



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

- From April 2025, you will be eligible for the Singapore Allowance if your aggregated pension is less than \$1,320 a month and you reside in Singapore.
- We will pay your pension into your bank account 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.

Medical benefits

- To be eligible for the following benefits, you need to present your Public Service (PS) card, 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 31)	<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 through which the Pension Offices will recover your share of medical bills incurred at restructured hospitals and polyclinics. You can sign up for Inter-bank Giro arrangement by completing the Direct Debit (DDA) form found in the Pensioner's Portal. - However, if you intend to claim the medical bill from another source (e.g. insurer), please pay upfront for the medical bill. The healthcare institution should not pass the bill to claim under CSC.
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 Office directly. <p>You may find the list of MBS@Gov clinics on the Pensioner's Portal at www.hrp.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. - Items in the non-claimable list are not subsidised (refer to Appendix A). - You can claim a reimbursement of up to \$50 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. - Items in the non-claimable list are not subsidised (refer to Appendix A). - You can claim a reimbursement of up to \$50 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. - Items in the non-claimable list are not subsidised (refer to Appendix A). - You can claim a reimbursement of up to \$50 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. - Items in the non-claimable list are not subsidised (refer to Appendix A). - There will be a \$50 limit for each visit to a private clinic. - You can claim reimbursement of up to \$500 per year in total. 	Not eligible.

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

The principal pensioner and his eligible dependants will enjoy the medical benefits during the lifetime of the principal pensioner. Upon demise of the pensioner, the medical benefits for his dependants will cease, with the exception of an existing pensioner who has opted to contribute to the Widows and Orphans' (W&O) fund before 2 March 1961 while he is in service. A widow dependant under the W&O scheme is entitled to medical benefits during her lifetime while an orphan dependant under the scheme is entitled to medical benefits until the age of 21.

Pensioners should thus consider the medical coverage requirements for their dependants and assess if they should get additional personal medical coverage for their dependants beyond the basic national health insurance coverage under MediShield Life. If additional medical coverage is needed, pensioners and officers are advised to plan and seek coverage early for their dependants.

For pensioners and their dependants under FAW/CPW pensionable medical scheme, basic national health insurance coverage under MediShield Life will be provided as part of their pension benefit.

Refer to Appendix A for the list of non-subsidised items under all medical schemes.

Further information:

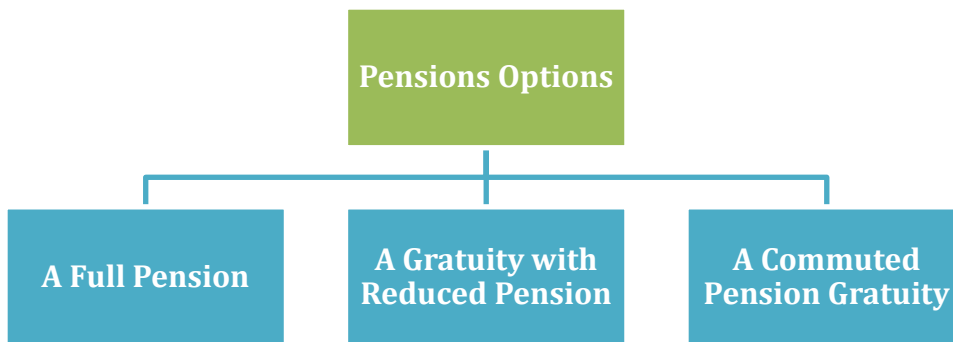
- Dental benefits
 - For CPW, CCS and MSO: Up to 85% of the cost of each visit will be subsidised (up to a maximum of \$250 per year).
 - For FAW: You are eligible for subsidised treatment at government dental clinics only.
- Medisave contribution (only applicable to the CCS and MSO schemes)
 - CCS: 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. You may also go to the Pensioner's Portal at www.hrp.gov.sg for more information.

