield Scheme if —

- (a) he does not give notice to the Board under regulation 4 that he does not authorise the Board to make such withdrawals; or
- (b) having given such notice under regulation 4(a), he subsequently elects to be insured under the ElderShield Scheme within 90 days before the commencement of the policy or such other period as may be allowed by the Ministry of Health.

(2) Any person who, by his own application, is insured under the ElderShield Scheme or ElderShield Supplement Scheme may authorise the Board to withdraw moneys standing to his credit in his medisave account in the Fund for the payment of any premium payable under any severe disability insurance policy taken out with an approved insurer under the ElderShield Scheme or ElderShield Supplement Scheme.

(3) Any member may authorise the Board to withdraw moneys standing to his credit in his medisave account in the Fund for the payment of any premium payable under any severe disability insurance policy taken out with an approved insurer under the ElderShield Scheme or ElderShield Supplement Scheme by any dependant of his who is insured under the ElderShield Scheme or ElderShield Supplement Scheme.

(4) An authorisation under paragraph (2) or (3) shall be —

- (a) made in such form and in accordance with such procedure as the Board may require; and
- (b) supported by such documents or evidence as the Board may require.

(5) The Board may authorise the withdrawal under paragraph (2) or (3) subject to such terms and conditions as the Board may think fit to impose.

(6) The amount of money that may be withdrawn by a member under these Regulations for the payment of premiums for one or more insurance policies under the ElderShield Supplement Scheme shall not exceed a sum of \$600 per year per person insured.

Opting not to use moneys in medisave account to pay premium

4. Any member who satisfies the criteria specified by the Ministry of Health to be automatically insured under the ElderShield Scheme may give notice in writing to the Board through an approved insurer that he does not authorise the Board to withdraw moneys standing to his credit in his medisave account in the Fund for the payment of any premium payable under any severe disability insurance policy taken out with an approved insurer under the ElderShield Scheme if —

- (a) he does not wish to be insured under the ElderShield Scheme; or
- (b) he does not wish to have the premium paid by such withdrawals.

Withdrawal of moneys from medisave account

5.—(1) Any withdrawal of moneys under regulation 3(1), (2) or (3) shall be made at the time when the approved insurer notifies the Board that the payment of such premium is due.

(2) The amount withdrawn from the medisave account of a member under regulation 3(1), (2) or (3) shall be forwarded by the Board to the approved insurer in payment of the premium payable by the member or his dependant, as the case may be, under the insurance policy for which the amount was withdrawn.

(3) If, on the date any net premium payable by a member under any insurance policy taken out under the ElderShield Scheme or ElderShield Supplement Scheme is due, the amount standing to the credit of the member concerned in his medisave account is insufficient to pay the net premium due, the approved insurer may, on being notified by the Board of the insufficiency, determine the manner in which any deficiency in the net premium is to be paid.

Withdrawal of authorisation

6. Any authorisation given to the Board by a member under regulation 3(2) or (3) may be subsequently withdrawn by that member by giving notice in writing to the Board through an approved insurer with whom an insurance policy under the ElderShield Scheme or ElderShield Supplement Scheme is taken out.

Termination of insurance policy

7.—(1) Where an insurance policy taken out under the ElderShield Scheme or ElderShield Supplement Scheme is terminated, the approved insurer with whom the insurance policy is taken out shall cease to withdraw moneys from any medisave account for the payment of any premium under the terminated insurance policy.

(2) No further withdrawals under paragraph (1) shall be made by the Board from the medisave account of a member for the payment of premiums under the terminated insurance policy from the effective date of termination of the insurance cover.

Refund of premiums

8.—(1) If a person insured under the ElderShield Scheme or ElderShield Supplement Scheme ceases to be insured under the ElderShield Scheme or ElderShield Supplement Scheme within 60 days from the commencement of the insurance cover, the approved insurer with whom his severe disability insurance policy is taken out shall refund, in the manner set out in paragraph (2), the full amount of the premium paid by the member for that insurance policy.

(2) The refund of the full amount of the premium referred to in paragraph (1) shall be paid in the following manner:

- (a) where the premium for the policy was deducted entirely from the member's medisave account, the amount refunded shall be paid into the member's medisave account;
- (b) where the premium for the policy was paid entirely using the Government premium subsidy, the refund shall be paid to the Government; and
- (c) where the premium for the policy was paid partly using the Government premium subsidy, by withdrawing from the member's medisave account, or by cash, or by any combination of these, the amount refunded shall be paid as follows:
 - (i) firstly, an amount equal to the proportionate amount of the Government premium subsidy paid, if any, shall be paid to the Government; and
 - (ii) secondly —
 - (A) any balance which is less than or equal to the amount of premium paid in cash shall be paid to the member in cash; and
 - (B) any balance which is more than the amount of premium paid in cash shall be paid to the member in cash in respect of any amount of premium paid in cash, and any amount remaining thereafter shall be paid into his medisave account.

(3) If a person insured under the ElderShield Scheme or ElderShield Supplement Scheme ceases to be insured under the ElderShield Scheme or ElderShield Supplement Scheme at any time after 60 days from the commencement of the insurance cover, any premium paid shall not be refunded, unless the approved insurer allows otherwise.

Persons who lack mental capacity

9. Where an approved insurer has reason to believe that a person insured automatically under the ElderShield Scheme is unable by

reason that he lacks capacity within the meaning of section 4 of the Mental Capacity Act (Cap. 177A) —

(a) to make the decision to authorise withdrawal from his medisave account; or

(b) to terminate his insurance cover for himself,

that approved insurer shall refund, in accordance with regulation 8(2), the full amount of premium paid by that person together with the whole or such part, as the Board may determine, of any interest that would have been payable thereon if such premium had not been so deducted to the medisave account of that person.

False representation or information furnished to Board

10. If any member for any purpose connected with these Regulations makes a false representation to the Board or furnishes the Board with any false information, the Board may require the member to refund to his medisave account all moneys withdrawn by him therefrom under these Regulations together with the whole or such part, as the Board may determine, of any interest that would have been payable thereon if the withdrawal had not been made.

[G.N. Nos. S 522/2002; S 496/2007; S 711/2007; S 121/2010]
