

Pensioner's Handbook

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Facts at a glance

Pension benefits

1. Pension options

Type of pension option	Description
Full pension	Monthly pension paid to your bank account
A gratuity with reduced pension	An amount of pension paid when you retire (and, after the date you retire, a reduced monthly pension for 12.5 years before you receive your full pension)
A commuted pension gratuity	A lump sum you receive from the date you retire

2. From 1 July 2019, you will be eligible for the 1982 Singapore Allowance if your pension is less than \$1,250 a month and you reside in Singapore.

3. We will pay your pension into your bank account on the 25th of each month.

Medical benefits

1. To be eligible for the following benefits, you need to present your Public Service (PS) card, your Civil Service Card (CSC) or electronic Civil Service Card (e-CS card) to the medical staff.

Healthcare institutions	Benefits
Government healthcare institution (please see Appendix B on page 33)	<ul style="list-style-type: none">- You do not need to pay the medical bills upfront- If you receive monthly pension, your share of the bill will be directly deducted from your monthly pension pay-out. If you chose a commuted pension gratuity, you can opt for Inter-Bank Giro or make payment to Pensions Branch using cheque
MBS@Gov Clinic	<ul style="list-style-type: none">- You only need to pay your share of the medical bill upfront at the clinic.- The clinic will seek reimbursement for Government's share of the bill from Pensions Branch directly. <p>You may find the list of MBS@Gov clinics on the Pensioner's Portal at www.pac.gov.sg.</p>

Types of medical schemes

	Outpatient	Inpatient
Fixed Amount on Ward Charges Scheme (FAW)	<ul style="list-style-type: none"> - Free treatment at government healthcare institutions - You can claim a reimbursement of up to \$20 for each visit to a private clinic 	<ul style="list-style-type: none"> - Free treatment at government, restructured or community hospitals - Subsidised ward charges based on 1% of your monthly basic pension, depending on the maximum rates of ward charges listed on page 13.
Co-Payment on Ward Charges Scheme (CPW)	<ul style="list-style-type: none"> - Free treatment at government healthcare institutions - You can claim a reimbursement of up to \$20 for each visit to a private clinic 	<ul style="list-style-type: none"> - Up to 80% of your ward charges and 50% of your eligible dependants' ward charges will be subsidised at government, restructured or community hospitals - Other hospital expenses will be fully subsidised
Comprehensive Co-Payment Scheme (CCS)	<ul style="list-style-type: none"> - Up to 85% of your medical expenses and 60% of your dependants' medical bills will be subsidised - You can claim a reimbursement of up to \$20 for each visit to a private clinic 	<ul style="list-style-type: none"> - Up to 85% of your ward charges and 60% of your dependants' ward charges and hospital fees will be subsidised at government, restructured or community hospitals
Medisave-Cum-Subsidised Outpatient Scheme (MSO)	<ul style="list-style-type: none"> - Up to 85% of your medical expenses and 60% of your dependants' medical bills will be subsidised - There will be a \$20 limit for each visit to a private clinic - You can claim a reimbursement of \$500 per year in total 	Not eligible

Please see page 18 for a detailed summary of each medical scheme.

Further information

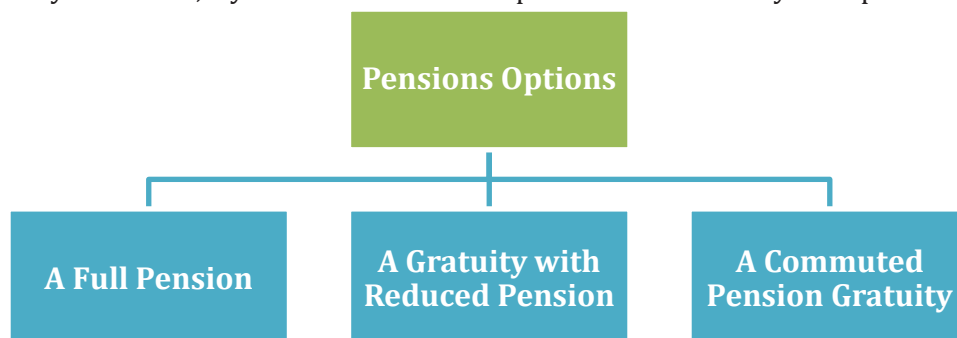
- Dental benefits:
 - For CPW, CCS and MSO: Up to 85% of the cost of each visit will be subsidised (up to a maximum of \$120 per year).
 - For FAW: You are eligible for subsidised treatment at government dental clinics only.
- Medisave contribution (only applies to the CCS and MSO schemes):
 - CCS: You will receive a contribution of 2% of your average monthly salary (up to a maximum of \$198.33 per month), paid into your CPF Medisave account with effect from November 2015.
 - MSO: You will receive a contribution of 2% of your average monthly salary (up to a maximum of \$198.33 per month), paid into your CPF Medisave account, with effect from January 2015.

For more details, please refer to the sections on pension benefits (pages 6 to 8) and medical benefits (pages 9 to 18) or the frequently asked questions section on page 19. Or, go to the Pensioner's Portal at www.pac.gov.sg for more information.

Pension benefits

Your pension options

Before you retire, you would have opted to receive your pensions as follow:



- **A full pension**

For the full pension, we will not pay a gratuity but a monthly full pension.

- **A gratuity with reduced pension**

For the gratuity with reduced pension, we will pay a gratuity, and after that a monthly reduced pension. After 12.5 years from the date you receive your first pension pay-out, we will restore your monthly pension to a full pension. For more details, please see 'Restored pension' below.

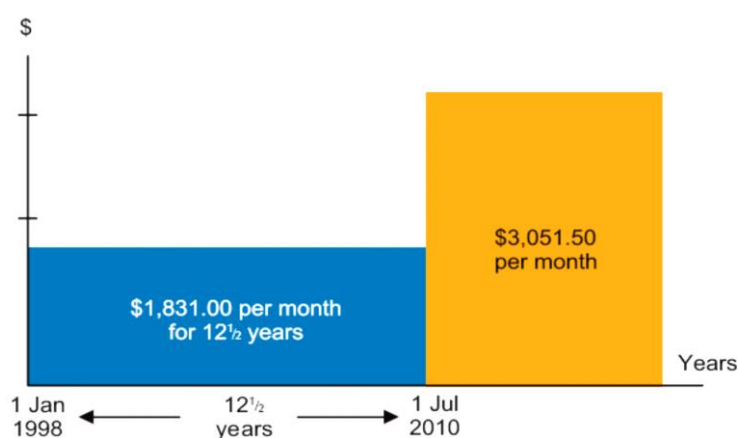
- **A commuted pension gratuity**

For the commuted pension gratuity, we will pay you a gratuity when you retire. You will not receive any monthly pension as you have opted to commute your pension fully.

Restored pension

(This only applies if you have opted for a gratuity with reduced pension.)

If you are currently receiving a reduced pension, we will restore your pension to a full pension after 12.5 years from the date you receive your first pension pay-out. Here's an example of how it works.