Pension benefits

Your pension options

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



- **A full pension**

For the full pension, you will receive a monthly full pension without any gratuity.

- **A gratuity with reduced pension**

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

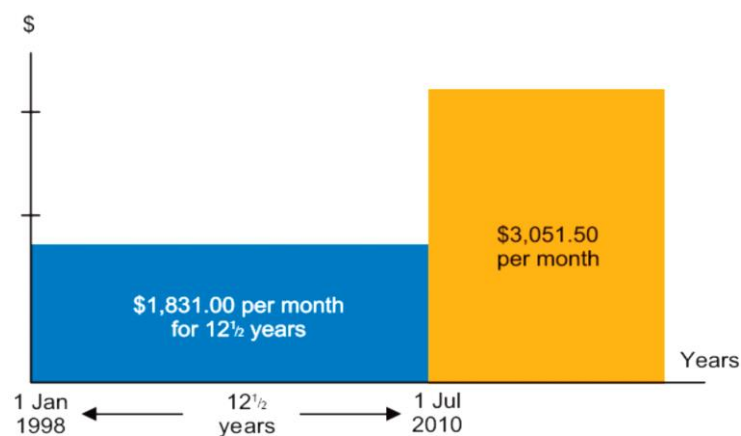
- **A commuted pension gratuity**

For the commuted pension gratuity, you will receive a gratuity without 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, your pension will be restored 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 1998 and your annual pension was calculated to be \$36,618.00 per year or \$3,051.50 per month. As you have opted for a gratuity with reduced pension, you would receive a monthly pension of \$1,831.00. On 1 July 2010, 12.5 years after you have retired, we will increase (restore) your monthly pension from \$1,831.00 to \$3,051.50.

Singapore Allowance

From April 2025, if you are receiving an aggregated pension of less than \$1,320 per month, you will be entitled to the Singapore Allowance. The amount of the allowance depends on the amount of your monthly pension. The maximum monthly allowance has been increased from \$350 to \$390.

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

$\$1,320 \text{ minus monthly pension} = \text{Singapore Allowance (capped at \$390)}$

Here are a few examples:

Example 1

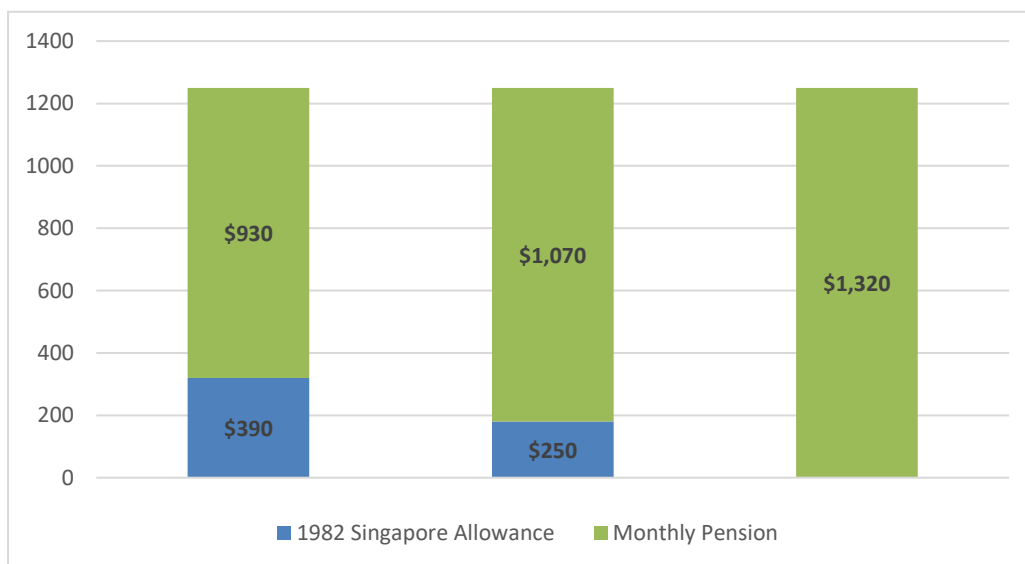
If your monthly pension is \$930 or less, we will pay you an allowance of \$390 per month (\$1,320 minus \$930).

