
First published in the Government *Gazette*, Electronic Edition, on 22nd October 2013 at 5:00 pm.

No. S 659

**CENTRAL PROVIDENT FUND ACT
(CHAPTER 36)**

**CENTRAL PROVIDENT FUND
(PRIVATE MEDICAL INSURANCE SCHEME)
(AMENDMENT NO. 3) REGULATIONS 2013**

In exercise of the powers conferred by section 77(1)(k) of the Central Provident Fund Act, Mr Tan Chuan-Jin, Senior Minister of State, charged with the responsibility of the Minister for Manpower, after consulting with the Central Provident Fund Board, hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Central Provident Fund (Private Medical Insurance Scheme) (Amendment No. 3) Regulations 2013 and shall come into operation on 23rd October 2013.

Amendment of regulation 2

2. Regulation 2 of the Central Provident Fund (Private Medical Insurance Scheme) Regulations (Rg 26) (referred to in these Regulations as the principal Regulations) is amended by deleting the words “to a person” in the definition of “Government premium rebate”.

Amendment of regulation 4

3. Regulation 4 of the principal Regulations is amended by deleting paragraphs (2) to (5) and substituting the following paragraphs:

“(2) Subject to paragraphs (3), (4) and (5), the amount that may be withdrawn in any policy year under paragraph (1)(a) or (b) shall not exceed the amount remaining after deducting the amount of any Government premium rebate payable for that

policy year in respect of the private medical insurance plan or integrated medical insurance plan (as the case may be) from the amount specified in the third column of the table in Part I of the Schedule corresponding to —

- (a) the date on which the insurance cover commences or is renewed (as the case may be) specified in the first column of that table; and
- (b) the age of the person insured (at his next birthday after that date) specified in the second column of that table.

(3) Subject to paragraph (4), where the private medical insurance plan referred to in paragraph (1)(a) is the Managed Healthcare System provided by NTUC Insurance Co-operative Limited, the amount that may be withdrawn in any policy year under paragraph (1)(a) shall not exceed the lowest of the following amounts:

- (a) the amount specified in the second column of the table in Part II of the Schedule corresponding to the age of the person insured (at his next birthday after the date on which the insurance cover commences or is renewed (as the case may be)) specified in the first column of that table;
- (b) 80% of the amount of the premium payable in that policy year for the insurance cover; or
- (c) the total amount standing to the member's credit in his medisave account.

(4) Where, before or after the death of a member, the Board has authorised the withdrawal under paragraph (1) of any amount standing to the member's credit in his medisave account for the purchase of any private medical insurance plan or integrated medical insurance plan for himself, the limit imposed by paragraph (2) or (3) (as the case may be) on the amount that may be withdrawn for that purchase shall cease to apply with effect from the date of his death or the date on which the Board is notified of his death, as the Board may determine.