Example

You retired on 1 January 2019 and your annual pension was calculated to be \$36,618.00 per year or \$3,051.50 per month. As you opted for a gratuity with reduced pension, you will be receiving a monthly pension of \$1,831.00. On 1 July 2031, 12.5 years after you retired, we will increase (restore) your monthly pension from \$1,831.00 to \$3,051.50 per month. (However, if you retired early, your full pension will be restored 12.5 years after you receive your first pension pay-out.)

1982 Singapore Allowance

From 1 July 2019, if you are receiving a pension of less than \$1,250 per month, you will be entitled to the 1982 Singapore Allowance. The amount of the allowance depends on the amount of your monthly pension. The maximum monthly allowance has been increased from \$300 to \$320.

Computation of the 1982 Singapore Allowance is based on the following formula:

$\$1,250 \text{ minus monthly pension} = \text{Singapore Allowance (capped at \$320)}$

Here are a few examples.

Example 1

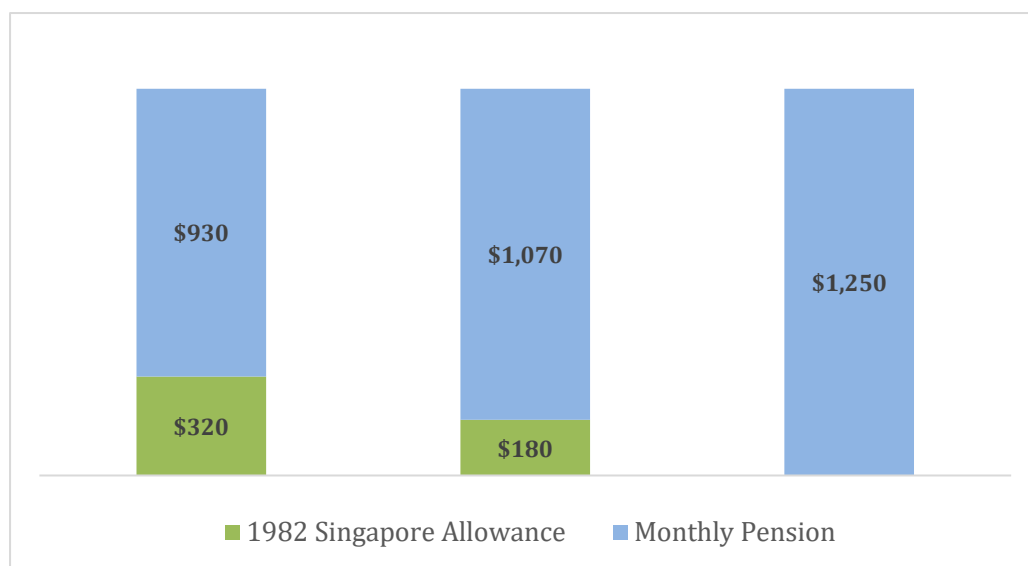
If your monthly pension is \$930 or less, we will pay you an allowance of \$320 per month (\$1,250 minus \$930).

Example 2

If your monthly pension is \$1,070, we will pay you an allowance of \$180 per month (\$1,250 minus \$1,070).

Example 3

If your monthly pension is \$1,250 or more, we will not pay you any allowance.



You must be living in Singapore to qualify for this allowance. If you are away from Singapore for more than 3 months, we will pay the 1982 Singapore Allowance for the first 3 months only. After that, we will not pay it until you return from abroad to live in Singapore permanently.

Payments into your bank account

We will make all payments into your bank account, which is usually your salary account while you were in service. Depending on the pension option you have chosen, the payments include the gratuity payment at the time of your retirement (if any), monthly pension (if any), allowances (if any) and reimbursements of your medical or dental claims.

• Pension payday

We will pay your pension into your bank account on the 25th of each month. If the 25th is on a Sunday or public holiday, your pension will be paid into your account on the preceding working day.

• Early payday (does not apply if you live overseas)

You will receive your pension early if there is a festival on or after the 8th of the month. The festivals include Chinese New Year (for Chinese by race), Hari Raya Puasa (for Muslims by religion), Deepavali (for Hindus and Sikhs by religion) and Christmas (for all races and religions).

Please take note of the following early paydays.

- If the festival is between the 8th and 14th of the month (including both dates), we will pay that month's pension five days before the festival.

				1	2	3
4	5 Pay Day	6	7	8	9	10 Festival
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Festival falls between 8th and 14th

- If the festival is on or after the 15th, we will pay your pension on the 10th of the month.

				1	2	3
4	5	6	7	8	9	10 Pay Day
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28 Festival	29	30	31

Festival falls on after 15th

Medical benefits

Your medical benefits

When you were in the Civil Service, you would have opted for, or been eligible for, one of the following four medical schemes.

- Fixed Amount on Ward Charges Scheme (FAW)
- Co-payment on Ward Charges Scheme (CPW)
- Comprehensive Co-payment Scheme (CCS)
- Medisave-cum-Subsidised Outpatient Scheme (MSO)

When you retire, you will continue to enjoy the benefits that you were eligible for under the scheme you chose. You are entitled to receive subsidised medical treatment at government healthcare institutions. **However, if you choose to have medical treatment at a private hospital, you will have to pay for all the expenses associated with that treatment.**

Electronic Civil Service Card & Civil Service Card (CSC)

With effect from 1 August 2018, pensioners who request for a new or replacement CSC will be issued an electronic Civil Service Card (e-CS card) via email. Pensioners with an existing physical card may continue to use it.

Public Service Card (PS card)

If you retire from the Ministry, you can keep your PS card as an identification document for medical benefits. Your dependants will also continue to use the current CSC issued to them.

If you lose your PS card, you must report the loss to the police before the Pensions Branch can issue a new e-CS card. For a request of physical CSC, you will have to pay an administrative charge of \$12.

Using your CSC and PS card

When you have medical treatment at government, restructured or community hospitals, government outpatient dispensaries or polyclinics, please remember to produce your e-CSC, CSC or PS card. This will help the healthcare institutions process your bills and you will also enjoy the benefits of not having to pay for your treatment upfront.