Example 2

If your monthly pension is \$1,070, we will pay you an allowance of \$250 per month (\$1,320 minus \$1,070).

Example 3

If your monthly pension is \$1,320 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 Singapore Allowance for the first 3 months only. After that, we will not pay it until you return from abroad to live in Singapore.

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)

There is no change to your medical scheme. You will continue to enjoy the same medical benefits as before your retirement, unless you are re-employed and opt to be on the Medisave-cum Outpatient Subsidised (MSO) medical scheme during the period of re-employment. 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)

For medical treatment at restructured hospitals, polyclinics and MBS@Gov clinics, you may show your e-CSC to the clinic staff to enjoy the subsidy. You may generate an e-CSC for yourself or your dependants via the Pensioner's Portal. If you are unable to find the dependant's name in the e-CSC page, you can submit a request to add the dependant in "Personal Particulars" page with relevant supporting documents.

Public Service Card (PS card)

You can also show your Public Service (PS) card (if your Ministry allows you to retain it after retirement) 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 and can generate e-CSC from the Pensioner Portal to receive medical benefit at restructured hospitals, polyclinics and MBS@Gov clinics.

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 convenience of not having to pay for your treatment upfront. Your co-payment share (if any) of the bills will be subsequently deducted from your monthly pension (if any) or via Interbank GIRO through your designated bank account.

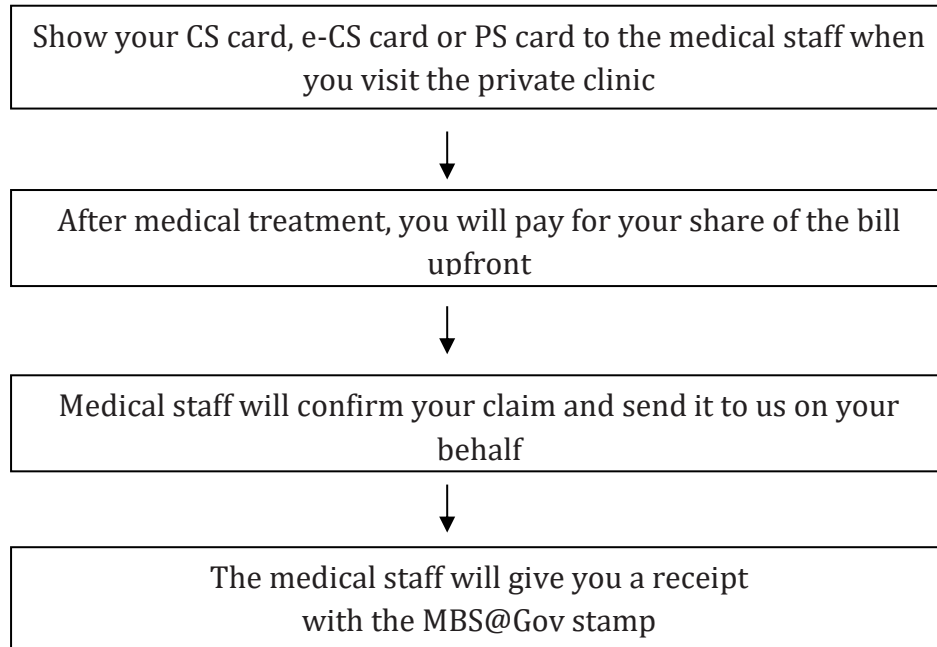
MBS@Gov

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.

Official (Closed) / Non-Sensitive

After your medical consultation, you will pay the clinic staff your share of the cost and they will send your claim for government subsidy to us on your behalf. The staff will also give you a receipt with the MBS@Gov stamp on it. You should not send the receipt to the Pensions Office for reimbursement as the bill has been subsidised.

