

MediShield Life Scheme (Private Medical Insurance Scheme) Regulations 2015

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FIRST SCHEDULE

SECOND SCHEDULE

MEDISHIELD LIFE SCHEME ACT 2015
(ACT 4 OF 2015)

MEDISHIELD LIFE SCHEME (PRIVATE MEDICAL
INSURANCE SCHEME) REGULATIONS 2015

In exercise of the powers conferred by section 34 of the MediShield Life Scheme Act 2015, the Minister for Health makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the MediShield Life Scheme (Private Medical Insurance Scheme) Regulations 2015 and come into operation on 1 November 2015.

Definitions

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

“additional private insurance coverage” means any private insurance cover provided under an integrated shield plan that is additional to the insurance cover provided by the MediShield Life Component of that integrated shield plan;

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

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

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

[S 704/2021 wef 20/09/2021]

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

[S 704/2021 wef 20/09/2021]

(b) any other person whom the Board approves as a dependant for the purpose of these Regulations;

“insured person” —

(a) in relation to an insurance cover under the MediShield Scheme or an integrated medical insurance plan, means a person who was insured under the MediShield Scheme or integrated medical insurance plan, as the case may be, before 1 November 2015; or

(b) in relation to an integrated shield plan, a medisave-approved plan or a non-integrated shield plan, means a person who is insured under

the integrated shield plan, medisave-approved plan or non-integrated shield plan, as the case may be;

“insurer” means an insurer which is licensed under the Insurance Act (Cap. 142);

“integrated medical insurance plan” means any plan, under which a person was insured before 1 November 2015, under a medical insurance policy approved by the Minister for the purposes of regulation 4(1)(b) of the revoked PMIS Regulations, with or without a MediShield Component;

“integrated shield plan” means a medisave-approved plan that comprises a MediShield Life Component and additional private insurance coverage;

“medisave-approved plan” means a medical insurance plan that provides insurance under a medical insurance policy approved by the Minister, in relation to any class of persons, for the purposes of regulation 4;

“MediShield Component”, in relation to a person insured under an integrated medical insurance plan, means the person’s insurance cover under the MediShield Scheme which formed part of the person’s integrated medical insurance plan;

“MediShield Life Component” means insurance cover provided by the Scheme which forms part of an integrated shield plan;

“MediShield Life cover” means insurance cover under the Scheme;

“non-integrated shield plan” means a medisave-approved plan that does not include a MediShield Life Component;

“policy year” has the same meaning as in the MediShield Life Scheme Regulations 2015 (G.N. No. S 622/2015);

“revoked MediShield Regulations” means the Central Provident Fund (MediShield Scheme) Regulations (Cap. 36, Rg 20) as in force immediately before 1 November 2015;

“revoked PMIS Regulations” means the Central Provident Fund (Private Medical Insurance Scheme) Regulations (Cap. 36, Rg 26) as in force immediately before 1 November 2015.

(2) *For the purposes of these Regulations —*

(a) *if the day of the month on which a person was born cannot be ascertained, the person is taken to be born on the first day of the month in which the person was born; and*

- (b) *if the month in which the person was born cannot be ascertained, the person is taken to be born in January.*

Applications and notices

3. An application made or a notice given to the Board under these Regulations must be made or given in such form and supported by such evidence as the Board may require.

Withdrawal from medisave account for premium payment

4.—(1) Subject to paragraphs (2) and (4), the Board may, subject to such terms and conditions as the Board may impose, approve an application of a CPF member to withdraw moneys standing to the member's credit in that member's medisave account to pay the premium for a medisave-approved plan for that member or an insured person who is a dependant of that member.

(2) The Board may not approve a withdrawal, to be made on or after 1 November 2015, from the medisave accounts of one or more CPF members, for the payment of the premiums for more than one of the following insurance covers, for the same insured person and in force concurrently:

- (a) a medisave-approved plan;
- (b) a MediShield Life cover.

(3) To avoid doubt, paragraph (2) does not prevent the Board from approving any withdrawal for the payment of premiums for the MediShield Life Component and the additional private insurance coverage comprised in one integrated shield plan.

(4) The Board may not approve a withdrawal, to be made on or after 1 November 2015, from a CPF member's medisave account for the payment of the premium of a non-integrated shield plan, if the insured person is a citizen or permanent resident of Singapore.

(5) If the Board approves the withdrawal of moneys from a CPF member's medisave account to pay the premium for an insured person's medisave-approved plan (called in this paragraph the later plan) —

- (a) any approval given by the Board for any withdrawal from any CPF member's medisave account, for the payment of premiums for any earlier plan of the insured person, is taken to be cancelled in respect of the payment of such premiums for any period on or after the commencement of the later plan (called in this paragraph the affected premiums); and
- (b) withdrawals for the payment of the affected premiums are to cease on the commencement of the later plan.

(6) In paragraph (5), “earlier plan of the insured person” means any other medisave-approved plan or MediShield Life cover, for that insured person, that commences before the later plan.

(7) Despite paragraphs (2), (4) and (5), if an insured person has been permitted, under regulation 8(3), to have more than one medisave-approved plan in force concurrently, the Board may permit the withdrawal of moneys under paragraph (1) from the medisave accounts of one or more CPF members to pay the premiums for those medisave-approved plans.

(8) If the Board deducts the premium for an insured person’s MediShield Life cover commenced under regulation 4(1) of the MediShield Life Scheme Regulations 2015 (called in this paragraph the later plan) from a CPF member’s medisave account —

- (a) any approval given by the Board for any withdrawal from any CPF member’s medisave account, for the payment of premiums for any earlier plan of the insured person, is taken to be cancelled in respect of the payment of such premiums for any period on or after the commencement of the later plan (called in this paragraph the affected premiums); and
- (b) withdrawals for the payment of the affected premiums are to cease on the commencement of the later plan.

(9) In paragraph (8), “earlier plan of the insured person” means a non-integrated shield plan, for that insured person, that commences before the later plan.

(10) Despite paragraphs (2), (4) and (8), if an insured person has a MediShield Life cover and a non-integrated shield plan in force concurrently and a claim has been made under either of those insurance covers, the Board may approve the withdrawal of moneys under paragraph (1) from the medisave accounts of one or more CPF members to pay the premiums for both of those insurance covers up to a date specified by the Board.

(11) The Board may cancel any approval given under paragraph (1) to withdraw moneys from a CPF member’s medisave account to pay the premiums of an insured person’s medisave-approved plan, with effect from a date determined by the Board, if —

- (a) the withdrawal from the CPF member’s account was made in breach of these Regulations or the MediShield Life Scheme Regulations 2015; or
- (b) the CPF member had made a false representation to the Board or the insurer, or furnished the Board or the insurer with any false information, in connection with the purchase of the medisave-approved plan.

(12) If the Board’s approval to withdraw moneys from a CPF member’s medisave account, for the payment of premiums of an insured person’s medisave-approved plan, is cancelled under paragraph (5), (8) or (11) —