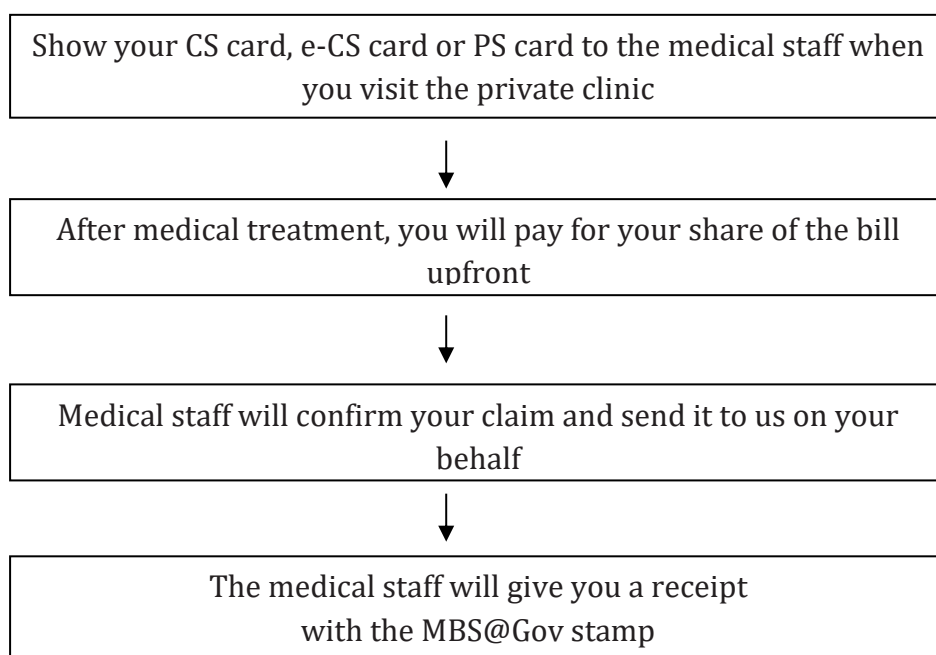
MBS@Gov

Under the MBS@Gov programme, you will only need to pay your share of the medical bill if you receive treatment at the private clinics taking part in the programme. To be eligible for these

benefits, you have to show the medical staff your PS card, e-CSC or CSC before you receive treatment.

After your medical consultation, you will pay the clinic staff your share of the cost and they will send your claim to us on your behalf. The staff will also give you a receipt with the MBS@Gov stamp on it. You are **not required** to send the receipt to the Pensions Branch for a reimbursement.

Steps to enjoy MBS@Gov programme:



To see which clinics take part in the MBS@Gov programme, please go to the MBS@Gov website at www.mbs.gov.sg.

Paying your medical bills

When you or your dependants show your PS card, e-CSC or CSC at government outpatient dispensaries, polyclinics, specialist outpatient clinics, restructured and community hospitals, you enjoy the convenience of not having to pay your share of the bill upfront. Do keep all your receipts and invoices in case you need to refer to them in the future.

If you have opted for monthly pension, your co-payment share (if any) of your medical bills will be directly deducted from your pension. If you do not receive a monthly pension, you can pay your share of the medical bills through GIRO.

If you do not have an Inter-Bank GIRO arrangement, you can apply for it by filling up the Inter-Bank GIRO Direct Debit Form and sending it back to us. You may also download the form from Pensioner's Portal at www.pac.gov.sg.

Dental benefits

If you are under the CPW, CCS or MSO medical schemes, you can seek reimbursement from Pensions Branch for 85% of your dental bill (capped at \$120 per year) when you seek treatment

from local government or private dental clinics. Please note that dependants are **not** be eligible for dental benefits.

If you are under the FAW medical scheme, you and your dependants will be asked to pay a small part of the bill upfront if you get treatment at a polyclinic or the National Dental Clinic. The rest of the bill will be paid by the Pensions Branch directly to the clinic, and you do not need to submit a claim to the Pensions Branch. **Dental treatment at private clinics are not subsidised for pensioners on the FAW medical scheme based on policy guidelines.**

Reimbursements of medical and dental claims

If you have sought treatment at a private medical or dental clinic (not including MBS@Gov participating clinics), you may either submit the receipt via (1) or (2)

- 1) Softcopy Submission¹ – login PaC@Gov mobile app² via SingPass. Under “Add New Claim”, simply snap a clear photo of the receipt and submit. Ensure that the receipt details (e.g. bill amount, receipt/invoice number, bill date, patient name/ID) are captured clearly in the photo image. Please write your name, NRIC or pension ID on your receipt if the information is not printed on it.
- 2) Hardcopy Submission - send all your original receipts to the address below **within 6 months of the date on the receipt**. In order not to miss the deadline for reimbursements, you are advised to send your original receipts to the address in the table below as soon as possible from the date of treatment.

Pensioners under AGD Authorising Office	Pensioners under SPF Authorising Office	Pensioners under SAF Authorising Office
Accountant-General's Department Pensions Branch PO Box 794 Crawford Post Office Singapore 911910	Singapore Police Force Retirement Benefits Section A&F Dept, Police HQ, NPPK 28 Irrawaddy Rd Singapore 329560	Singapore Armed Forces Salary Services Centre MINDEF Shared Services 5 Depot Road #14-01 Defence Technology Towers Singapore 109681

¹ Pensioners under SAF Authorising Office have to submit hardcopy original receipts for separate processing.

² Scan the QR Code to download the PaC@Gov Mobile App.



Android



iOS

It is important that you state your name, NRIC or pension ID on all your or your dependants' medical and dental receipts.

We will reimburse all medical and dental claims together with your pension, if any, into your bank account on pension payday. You may refer to your Statement of Account (see next section 'Pensioner's Statement of Account') to obtain this information.

In the event the medicines for the prescriptions issued by Government doctors are not available at the outpatient dispensary or the hospital you visited, you should only purchase the medicine at the Government retail pharmacy at another restructured or community hospital, if you wish to enjoy the benefit of medical reimbursement. Please send a photocopy of the prescription and the original receipt to the Pensions Branch for reimbursement.

Please note: if you buy medicine at private pharmacies in the hospital premises or elsewhere, you will not be able to seek reimbursement from us.

Pensioner's Portal and PaC@Gov Mobile App

The Pensioner's Portal is a 'one-stop' portal that can provide information about your pension and benefits. Visit the Pensioner's Portal at www.pac.gov.sg. You may log on to the Portal using your SingPass ID and password. You may also access other information such as Statement of Account, Request for e-CS card, Submit private medical/dental claims and others via the PaC@Gov Mobile App.

Pensioner's Statement of Account

The Statement of Account shows your monthly pension payments (if applicable), medical and dental bills incurred at polyclinics, government, restructured or community hospitals, and claims for medical and dental bills incurred at private clinics. You may retrieve your Statement of Account for the past 12 months in Pensioners' Portal.

'Amount due from you' - payment to be made to Accountant-General's Department

'Amount due to you' - amount to be paid into your bank account

Medical and dental claims

You can see the status and details of your medical and dental claims for treatment you had at private clinics.

Forms

You may download pension-related forms in pdf and doc formats.

Latest information

You can keep up to date with the latest pension related matters by downloading a copy of the Pensioner's Handbook and FAQs.

Your medical scheme

The following tables explain the outpatient, hospital and dental benefits of the various medical schemes. Medical benefits only cover treatment sought at local healthcare institutions (i.e. both public hospitals/clinics and private clinics). For private clinics, they must be run by doctors registered under the Medical Registration Act and licensed under the Private Hospitals and Medical Clinic Act. Hence, medical and dental claims that are incurred overseas are not eligible for subsidy.

Note: Only **you and your dependants** are entitled to the following medical and dental benefits, unless stated otherwise.

Outpatient medical treatment refers to seeking medical treatment at hospitals without the need to spend the night there. This also includes day surgery procedures.