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.hrp.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.hrp.gov.sg under the "Forms" page.

Dental benefits

If you are under the CPW, CCS or MSO medical schemes, you can seek reimbursement from Pensions Office for 85% of your dental bill (capped at \$250 per year) when you seek treatment from local government or private dental clinics. Please note that dependants are **not** 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 Office directly to the clinic, and you do not need to submit a claim to the Pensions Branch. **Dental**

treatment at private clinics is 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 claim via (1) or (2)

- 1) You may submit your medical & dental claims via the Pensioner's Portal or the Workpal Mobile App under the "claims" page. [Preferred]
- 2) Hardcopy Submission - send all your original receipts to the address below **within 3 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	Pensioners under SCDF Authorising Office
Accountant-General's Department Pensions Office 100 High Street #05-03 The Treasury Singapore 179434	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	Civil Service Defence Force Finance Department 91 Ubi Avenue 4 Singapore 408827

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 medical and dental claims, either paid in **cash or via Medisave**, along with your pension (if applicable). The reimbursement will be made into your bank account on pension payday or into your Medisave account at the end of the month. Any portion of the medical or dental bill where payment was made using vouchers or means other than cash/ Medisave, will not be reimbursed, as the reimbursing of vouchers would be akin to an encashment of the vouchers. For details, please refer to your Statement of Account (see the following section: 'Pensioner's Statement of Account').

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 Office 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. Non-claimable items such as retail items, medical consumables and equipment/aids etc. (see Appendix A), even when prescribed by doctors, will not be subsidised.

Pensioner's Portal and Workpal Mobile App

The Pensioner's Portal is a self-service portal where you can access your monthly Statement of Account, generate electronic Civil Service card (e-CSC), update your personal particulars, submit your affirmation if you are residing overseas, submit and check the status of your medical/dental claims.

Pensioner's Statement of Account

The monthly Statement of Account contains information such as your monthly pensions, reimbursements to be made to you for medical/dental claims and deductions for your share of your medical bills incurred at restructured hospitals and polyclinics.

'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.

Medical Information

Medical information contains information such as your medical scheme, medical & dental transactions including visits to public hospitals and polyclinics.

Forms

You may download pension-related forms in pdf format.

Latest information

You can keep up to date with the latest pension related matters by looking out for announcement in the pensioner's portal or 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 Healthcare Services 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.

Fixed Amount on Ward Charges Scheme (FAW)

Outpatient

- 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:
 1. have no referral letter;
 2. were referred by a private doctor;
 3. asked to see a specified consultant; or
 4. 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 \$50 per visit.

Hospitalisation

- 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.

Basic pension per month	Daily ward charges
\$1,325 and above	\$8
\$975 to \$1,324	\$6
\$320 to \$974	\$3
Less than \$320	Nil

- 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:
 1. You or your dependants 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.
- There is no coverage for palliative care at community hospitals.

Dental

- You are eligible for subsidised dental treatment at government dental clinics only.

Note: For more information, please see appendix A on page 29.

Co-Payment on Ward Charges Scheme (CPW)

Outpatient

- 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:
 1. have no referral letter;
 2. were referred by private doctor;
 3. asked to see a specified consultant; or
 4. 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 \$50 per visit.

Hospitalisation

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

Own ward	20% of the charges
Dependants' ward	50% of the charges

- We will subsidise other hospital expenses (surgical, investigations, treatment and medicine).
- 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.

Divisional status	Ward class
I and above	A
II	B1, B2+
III	B2
III (if you retired before 1 May 1986)	C
IV	C

- 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:
 1. You or your dependants 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.
- There is no coverage for palliative care at community hospitals.

Co-Payment on Ward Charges Scheme (CPW)

Dental

- We will subsidise 85% of outpatient dental costs per visit each year, up to a maximum of \$250 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 29.

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 \$50 limit per visit to the private clinics).
- You must pay non-subsidised items (see note below) upfront.

