

Central Provident Fund (Private Medical Insurance Scheme) (Amendment No. 2) Regulations 2005

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No. S 771

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

**CENTRAL PROVIDENT FUND (PRIVATE MEDICAL INSURANCE SCHEME)
(AMENDMENT NO. 2) REGULATIONS 2005**

In exercise of the powers conferred by section 77(1)(k) of the Central Provident Fund Act, the Minister for Manpower, after consulting 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. 2) Regulations 2005 and shall come into operation on 5th December 2005.

Deletion and substitution of regulation 6

2. Regulation 6 of the Central Provident Fund (Private Medical Insurance Scheme)

Regulations 2005 (G.N. No. S 428/2005) (referred to in these Regulations as the principal Regulations) is deleted and the following regulation substituted therefor:

“Payment of premiums

6.—(1) Subject to paragraph (3), any premium payable in respect of a member’s or his dependant’s private medical insurance plan or integrated medical insurance plan, as the case may be, after discounting any Government premium rebate which the member or his dependant may be entitled to receive, may be paid from the moneys standing to the member’s credit in his medisave account at the time when the insurer notifies the Board that the payment of such premium is due.

(2) If —

- (a) the amount standing to the member’s credit in his medisave account is insufficient to pay the premium for his or his dependant’s private medical insurance plan or integrated medical insurance plan, as the case may be, after discounting any Government premium rebate which the member or his dependant may be entitled to receive; and
- (b) in the case of premium for the member’s or his dependant’s integrated medical insurance plan, the member has not made any arrangement for the payment of the deficiency,

the insurer shall determine whether the member or his dependant, as the case may be, may continue to be insured under the policy, but the continuance of the insurance shall be subject to such terms and conditions as the Board may impose.

(3) No premium due on or after 1st July 2007 in respect of a member’s or his dependant’s private medical insurance plan shall be paid from the moneys standing to the member’s credit in his medisave account.

(4) Where any amount which pertains to the premium payable for a person’s integrated medical insurance plan is paid to an insurer otherwise than in accordance with paragraph (1), the insurer shall transfer to the Board, in such manner as the Board may require, such part of that amount which pertains to the premium payable for the person’s MediShield Component.”.

Amendment of regulation 10

3. Regulation 10 of the principal Regulations is amended —

- (a) by deleting sub-paragraph (c) of paragraph (5) and substituting the following sub-paragraph:

“(c) where the premium for the policy year was paid using the Government premium rebate, by