Fixed Amount on Ward Charges Scheme (FAW)									
Outpatient	<ul style="list-style-type: none">• Eligible for free treatment at government outpatient dispensaries or polyclinics, specialist outpatient clinics and restructured hospitals• We will not subsidise your first consultation at a specialist outpatient clinic if you or your dependants:<ol style="list-style-type: none">1. have no referral letter;2. were referred by a private doctor;3. asked to see a specified consultant; or4. were referred to a named consultant.• You must pay non-subsidised items (see note below) upfront.• If you have medical treatment at a private clinic, you can claim a reimbursement of up to \$20 per visit.								
Hospitalisation	<ul style="list-style-type: none">• You are entitled to free treatment at a government, restructured or community hospital.• You are eligible for subsidised ward charges, which are based on 1% of your monthly basic pension, up to the following maximum rates.<table><tr><th>Basic pension per month</th><th>Daily ward charges</th></tr><tr><td>\$1,325 and above</td><td>\$8</td></tr><tr><td>\$975 to \$1,324</td><td>\$6</td></tr><tr><td>\$320 to \$974</td><td>\$3</td></tr></table>	Basic pension per month	Daily ward charges	\$1,325 and above	\$8	\$975 to \$1,324	\$6	\$320 to \$974	\$3
Basic pension per month	Daily ward charges								
\$1,325 and above	\$8								
\$975 to \$1,324	\$6								
\$320 to \$974	\$3								

Fixed Amount on Ward Charges Scheme (FAW)				
	<table><tr><td>Less than \$320</td><td>Nil</td></tr></table>	Less than \$320	Nil	
Less than \$320	Nil			
	<ul style="list-style-type: none">• You must pay non-subsidised items (see note below) upfront.• The ward you are eligible to be treated in depends on your salary at the time you retire.• If you upgrade to a higher class ward you will not be eligible for the subsidised rates and you will have to pay full ward charges.• You are eligible for up to 28 days' length of stay at community hospitals for each episode of illness.• Your medical benefits will cover your stay at the community hospital only if:<ul style="list-style-type: none">1. You or your dependants were referred from a restructured hospital after an inpatient stay; and2. The treatment at the community hospital involves key inpatient rehabilitation and sub-acute care services.• There is no coverage for palliative care at community hospitals.			
Dental	<ul style="list-style-type: none">• You are eligible for subsidised dental treatment at government dental clinics only.			

Note: For more information, please see appendix A on page 31.

Co-Payment on Ward Charges Scheme (CPW)					
Outpatient	<ul style="list-style-type: none">You are eligible for free treatment at government outpatient dispensaries, polyclinics, specialist outpatient clinics and restructured hospitals.We will not subsidise your first consultation at a specialist outpatient clinic if you or your dependants:<ul style="list-style-type: none">1. have no referral letter;2. were referred by private doctor;3. asked to see a specified consultant; or4. were referred to a named consultant.You must pay non-subsidised items (see note below) upfront.If you have medical treatment at a private clinic, you can claim a reimbursement of up to \$20 per visit.				
	Hospitalisation	<ul style="list-style-type: none">Co-payment for ward charges at government or restructured hospitals will be at the following rates.<table><tr><td>Own ward</td><td>20% of the charges</td></tr><tr><td>Dependants' ward</td><td>50% of the charges</td></tr></table>We will subsidise other hospital expenses (surgical, investigations, treatment and medicine).	Own ward	20% of the charges	Dependants' ward
Own ward		20% of the charges			
Dependants' ward	50% of the charges				

Co-Payment on Ward Charges Scheme (CPW)

	<ul style="list-style-type: none"> You must pay non-subsidised items (see note below) upfront. The ward you are eligible to be treated on depends on your last divisional status when working for the Government. <table border="1"> <thead> <tr> <th>Divisional status</th><th>Ward class</th></tr> </thead> <tbody> <tr> <td>I and above</td><td>A</td></tr> <tr> <td>II</td><td>B1,B2+</td></tr> <tr> <td>III</td><td>B2</td></tr> <tr> <td>III (if you retired before 1 May 1986)</td><td>C</td></tr> <tr> <td>IV</td><td>C</td></tr> </tbody> </table> <ul style="list-style-type: none"> If you upgrade to a higher-class ward you will not be eligible for the subsidised rates and will have to pay full ward charges. You are eligible for up to 28 days' length of stay at community hospitals for each episode of illness. Your medical benefits will cover your stay at the community hospital only if: <ol style="list-style-type: none"> You or your dependants were referred from a restructured hospital after an inpatient stay; and The treatment at the community hospital involves key inpatient rehabilitation and sub-acute care services. There is no coverage for palliative care at community hospitals. 	Divisional status	Ward class	I and above	A	II	B1,B2+	III	B2	III (if you retired before 1 May 1986)	C	IV	C
Divisional status	Ward class												
I and above	A												
II	B1,B2+												
III	B2												
III (if you retired before 1 May 1986)	C												
IV	C												
Dental	<ul style="list-style-type: none"> We will subsidise 85% of outpatient dental costs per visit each year, up to a maximum of \$120 per year. Your dependants are not eligible for dental reimbursements. Please note that only dental treatment sought in local government or private dental clinics is subsidised. 												

Note: For more information, please see appendix A on page 31.

Comprehensive Co-Payment Scheme (CCS)

Outpatient

- You can get subsidised medical treatment at government outpatient dispensaries, polyclinics, specialist outpatient clinics and restructured hospitals at the following co-payment rates.

Own bill	15% of the charges
Dependants' bills	40% of the charges

- We will not subsidise your first consultation at a specialist outpatient clinic if you or your dependants do not have the referral letter.
- We will subsidise up to 85% of your medical expenses and 60% of your dependants' medical bills (up to a \$20 limit per visit to the private clinics).
- You must pay non-subsidised items (see note below) upfront.

Hospitalisation

- Co-payment for ward charges and hospital fees at government or restructured hospitals will be at the following rates.

Own ward and hospital fees	15% of the charges
Dependants' ward and hospital fees	40% of the charges

- You must pay non-subsidised items (see note below) upfront.
- The ward you are eligible to be treated on depends on your divisional status at the time you retire.

Divisional status	Ward class
I and above	A
II	B1,B2+
III	B2
IV	C

- Your share of the co-payment will be higher if you upgrade to a higher-class ward. Rates are set by the hospitals.

Comprehensive Co-Payment Scheme (CCS)	
	<ul style="list-style-type: none"> You are eligible for up to 28 days' length of stay at community hospitals for each episode of illness. Your medical benefits will cover your stay at the community hospital only if: <ol style="list-style-type: none"> You or your dependants were referred from a restructured hospital after an inpatient stay; and The treatment at the community hospital involves key inpatient rehabilitation and sub-acute care services. There is no coverage for palliative care at community hospitals.
Dental	<ul style="list-style-type: none"> We will subsidise 85% of outpatient dental costs per visit, up to a maximum of \$120 per year. Your dependants are not eligible for dental reimbursements. Please note that only dental treatment sought in local government or private dental clinics is subsidised.
Medisave contribution	<ul style="list-style-type: none"> Monthly Medisave contribution of 2% of your average monthly salary, up to a maximum of \$198.33 per month, will be paid into your CPF account starting from November 2015. This is an increase to your monthly Medisave contribution of 1% of your average monthly salary with effect from November 2015.