Hospitalisation

- Co-payment on 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.

- 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:
 - 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.

Comprehensive Co-Payment Scheme (CCS)	
Dental	<ul style="list-style-type: none"> We will subsidise 85% of outpatient dental costs per visit, up to a maximum of \$250 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 29.

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 \$50 per visit to the private clinics. Both you and your dependants are allowed a total reimbursement of up to \$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 \$250 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 29.

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, you will have to continue to seek permission to be gainfully employed after retirement from the Pension Authority i.e. Permanent Secretary, Public Service Division, Prime Minister's Office.

Please note that, if you wish to seek re-employment at a Ministry/Statutory Board, you have a choice only at the point of re-employment of:

- i) Retaining your post-retirement medical benefits during your stated re-employment term; or
- ii) Converting your medical benefits to that offered by your new Ministry/Statutory Board. Your post-retirement medical benefits will be suspended but will be restored after your stated re-employment ends.

If you choose to retain your post-retirement medical benefits (i.e. pension medical scheme) during the period of re-employment, please inform your Human Resource Department so that they can make the necessary adjustments. Your share of the medical co-payment, if any, will be recovered from your monthly pension and not from your salary when you use your e-CSC at restructured hospitals and polyclinics. If you do not have any monthly pension, your share of medical co-payment will be recovered from you directly via GIRO.

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

A2: Yes, please update your new payment bank account in the "Bank Details" page. Do not close your old bank account until your new bank account starts receiving payments.

For changes to your GIRO deduction bank account, fill in the 'Authorisation for Direct Debit from the Bank Account' form for your share of the medical bills to be deducted through Inter-Bank GIRO.

The 'Authorisation for Direct Debit from the Bank Account' can be downloaded from Pensioner's Portal "Forms" page.

Q3: Must I tell the Pensions Office 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.hrp.gov.sg or via the Workpal 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.hrp.gov.sg in the "Forms" page.

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 in order to successfully send the mail. For your convenience and to avoid stamp fees, you could submit your claims directly via the "claims" page in the Pensioner's Portal or Workpal Mobile App.

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 Office at the end of 12.5 years?

A7: You do not need to inform the Pensions Office 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 Singapore Allowance?

A8: There is no need to inform us about your holiday plans but please note that we only pay the 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 resume 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 Singapore Allowance? How will you pay my pension or Singapore Allowance?

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

However, you will need to submit affirmation in the portal every month if you want to be paid monthly.

It is also necessary to update your new overseas address in the "Personal Particulars" page, so that we can contact you for pension matters.

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

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

Medical Benefits

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 e-CSC when seeking outpatient medical treatment, you will enjoy the convenience of not paying your medical bills upfront. We will settle your bill first and then deduct your share of the co-payment 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.

You can generate e-CSC for yourself and your dependant in the portal.

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

A12: Please see appendix B on page 31 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 and outpatient bill. Please refer to Q37 if your PEI visit was charged with non-standard drugs/ items and the list of non-standardised item under appendix A for further clarification.

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 your medical scheme.

Q15: 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: It is likely that your convenience of not paying upfront has been ceased due to your outstanding bills with Pension Office. It means that we have not been able to recover your share of past medical bills from you despite the reminder letters sent. You can use your e-CSC without having to pay your medical bills upfront once we have received your share of the outstanding bills.

If you have an Inter-Bank GIRO arrangement with us, please make sure that there are sufficient 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 in the "Forms" page.

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 this 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 can submit your medical & dental claims electronically under "Claims" in the portal.

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

A20: Your medical scheme and other medical information is available in the "Medical information" page of the Pensioner's Portal at www.hrp.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 CSC, you will need to make a police report. Instead of a physical card, you can simply generate e-CSC for you or your dependant in the Pensioner's Portal.

