

Central Provident Fund (MediShield Scheme) Regulations 1995

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CENTRAL PROVIDENT FUND ACT
(CHAPTER 36)

CENTRAL PROVIDENT FUND
(MEDISHIELD SCHEME) REGULATIONS 1995

In exercise of the powers conferred by section 57 of the Central Provident Fund Act, the Minister for Labour hereby makes the following Regulations:

PART I

PRELIMINARY

Citation and commencement

1. These Regulations may be cited as the Central Provident Fund (MediShield Scheme) Regulations 1995 and shall be deemed to have come into operation on 1st July 1994.

Definitions

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

“assured amount”, in relation to any medical treatment received by an insured person, means the amount specified in the Third Schedule in respect of that medical treatment;

“dependant” means a member’s spouse, child, parent or grandparent who is below the age of 70 years;

“excluded medical treatment” means any medical treatment specified in the First Schedule;

“incapacitated” has the same meaning as in section 29 of the Act;

“insured out-patient medical treatment” means any of the following medical treatment as an out-patient of any approved hospital:

- (a) renal dialysis;
- (b) chemotherapy for cancer;
- (c) radiotherapy for cancer;
- (d) administration of cyclosporin for organ transplant;

(e) administration of erythropoietin for dialysis;

“medical treatment” means any medical, surgical, radiotherapy, chemotherapy or renal dialysis treatment and includes investigations, medicines, curative materials and surgical implants, and where such treatment has been received by a person as an in-patient in an approved hospital, includes the maintenance of that person in the hospital, but shall not include any excluded medical treatment;

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

“Plan” means Plan A or Plan B, as the case may be, of the Scheme in Division 3 of Part II;

“policy year” means a period of 12 months from the date of the commencement of an insured person’s insurance cover under the Scheme;

“premium” means the premium payable by an insured person in each policy year under the Scheme;

“Saint Andrew’s Mission Hospital” means the Saint Andrew’s Mission Hospital incorporated under the Saint Andrew’s Mission Hospital Ordinance (Cap. 376);

“Scheme” means the MediShield Scheme in Division 2 or 3, as the case may be, of Part II.

Persons not covered under Scheme

3. These Regulations shall not apply to —

- (a) any member of the Fund who has attained the age of 70 years;
- (b) any member of the Fund who is neither a citizen nor a permanent resident of Singapore;
- (c) any member of the Fund who is physically or mentally incapacitated from ever continuing in any employment;
- (d) any member of the Fund who is of unsound mind;
- (e) any member of the Fund who is suffering from a terminal illness or disease; and
- (f) any member or class of members of the Fund whom the Minister may, by notification in the *Gazette*, specify.

PART II
MEDISHIELD SCHEME

Division 1 — General

Double insurance prohibited

4. No person shall be insured under the Scheme in Divisions 2 and 3 concurrently.

Automatic termination of existing insurance cover

5. Any insured person whose application —
- (a) to be insured under the Scheme in Division 2 is approved by the Board shall be deemed to have terminated his insurance cover under the Scheme in Division 3 with effect from the commencement of his insurance cover under the Scheme in Division 2; or
 - (b) to be insured under the Scheme in Division 3 is approved by the Board shall be deemed to have terminated his insurance cover under the Scheme in Division 2 with effect from the commencement of his insurance cover under the Scheme in Division 3.

Division 2 — MediShield

Persons covered under MediShield

- 6.—(1) Subject to these Regulations, every member of the Fund —
- (a) who has moneys standing to his credit in the Fund in his medisave account on 1st April 1990; or
 - (b) for whom any contribution has been paid into the Fund in his medisave account on or after 1st April 1990,

shall be insured under the Scheme in accordance with this Division with effect from that date.

(2) Every member of the Fund who is insured under the Scheme under paragraph (1) and has attained the age of 65 years on 1st July 1992 and has moneys standing to his credit in the Fund in his medisave account on that date shall continue to be insured under the Scheme in this Division from that date.