Note: For more information, please see appendix A on page 31.

Medisave-cum-Subsidised Outpatient Scheme (MSO)

Outpatient	<ul style="list-style-type: none"> We will subsidise medical treatment at government outpatient dispensaries, polyclinics, specialist outpatient clinics and restructured hospitals at the following co-payment rates. <table border="1"> <tr> <td>Own bill</td><td>15% of the charges</td></tr> <tr> <td>Dependants' bill</td><td>40% of the charges</td></tr> </table> <ul style="list-style-type: none"> We will not subsidise your first consultation at a specialist outpatient clinic if you or your dependants do not have a referral letter. We will subsidise up to 85% of your medical expenses and 60% of your dependants' medical bills, up to \$20 per visit to the private clinics. Both you and your dependants are allowed a total reimbursement of \$500 per year. You must pay non-subsidised items (see note below) upfront. 	Own bill	15% of the charges	Dependants' bill	40% of the charges
Own bill	15% of the charges				
Dependants' bill	40% of the charges				
Hospitalisation	<ul style="list-style-type: none"> You are not eligible for hospitalisation benefits. 				
Dental	<ul style="list-style-type: none"> We will subsidise 85% of outpatient dental costs per visit, up to a maximum of \$120 per year. Your dependants are not eligible for dental reimbursements. Please note that only dental treatment sought in local government or private dental clinics is subsidised. 				
Medisave contribution	<ul style="list-style-type: none"> Monthly Medisave contribution of 2% of your average monthly salary, up to a maximum of \$198.33 per month, will be paid into your CPF account starting from January 2015. This is an increase to your monthly Medisave contribution of 1% of your average monthly salary with effect from January 2015. 				

For more information, please see appendix A on page 31.

Summary of medical schemes

The medical benefits you are eligible for under each of the four medical schemes are summarised in the table below.

Medical Scheme	FAW	CPW	CCS	MSO
Benefits				
Outpatient	Yes	Yes	Yes	Yes
Hospitalisation	Yes	Yes	Yes	No
Dental	Yes	Yes	Yes	Yes
Medisave Contribution	No	No	Yes	Yes

Frequently asked questions (FAQs)

General

Q1: I have retired and would like to find a job elsewhere or start a business. Must I get permission from the Pensions Branch?

A1: You do not need permission to start working again, unless you are from the Administrative Service, the Administrative Service (Foreign Service Branch), the Police (Senior) Service, SAF (Senior) Service or the Intelligence Service.

However, if you are re-employed by the Ministry or Statutory Board and have opted to take up a new medical scheme provided by the Ministry or Statutory Board, you will need to inform the Pensions Branch about it. Once your re-employment at the Ministry or Statutory Board ends, you need to inform the Pensions Branch to reinstate your pensioner's medical entitlement.

Q2: Can I change my bank account for receiving pension, medical and dental reimbursements and GIRO deduction for medical bills?

A2: Yes, please fill in:

- A. the 'Authorisation For Direct Credit to Bank Account' form to receive pension, medical and dental reimbursements; or
- B. the 'Authorisation For Direct Debit from the Bank Account' form for your share of the medical bills to be paid through Inter-Bank GIRO.

You can download the forms from the Pensioner's Portal. **Do not close your old bank account** until your new bank account starts receiving payments.

Q3: Must I tell the Pensions Branch if my address or phone number changes?

A3: You can update your new address or contact details by logging into the Pensioner's Portal at www.pac.gov.sg or PaC@Gov Mobile App.

Q4: Do you have a document to confirm my income for the following purposes?

- (a) Applying for a credit card
- (b) Withdrawing my CPF balance
- (c) Applying for a maid

A4: You can use the Letter of Certification sent to you when you retired, or generate a copy via the Pensioners' Portal at www.pac.gov.sg.

Q5: Do I have to put a stamp on the envelope when sending any correspondence or medical/dental receipts to the Accountant-General's Department?

A5: Yes, you must use a postage stamp.

Pension benefits

Q6: On which day of the month will I receive my monthly pension?

A6: You will receive your pension on the 25th of each month, except for December when you will receive your pension on the 10th. However, if the 25th falls on a Sunday or a public holiday, you will receive it one working day before.

Q7: I have opted for the reduced pension with gratuity. I understand I can take my full pension 12.5 years after I receive my first pension pay-out. Must I inform the Pensions Branch at the end of 12.5 years?

A7: You do not need to inform the Pensions Branch as we will restore your full pension automatically. We will pay your full pension according to the number of days in the month of restoration. (For example, if your full pension starts on 20 June, we will only pay 11 days of full pension (20 to 30 June) in June (the month of restoration).

Q8: I intend to leave Singapore for a long holiday. Must I tell the Pensions Branch? Will I continue to get the 1982 Singapore Allowance?

A8: There is no need to inform us about your holiday plans but please note that we only pay the 1982 Singapore Allowance for the first 3 months you are away from Singapore. The allowance will be ceased if you are away from Singapore for more than 3 months. We will start the allowance automatically once you return to Singapore.

Q9: I intend to live overseas for a long period or even migrate. Must I tell the Pensions Branch? Will I lose my pension or 1982 Singapore Allowance? How will you pay my pension or 1982 Singapore Allowance?

A9: Yes, you need to inform the Pensions Branch. You will not lose your pension, but we will no longer pay the 1982 Singapore Allowance as it is payable only to pensioners who reside in Singapore. You will continue to receive your payment through your bank account.

However, you will need to fill in the 'Affirmation by Singapore Government Pensioner Residing Overseas' form and send it to the Pensions Branch every month if you want to be paid monthly. Or, you can send in the form at longer intervals. When we receive the form, we will pay your pension into your existing bank account in Singapore.

Please also tell us your new address so that we can update our records. You can download a form to do this by logging into the Pensioner's Portal at www.pac.gov.sg.

Q10: Do I have to pay tax on my pension?

A10: No, pensions paid to pensioners living in Singapore are exempt from income tax.

Medical benefits

General

Q11: Do I or my dependants need to pay anything at the local restructured hospitals, outpatient dispensaries of restructured healthcare institutions, community hospitals or polyclinics for outpatient medical treatment?

A11: No, as long as you or your dependants show your PS card, e-CSC or CSC when seeking outpatient medical treatment, you will enjoy the benefits of not paying your medical bills upfront. We will settle your bill first and then deduct your share from your monthly pension (if any), or your bank account through Inter-Bank GIRO.

For inpatient medical treatment, you will need to pay your share of the medical bills upfront. You can settle it in cash or by Medisave with the hospitals. We will settle the Government's co-payment portion with the hospitals, there is no need for you to send us the bills.

Q12: Which are the healthcare institutions where I can get subsidised medical treatment?

A12: Please see appendix B on page 33 for the list of approved healthcare institutions.

Q13: I have a pre-existing illness (PEI). What should I do when I go for treatment at polyclinics or restructured hospitals?

A13: You must show your PEI memo when you seek treatment at any of the healthcare institutions. If you fail to do so, the healthcare institution will charge the bill as a normal bill. No reimbursements will be allowed for these bills. Please note that the PEI memo is valid only for the illnesses as stated on the memo.