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

A22: You can generate e-CSCs for your children only if they are under 18 years of age, single, not working and dependant on you. If you are unable to find your child's name in the drop-down list, please submit a request for your child to be added via the "Personal Particulars" page. You will need to upload 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). Your application will be reviewed and processed.

If any of your dependant children no longer become eligible for medical benefits, for example, they are married or got a job, it is necessary to inform the Pensions Office immediately.

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

A23: Pensioners are eligible for pension and post-retirement medical benefits up to their passing. The medical entitlement for a dependant would end upon the pensioner's demise, and they would not be eligible to use the CSC. The pensioner's next of kin should inform Pensions Office 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 dependant 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: Submit a request for your dependant to be added via the "Personal Particulars" page and upload copies 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. Your application will be reviewed and processed.

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

A26: Your 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 for up to 28 days 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: Can I continue to stay in the Restructured Hospital or Community Hospital even after the doctor has certified me fit for discharge?

A32: 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

Q33: How can I get a reimbursement for medical expenses for treatment I have had at a private clinic?

A33: If you choose to visit a private clinic, you can claim a refund of up to \$50 per visit. Please submit your claims in the Pensioner's Portal. Please keep a copy of the original receipt in case you need to refer to it.

Q34: 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?

A34: 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.

Q35: 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?

A35: 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.

Q36: Can I seek reimbursement if I buy non-standard drugs?

A36. In general, no. However, we will reimburse the cost of non-standard drugs under specific circumstances, namely:

- 1) Standard drugs/treatments are not available or suitable for diagnosis/treatment;
- 2) The non-standard drugs are:
 - a. Prescribed by a doctor from a government healthcare institution;
 - b. Essential for the treatment (i.e. not a supplement);
 - c. Bought at a pharmacy of the government healthcare institution, and;
 - d. Not a retail item (i.e. cannot be bought off the shelf)

Claims for non-standard drug can be submitted to Pension Office, with the receipt and the relevant doctor's memo.

If you have doubts about whether any drug is a retail item, please check with your healthcare institution. You may consider requesting for an alternative standard non-retail medication to manage your medical condition. Retail items are strictly non-claimable and pensioners who are found to have submitted and been reimbursed for such claims are liable to return the erroneous claims when requested. We also do not reimburse the cost of drugs bought at private pharmacies (e.g. Guardian Pharmacy, Unity Pharmacy, Apex Pharmacy), or retail pharmacies (even if they should be located within a restructured hospital).

Q37: 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?

A37: You are required to purchase such medication from an alternate government healthcare institution and thereafter submit the prescription and receipt for reimbursement. Do ensure that the prescription state the reason to which why you are require to obtain the medication from an alternative government healthcare institution (e.g. hospital does not carry such item).

Please note that the medication should not be non-standard drugs. Otherwise, a doctor memo is required. Please refer to Q37.

Q38: 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?

A38: 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

Q39: Can I get a reimbursement for dental treatment? How much can I claim?

A39: 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 \$250 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 on 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 govt dental clinics (e.g polyclinic or the National Dental Clinic). We will not reimburse this amount. The Pensions Office will pay the rest of the bill. We will not reimburse dental treatments you have at a private clinic.

Q40: Can I claim a reimbursement if precious metal is used in the dental treatment?

A40: No, the cost of precious metal used will not be reimbursed.

MBS@Gov

Q41: What is MBS@Gov?

A41: MBS@Gov is a web-based system that allows private clinics to claim the government co-payment share directly from us. Example, when you visit a MBS@Gov clinic & present your e-CSC, you will only need to pay your share of the medical bill to the clinic, and the clinic will claim the Government's share of your medical bill from us, such bill should not be sent to AGD for reimbursement as Clinic has deducted from the bill the amount claimed under CSC Benefit.

Q42: How will MBS@Gov change the current method of claiming for reimbursements of private medical bills?

A42: Currently, you have to send receipts for your treatment to the Pensions Office or login to www.hrp.gov.sg or Workpal to claim for private medical bill for reimbursement. 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 the bill as the clinic will claim from pension office.

