MediSave Care: Work Out the S$50 to S$200 Monthly Withdrawal

Description

Singapore Citizens and Permanent Residents aged 30 or older who are assessed as unable to perform at least three of six Activities of Daily Living can apply. The cash withdrawal is S$50, S$100, S$150 or S$200 a month based on MediSave balance, with a combined own-and-spouse cap of S$200. CPF MediSave Care guide. CareShield Life MediSave Care FAQ. AIC MediSave Care application.

Choose the branch that matches your case

Situation	Next step
Balance below S$5,000	No MediSave Care withdrawal from that account
S$5,000 to below S$10,000	Up to S$50 a month
S$10,000 to below S$15,000	Up to S$100 a month
S$15,000 to below S$20,000	Up to S$150 a month
S$20,000 or more	Up to S$200 a month

Pass the status and age tests first

The core route is for Singapore Citizens or Permanent Residents aged 30 and above with severe disability. The scheme is not means-tested. CPF MediSave Care guide.

A low balance alone does not establish eligibility, and a diagnosis alone does not replace the functional assessment.

Use the six daily activities

Severe disability means being unable to perform at least three of washing, dressing, feeding, toileting, moving around indoors and transferring between a bed and chair or wheelchair. CareShield Life

MediSave Care FAQ.

An MOH-accredited severe-disability assessor must perform the assessment. This article does not assess an individualâ??s condition.

Apply the balance bands exactly

The monthly bands are nil below S$5,000, S$50 from S$5,000, S$100 from S$10,000, S$150 from S$15,000 and S$200 from S$20,000. AIC MediSave Care application.

CPF retains at least S$5,000 to protect capacity for other healthcare expenses. A balance at a threshold enters the higher stated band.

Combine spouse support without doubling the cap

If the applicantâ??s balance is insufficient, a spouseâ??s MediSave can supplement the withdrawal, subject to the spouseâ??s own balance threshold.

The combined maximum remains S$200 monthly, not S$200 from each account. For example, S$100 from the applicant plus S$100 from the spouse reaches the cap.

Expect the amount to move with balances

The withdrawal is based on the MediSave balance or the maximum selected at application, whichever is lower. CPF says it can rise automatically if later contributions or top-ups move the account into a higher band.

It can also fall as the balance declines. Build the care budget around a range, not a permanent fixed payout.

Map the application sequence

Find an accredited assessor, complete the assessment and apply through the Agency for Integrated Care eFASS portal with Singpass.

Keep assessment and application records. Ask AIC about assessment fees, subsidies and review needs for the individual case.

Calculate the uncovered care cost

At the maximum, MediSave Care supplies S$2,400 a year. If recurring care costs S$900 a month, a S$200 withdrawal leaves an S$700 monthly gap before other schemes, insurance and household resources.

That is a budgeting example, not a care-price estimate. Use actual provider quotes and check CareShield Life, Home Caregiving Grant and other support separately.

Build a dated decision record

Write down the exact outcome you need: estimate the permitted monthly cash withdrawal and identify the remaining funding gap. Keep the household, company, product, trip or booking facts that produced the result beside it. A result based on different facts is not a precedent, even when the headline issue looks similar.

Record the date and the controlling page you checked. For this decision, the source set is CPF MediSave Care guide; CareShield Life MediSave Care FAQ; AIC MediSave Care application. Save the relevant reference number, model, class, property detail, deadline, service route or ticket choice. That makes it possible to reconstruct the decision if a rule, inventory position or personal fact changes.

Use two working aids instead of a single yes-or-no note. First, make a five-band withdrawal table. Second, add a spouse-combination and uncovered-cost calculator. The first shows how the facts map to the official rule or live service; the second exposes the timing, cost, trade-off or follow-up action that a simple eligibility answer can hide.

Set a stop condition before acting. Pause if you encounter treating diagnosis as the assessment, doubling the spouse cap, ignoring the s$5,000 floor, or if any fact no longer matches the source you checked. Re-run the relevant official tool or contact the competent organisation. The purpose of the record is not paperwork for its own sake. It prevents an old screenshot, rough estimate or remembered rule from becoming an expensive assumption.

Work the example before the real decision

An eligible applicant has S$12,000 in MediSave, giving a S$100 band. The spouse has S$16,000, which can support up to S$150, but the combined cap is S$200. A possible arrangement is S$100 from each account, subject to application approval and current balances.

Reader checklist

1. Confirm citizenship or PR status and age
2. Arrange an accredited assessment
3. Count the ADL result
4. Check both MediSave balances
5. Apply the combined S$200 cap
6. Submit through AIC eFASS
7. Recalculate the remaining care gap

Mistakes to avoid

- Treating diagnosis as the assessment

- Doubling the spouse cap
- Ignoring the S$5,000 floor
- Assuming the band never changes
- Using an example as a provider price

Related next reads

After estimate the permitted monthly cash withdrawal and identify the remaining funding gap, review five financial-planning benchmarks. You can also map a retirement-income plan.

Questions readers ask

What is the maximum monthly cash withdrawal?

S$200 combined from the applicant and spouse.

How many ADLs must the person be unable to perform?

At least three of six.

Is MediSave Care means-tested?

No, but age, status, disability and balance rules apply.

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