Q14: Am I entitled for inpatient subsidy if I receive treatment for my PEI at a polyclinic or restructured hospital?

A14: There is no special subsidy if you have inpatient treatment for a PEI. You will still be eligible for the medical subsidy under the CCS medical scheme.

Q15: Why do I need to pay for the consultation fee when I first get treatment from a government hospital, polyclinic or clinic?

A15: You will have to pay the consultation fee for your first visit to a government or restructured hospital, polyclinic or specialist outpatient clinic if you or your dependants:

1. do not have a referral letter;
2. were referred by private doctor;
3. asked to see a specified consultant; or
4. were referred to a named consultant.

Q16: I opted to fully commute my pension and received a commuted pension gratuity. I was asked to pay my medical bills upfront at the healthcare institutions even though I produced my PS card, e-CSC or CSC. Why?

A16: You are being asked to pay your medical bills upfront because we have not been able to recover your share of past medical bills despite the reminders we sent to you. You can use your PS card, e-CSC or CSC without having to pay your medical bills upfront once we have received your share of the outstanding bills.

As you do not receive a monthly pension, we have to recover your share of the bill (for example, 15% of your bill or 40% of your dependant's bill if you are under the CCS or MSO medical scheme) from you. We do this by deducting your share of the bill from your bank account by Inter-Bank GIRO.

If you have an Inter-Bank GIRO arrangement with us, please make sure that there are always enough funds in your bank account to cover the deductions. You can see your share of the bill at the Pensioner's Portal.

If you do not have an Inter-Bank GIRO arrangement, you can sign up for the Inter-Bank GIRO deduction scheme. You can download a direct debit form by logging into the Pensioner's Portal at www.pac.gov.sg. Or, we will post you a form if you ask us.

Q17: How will I be reimbursed for private medical and dental claims?

A17: We will pay claims for private medical and dental expenses together with your pension (if any) to your bank account on pensions payday. You may check your Statement of Account for these information.

Q18: Can I claim reimbursements for check-ups and health screening tests?

A18: We will not reimburse the costs of medical check-ups or health screening tests you have asked for. We will only reimburse the costs of medical check-ups or health screening tests if the Government doctors say the check-ups or tests are necessary.

Q19: Where do I send my private medical and dental receipts to get a reimbursement?

A19: You may upload your claim via Pac@Gov or send them to our PO box address in the 'Contact details' section of this handbook.

Q20: How can I find out what medical scheme I am in?

A20: You can find out what scheme you are in by logging into the Pensioner's Portal at www.pac.gov.sg.

Public Sector (PS) Card and Civil Service Card (CSC)

Q21: What should I do if I (or my dependants) lose my CSC or PS card?

A21: If you lose your physical CSC, write to the Pensions Branch and we will send you a replacement. The administrative fee for the replacement will be **\$12** (subject to change).

If you lose your PS card, you will need to make a police report and inform the Pensions Branch so that we can issue you an e-CSC. While the issuance of e-CSC does not require any cost, the administrative fee for replacing a lost PS card with a physical CSC, if required, is **\$12** (subject to change).

Q22: Can I apply for an e-CSC for my children?

A22: You can apply for e-CSCs for your children only if they are under 18 years of age, single, not working and dependent on you. You will need to send copies of your children's birth certificates (if they are below 15 years old), or identity cards (front and back) (if they are 15 years and above).

If any of your dependent children no longer become eligible for medical benefits, for example, they are married or got a job, please inform the Pensions Branch immediately.

Q23: Can dependants continue to use the e-CSC or CSC after the pensioner's demise?

A23: The medical entitlement for a dependant would end upon the pensioner's demise, and they would not be eligible to use the e-CSC or CSC. The pensioner's next of kin should inform Pensions Branch of the passing of the pensioner. There is no need to return the CSC to the Pensions Branch.

Q24: I am a female pensioner. Can I claim medical benefits for my husband and children?

A24: If you retired on or after 1 January 2005 you will be able to claim medical benefits for your dependent unmarried children below the age of 18, depending on the existing co-payment rates and subsidy limits under the relevant scheme. If you are a member of

the MSO scheme you will also be able to claim medical benefits for your husband, depending on the existing co-payment rates and subsidy limits.

If you retired before 1 January 2005 you will not be able to claim medical benefit for your husband and children.

Q25: If there is a change to my dependants, how do I apply for a new e-CSC or CSC?

A25: You must inform the Pensions Branch and give them photocopies of the relevant documents listed below.

For your husband or wife:

- (a) Marriage certificate
- (b) Your husband's or wife's identity card or passport for foreigners

For children:

- (a) The child's identity card or birth certificate
- (b) Adoption papers, if the child is legally adopted

Q26: Is there any expiry date for the e-CSC or CSC?

A26: Your e-CSC or CSC does not have an expiry (end) date. The medical entitlement for the pensioner and the dependants will automatically cease upon the demise of the pensioner. There is no need to return the CSC to the Pensions Branch.

Inpatient benefits

Q27: Will I be reimbursed if I have medical treatment at private hospitals?

A27: You will not be reimbursed for treatments at private hospitals.

Q28: Can I upgrade to a class of ward higher than I am eligible for?

A28: If you are a member of the FAW or CPW medical scheme, you will have to pay the full ward charges if you choose a higher class ward. If you are a member of the CCS medical scheme, you will have to pay a much higher co-payment rate. If you are a member of the MSO medical scheme, you are not entitled to any inpatient subsidy.

Q29: Can I use my Medisave Account to settle my share of the hospital bill?

A29: Yes, you can do this by signing a Medisave Authorisation Form at the hospital. You can ask the hospital for more information on your Medisave Account.

Q30: Will my medical benefits cover all treatments at community hospitals?

A30: Only the key inpatient services of rehabilitation and sub-acute care at community hospitals will be covered. There is no coverage for palliative care at community hospitals.

Q31: Are outpatient referrals to Community Hospitals from Restructured Hospitals recognised for coverage?

A31: Your medical benefits will cover your stay at the community hospital only if:

1. You were referred from a restructured hospital after an inpatient stay; and
2. The treatment at the community hospital involves key inpatient rehabilitation and sub-acute care services.

Outpatient referrals including those from Restructured Hospitals e.g. A&Es and Specialist Outpatient Clinics (SOCs), as well as private hospitals are not recognised.

Q32: Will my medical benefits cover all treatments at community hospitals?

A32: Only the key inpatient services of rehabilitation and sub-acute care at community hospitals will be covered.

There is no coverage for palliative care at community hospitals.

Q33: Can I continue to stay in the Restructured Hospital or Community Hospital even after the doctor has certified me fit for discharge?

A33: If you remain in the Restructured Hospital or Community Hospital even after you are fit for discharge or when the doctor has assessed that you have a feasible discharge option (e.g. move to a step-down care facility), your Civil Service medical benefits and Integrated Shield Plan will not cover your stay going forward.

In addition, Government subsidy, MediShield Life and Medifund will also not be extended to you.

Outpatient benefits

Q34: How can I get a reimbursement for medical expenses for treatment I have had at a private clinic?