Q43: 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?

A43: 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.

Q44: How do I know which clinics are part of the new medical billing arrangement?

A44: You can see the updated list of clinics on the Pensioner's Portal. These clinics will also have the below MBS@Gov decal at their entrance to identify them.



Q45: What do I do if my clinic is not part of the new medical arrangements?

A45: 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 via claims function in Pensioner's Portal. 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.

Q46: How do I know which receipt has been claimed by the clinic and does not need to be sent to the Pensions Office for a reimbursement?

A46: 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.

Q47: How much should I pay upfront to a clinic?

A47: We will subsidise your medical bill based on your medical scheme, up to a maximum of \$50. You will have to pay the rest of the bill upfront.

Pensioner's Portal

Q48: Do I need to pay for this portal?

A48: The Pensioner's Portal is designed for pensioners to access pension-related information free of charge.

Q49: Why are some of the months missing in the statement of account page?

A49: 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 statement of account for those months would not be available .

Q50: Can I send my medical and dental claims through the portal?

A50: Yes, you can submit your claims and check on the status in the “Submit your claims” & “Medical Information” pages respectively.

Q51: What should I do if I have any queries about my hospital bills?

A51: You should contact the healthcare provider concerned if you have any queries about your bills.

Q52: What does my Statement of Account show?

A52: 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.

Q53: 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.

A53: 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.

Q54: Do the Civil Service medical benefits cover treatments under the Mobile Inpatient Care-at-Home (MIC@Home) Programme?

A54: MIC@Home is considered part of the inpatient service by Public Healthcare Institutions (PHIs).

If you are under the FAW, CPW or CCS medical scheme, you and your eligible dependant(s) may qualify for inpatient subsidies for MIC@Home episodes according to your medical benefits scheme. The billing process will be no different from that of typical inpatient ward admissions.

If you are under the MSO scheme, you are not eligible for inpatient subsidies as you receive an additional 2% Medisave contribution while working, in lieu of hospitalisation benefits.

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/Treatments e.g.

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

2. Health Screening¹ e.g.

- COVID-19 Antigen Rapid Test (ART) or Polymerase Chain Reaction (PCR) tests
- Multi-phasic health screening
- Thalassemia screening
- Cytological cervical smear
- Mammogram screening
- HIV screening
- Hepatitis screening

3. All Vaccinations e.g.

- Hepatitis injections
- Child immunizations
- Personal travel-related vaccinations, e.g. malaria, dysentery, flu/fever, pneumonia etc.

4. Medical Equipment/Aids e.g.

- Walking aids
- Joint braces
- Blood pressure monitor
- Kidney dialysis machine
- CPAP machine
- Glucometer
- Crutches²
- Hearing aids/Cochlear implants³

¹ Screening for diagnostic purposes will be claimable.

² Claimable if for in-patient use.

³ Claimable if for in-patient use.

Official (Closed) / Non-Sensitive

5. Items Not Related to Medical Treatment, e.g.
- Child Developmental Assessments
 - Diet Counselling not arising from a medical condition
 - Non-Medical items e.g. TV rentals, telephone charges
 - Medical Reports and Hospital Admin Charges

6. Drugs/Medications/Products

The following items are strictly not claimable:

- Retail items i.e 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.

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

The above list may change from time to time.

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 Office 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.

- **Write-in:**

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

You may also send us letters to the following addresses:

Pensioners under AGD Authorising Office	Pensioners under SPF Authorising Office	Pensioners under SAF Authorising Office	Pensioners under SCDF Authorising Office
Accountant-General's Department Pensions Branch 100 High Street #05-03 The Treasury Singapore 179434	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	Civil Service Defence Force Finance Department 91 Ubi Avenue 4 Singapore 408827

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

- **Call Us**

Pension hotline (for pensioners under AGD Authorising Office only): 6332 4572 (Mon-Fri 9am to 5pm).

- **Other Matters**

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