

**Central Provident Fund (Private Medical Insurance Scheme) (Amendment)  
Regulations 2001**

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**No. S 73**

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

**CENTRAL PROVIDENT FUND (PRIVATE MEDICAL INSURANCE SCHEME)  
(AMENDMENT) REGULATIONS 2001**

In exercise of the powers conferred by section 77(1)(ja) of the Central Provident Fund Act, the Minister for Manpower, after consultation 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) Regulations 2001 and shall be deemed to have come into operation on 1st January 2001.

### **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 inserting, immediately after the definition of “dependant”, the following definition:

“ “Government premium rebate” means —

- (a) the sum of money, equivalent to the amount of premium payable under the MediShield Scheme in Division 2 of Part II of the Central Provident Fund (MediShield Scheme) Regulations (Rg 20); or
- (b) the amount of premium payable after deducting any premium rebate given by the insurer,

whichever is the lower, which may be paid by the Government to a person under the MediShield Scheme for the Elderly;”.

### **New regulation 2A**

3. The principal Regulations are amended by inserting, immediately after regulation 2, the following regulation:

#### **“Application of these Regulations**

2A. These Regulations shall apply to persons in respect of whom an application under regulation 3 is approved by the Board.”.

### **Amendment of regulation 3**

4. Regulation 3 of the principal Regulations is amended —

- (a) by deleting the word “The” in paragraph (2) and substituting the words “Subject to paragraph (3), the”; and

(b) by inserting, immediately after paragraph (2), the following paragraphs:

“(3) Where the private medical insurance policy referred to in paragraph (1) is the Managed Healthcare System, provided by NTUC Income Insurance Co-operative Limited, the amount that may be withdrawn per person insured shall not exceed —

- (a) in the case of a person aged 30 years and below, a sum of \$90 per year;
- (b) in the case of a person aged 31 to 40 years, a sum of \$135 per year;
- (c) in the case of a person aged 41 to 50 years, a sum of \$270 per year;
- (d) in the case of a person aged 51 to 60 years, a sum of \$450 per year;
- (e) in the case of a person aged 61 years and above, a sum of \$660 per year;
- (f) 80% of the amount of premium payable by the member for himself or his dependant, as the case may be, under the policy; or
- (g) the total credit balance in the member’s medisave account,

whichever is the lowest applicable amount.

(4) For the purpose of computing the amount that the Board may deduct under paragraph (1), the sum of \$660 referred to in paragraphs (2) and (3) shall include any Government premium rebate which the member may be entitled to receive.”.

#### **Deletion of regulation 4**

5. Regulation 4 of the principal Regulations is deleted.

#### **Amendment of regulation 5**

6. Regulation 5 of the principal Regulations is amended —

- (a) by deleting the words “or 4 shall be forwarded” in the 2nd and 3rd lines of paragraph (1) and substituting the words “shall be forwarded by the Board”; and
- (b) by deleting the words “or 4” in the 1st line of paragraph (2).

#### **Amendment of regulation 6**