A34: If you choose to visit a private clinic, you can claim a reimbursement of up to \$20 per visit. **Please send your original receipts to us** (there is no need for you to bring the receipts to our office). Please write **your name, NRIC number or pension ID and contact number** on all receipts, including the receipts for any treatment your dependants have had. Please keep a copy of the receipt in case you need to refer to it.

Q35: I have consulted a doctor at a specialist outpatient clinic (SOC) in a restructured healthcare institution. Am I entitled to subsidised medical treatment at this clinic?

A35: Generally, your treatment will be subsidised according to your medical scheme. However, if you are a member of the CPW or FAW medical scheme, your treatment will not be subsidised if:

- you receive treatment at the SOC in a restructured healthcare institution without a referral letter from a polyclinic;
- you are referred by the polyclinic to a specific consultant at the SOC;
- the SOC you have been referred to refers you to a named consultant in another SOC, even if it is in the same hospital;
- you are referred to the SOC by a private general practitioner; or
- your visit to the SOC takes place 6 or 12 months (depending on the hospital) after you have been discharged.

On the other hand, if you are a member of the CCS or MSO medical schemes, you will have to pay the consultation fee in full if you go to the SOC without a referral letter.

Q36: I went to a polyclinic for a blood test and was told to pay for the service even though I had produced my PS card, e-CSC or CSC. Why?

A36: You will have to pay the full rate if you asked for the blood test to be done. You only pay a subsidised rate if the doctor says the test is necessary.

For a list of non-subsidised items, see appendix A on page 31.

Q37: Can I claim a reimbursement if I buy non-standard drugs?

A37: We will reimburse the cost of non-standard drugs if they are:

- (a) prescribed by a doctor at a restructured healthcare institution;
- (b) necessary to treat your illness; and
- (c) bought at a pharmacy run by a restructured healthcare institution.

We do not reimburse the cost of drugs bought at private pharmacies (for example Guardian Pharmacy, Apex Pharmacy) or retail pharmacies (even those located within a restructured hospital).

Q38: I consulted a doctor at the outpatient clinic of a government or restructured hospital and was prescribed some medication which was not available from the pharmacy in that hospital. Where can I buy the medication from and how do I get a reimbursement?

A38: You must buy the medication from the retail pharmacy of another government or restructured hospital but you have to pay for it first and then claim a reimbursement from the Pensions Branch. Make sure you enclose a photocopy of the prescription and the original receipt.

Q39: What happens if I or my dependants forget to bring our e-CSCs or CSCs on our visit to the outpatient clinic of a government or restructured hospital?

A39: If you forget to take your CSC, you will have to pay for the medical expenses. We will not reimburse any payments you make upfront. All pensioners must show their e-CSCs or CSCs on every visit to government outpatient dispensaries, polyclinics, specialist outpatient clinics and restructured hospitals.

Dental benefits

Q40: Can I get a reimbursement for dental treatment? How much can I claim?

A40: If you are a member of the CPW, CCS or MSO medical scheme, you can claim a reimbursement of 85% of your dental bill, up to a maximum of \$120 per calendar year. Your dependants are not eligible for this subsidy. Please note that only dental treatment sought in local government or private dental clinics is subsidised.

If you are a member of the FAW medical scheme, you and your dependants will be asked to pay a small portion of the bill upfront if you have treatment at a polyclinic or the National Dental Clinic. We will not reimburse this amount. The Pensions Branch will pay the rest of the bill. We will not reimburse dental treatments you have at a private clinic.

Q41: Can I claim a reimbursement if precious metal is used in the dental treatment?

A41: No, the cost of precious metal used will not be reimbursed.

MBS@Gov

Q42: What is MBS@Gov?

A42: MBS@Gov is a web-based system that allows private clinics to claim the government co-payment share directly from us.

Q43: How will MBS@Gov change the current method of claiming for reimbursements of private medical bills?

A43: Currently, you have to send receipts for your treatment to the Pensions Branch. Under the MBS@Gov scheme, the clinic will claim the government co-payment portion directly from us. You will only need to pay your share of the medical bill upfront and will not need to make a claim for a reimbursement.

Q44: Will the type of medical scheme that I am on (for example CPW, CCS or MSO) affect me differently when I visit a private clinic?

A44: No. The system will automatically calculate the amount that you are eligible for, based on your medical scheme.

If you are in the MSO scheme and you have used your entire yearly subsidy limit, the system will calculate the upfront payment amount that applies.

Q45: How do I know which clinics are part of the new medical billing arrangement?

A45: You can see the updated list of clinics on the Pensioner's Portal. These clinics will also have the MBS@Gov decal at their entrance to identify them.

Q46: What do I do if my clinic is not part of the new medical arrangements?

A46: If your clinic is not part of the billing arrangements, you will have to rely on the current method of paying in full upfront before claiming a reimbursement from us. You can encourage your clinic to join MBS@Gov for free so that you don't have the bother of having to send us your medical claims.

Q47: How do I know which receipt has been claimed by the clinic and does not need to be sent to the Pensions Branch for a reimbursement?

A47: If the clinic is sending the receipt for a reimbursement, the receipt will be stamped with the MBS@Gov stamp. You should not send these receipts for a reimbursement.

You will receive an email if you chose email notifications in the Pensioner's Portal. If there is any difference in the bill sent by the clinic, you can tell us through the Contact Us link on the Pensioner's Portal.

Q48: How much should I pay upfront to a clinic?

A48: We will subsidise your medical bill based on your medical scheme, up to a maximum of \$20. You will have to pay the rest of the bill upfront.

Pensioner's Portal

Q49: Do I need to pay for this portal?

A49: The Pensioner's Portal is designed for pensioners to access pension-related information free of charge.

Q50: I do not have a computer at home to access the internet.

A51: If you have no internet access or need help using the Pensioner's Portal, you can use a CitizenConnect centre. These are located at community clubs throughout the island to help you.

To find your nearest CitizenConnect centre, visit
www.ecitizen.gov.sg/CitizenConnect/index.html.

Q51: Why are some of the months missing in the Pension Advice calendar?

A52: If you have opted for a fully commuted pension gratuity, have not incurred any medical bills in the period and have not submitted any medical or dental bills for reimbursement, your Pension Advice will be empty.

Q52: Can I send my medical and dental claims through the portal?

A53: No. You can only use the portal to ask for information about your pension and change your personal details.

Q53: What should I do if I have any queries about my hospital bills?

A54: You should contact the healthcare provider concerned if you have any queries about your bills.

Q54: What does my Statement of Account show?

A55: Your Statement of Account will show your monthly pension (if applicable) and Singapore allowance (if you qualify). It will also show the details of medical and dental bills incurred at hospitals, polyclinics and private clinics.

The net amount, will be the balance that you will have to pay or which you have received from the Accountant-General's Department.

Q55: How do I use the portal to access my monthly pension payment or check my hospital bills? I cannot see any link to my Pension Advice.

A56: You can access your Pension Advice by clicking on 'Pension' at the left menu. Then, click on 'Pension Advice' to view your monthly pension payment or deduction.

Q56: What should I do when nothing happens after I click on the months on the calendar?

A57: Your browser may have enabled a pop-up window and this will have prevented you from viewing your Pension Advice. To disable this function, please do the following.

1. Click on 'Tools' on top of your browser menu
2. Select and click 'Internet Option'
3. Select and click 'Privacy'
4. Uncheck the 'Turn on pop-up blocker' box and click 'OK'

Appendix A

List of non-subsidised items

The list below shows the broad categories of items that we will **not** subsidise under the various medical benefit schemes. You have to pay for these items upfront at the approved healthcare institutions.

1. Medical investigations, tests and treatments

- Childbirth and delivery fees
- Assisted conception procedures
- Sex reassignment
- Ligation and sterilisation
- Abortion
- Cosmetic surgery
- Circumcision

2. Health screening (you can claim for screening for diagnostic purposes)

- Multi-phase health screening
- Thalassaemia screening
- Cytological cervical smear
- Mammogram screening
- HIV screening
- Hepatitis screening

3. Vaccinations

- Hepatitis injections
- Child immunizations
- Travel-related vaccinations, for example malaria, dysentery, flu, fever and so on

4. Medical equipment and aids

- Wheelchairs
- Walking aids
- Joint braces
- Blood pressure monitor
- Kidney dialysis machine
- Continuous positive airway pressure (CPAP) machine
- Glucometer
- Crutches (you can claim for inpatient use)
- Hearing aids and cochlear implants (you can claim for in-patient use)

5. Items not related to medical treatment

- Child developmental assessments
- Diet counselling not arising from a medical condition
- Non-medical items, for example TV rentals, telephone charges
- Medical reports and hospital administration charges

6. Drugs, medications and products

(A) You **cannot** claim for the following items.

- Retail items, for example, non-formulary drugs (drugs not in the hospital's or institution's approved list) and off-the-shelf items
- Branded drugs where non-branded generic drugs are available
- Medical items for use at home (for example, dressings, stoma appliances, catheters, diapers, urine bags)
- Lifestyle drugs for non-medical conditions (for example weight management, stopping smoking, erectile dysfunction, family planning, fertility, hair loss)
- Drugs and products for cosmetic treatment
- Feeds (for example milk products and food thickeners)
- Vitamins and health supplements unless they are on the hospital's or institution's formulary (approved drugs) list

(B) However, you can claim for some drugs if the following conditions are met.

1. The drugs have been prescribed by the doctor as necessary for diagnosis or treatment.
2. The standard drugs or treatment is not available or suitable for diagnosis or treatment.

The above list may change from time to time.

Appendix B

List of approved healthcare institutions

You and your dependants can get subsidised medical treatment at any of the following healthcare institutions.

- All Polyclinics
- All Community Hospitals (see note 2)
- All Restructured Hospitals (i.e. Public Hospitals)
 - Alexandra Hospital
 - Changi General Hospital
 - Khoo Teck Puat Hospital
 - National University Hospital
 - Ng Teng Fong General Hospital
 - Singapore General Hospital
 - Tan Tock Seng Hospital
- Institute of Mental Health and Woodbridge Hospital
- Jurong Medical Centre
- Admiralty Medical Centre
- KK Women's and Children's Hospital
- National Cancer Centre
- National Dental Centre
- National Heart Centre of Singapore
- National Neuroscience Institute
- National Skin Centre
- Singapore Gamma Knife Centre (see note 2)
- Singapore National Eye Centre
- Dialysis Centres registered under Private Hospital and Medical Clinics Act
 - National Kidney Foundation (NKF) (see note 2)
 - Kidney Dialysis Foundation (KDF) (see note 2)
 - Khoo Foundation (KF) (see notes 1 and 2)
 - Pwee Medical & Renal Centre (Mt Elizabeth Hospital) (see note 2)
 - Gleneagles Dialysis Centre (see note 2)
 - National University Hospital Dialysis Centre (see note 2)
 - Renal Dialysis Centre (see note 2)
 - Nephrocare Singapore Dialysis Centre (see note 2)
 - Asia Renal Care Dialysis Centre (see note 2)
 - Immanuel Dialysis Centre (see note 2)
 - Renal Therapy Centre (see note 2)
 - Renal Therapy Services (see note 2)
 - Renal Health Pte Ltd
 - Orthe Pte Ltd

If you or your dependants stay in hospital after you have been certified medically fit for discharge and assessed to have feasible discharge options, you will not be eligible for subsidised treatment under your medical benefits from the 7th calendar day after you have been certified medically fit for discharge and assessed to have a feasible discharge option.

Note 1: The Khoo Foundation owns and operates the People's Dialysis Centre.

Note 2: Your entitlement to medical subsidies and admission to these healthcare institutions depends on the following conditions.

If you or your dependants are referred by a government or restructured hospital doctor to the Singapore Gamma Knife Centre for treatment, you will be eligible for subsidised treatment depending on the medical benefits scheme you belong to.

If you or your dependants receive dialysis treatment at a dialysis centre listed above, you will be eligible for subsidised treatment depending on your medical benefits scheme. We will subsidise the dialysis on a cost-sharing basis, up to a maximum of \$190 per dialysis. If you are a member of the Medisave-cum-Subsidised Outpatient (MSO) scheme, this subsidy has an overall limit of \$500 for outpatient treatment.

If you or your dependants need dialysis treatment from a healthcare institution in the list above, you will need to get a letter from the Pensions Branch of the Accountant-General's Department stating the medical subsidy you are eligible for under your medical benefits scheme. You should give this letter to the dialysis centre. The letter will help the dialysis centre make sure they send the bill for treatment to the correct government department. You have to pay your share of the dialysis fee upfront to the dialysis centre. You can pay in cash, or through your Medisave account or Medishield, depending on the rules governing the release of funds.

If you or your dependants receive **sub-acute and rehabilitation** treatment at a Community Hospital after receiving acute care in a public hospital, you will be eligible for subsidised treatment according to the conditions of your medical benefits scheme for up to 28 days. ('Subacute' and rehabilitation treatment for a medical problem that is not an emergency or a long-term condition)

Contact us

If you have any questions about your pension or medical benefits, feel free to contact us.

We will reply you within 3 working days. For enquiries which are related to IT issues, we need time to conduct further checks and investigations, we seek your patience and understanding if we take a longer time to respond.

- **Email Us**

Write-in:

Raise a helpdesk ticket at www.pac.gov.sg under 'Contact Us'.

Alternatively email the AGD Mailbox: agd_mailbox@agd.gov.sg

You may also send us letters at the following address:

The Pensions Branch, AGD
100 High Street
#06-01 The Treasury
Singapore 179434

Please indicate your name and NRIC number clearly when you write to us.

- **Call Us**

Pension hotline (for pensioners only): 6332 4572 (Mon-Fri 9am to 5pm)

- **Other Matters**

If you have any feedback or suggestions about our service, please feel free to tell us. QSM Line: 1800-337-7639 (Mon-Fri 9am to 5pm).

You can visit the Pensioner's Portal at www.pac.gov.sg for more information.