

First published in the Government Gazette, www.egazette.gov.sg, on 16 December 2025.

CENTRAL PROVIDENT FUND ACT 1953 (SECTION 51)

CENTRAL PROVIDENT FUND (DEPENDANTS' PROTECTION INSURANCE SCHEME) REGULATIONS 2005

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[17 September 2005]

Citation

1. These Regulations are the Central Provident Fund (Dependants' Protection Insurance Scheme) Regulations 2005.

Definitions

2. In these Regulations —

“appointed insurer” has the meaning given by section 40 of the Act;

“grace period”, in relation to the payment of a premium for the renewal of an insurance cover under the Scheme, means a period of 60 days (or any longer period specified by the Board) beginning on the date on which the insurance cover is to be renewed;

“permitted period” means the period (after the expiry of the grace period) specified by the Board for the payment of the premium for the reinstatement of an insurance cover under the Scheme under section 43A of the Act;

“premium” has the meaning given by section 40 of the Act;

“relevant CPF accounts”, in relation to a premium payable by an insured person, means any accounts in the Fund of the insured person determined by the Board in accordance with section 45(2) (read with section 45(2A)) of the Act for the deduction of the whole or any part of the premium;

“Scheme” has the meaning given by section 40 of the Act.

Minimum age of person insured under Scheme

2A. Section 42(1) of the Act does not apply to any member of the Fund who has not attained 21 years of age, being the age which the Minister has prescribed for that purpose under section 42(2)(a) of the Act.

Maximum age of person insured under Scheme

3. Section 42(1) of the Act does not apply to any member of the Fund who attains 65 years of age on or before the date of commencement or renewal of his or her insurance cover under the Scheme, being the age which the Minister has prescribed for that purpose under section 42(2)(a) of the Act.

Premium

4.—(1) Subject to paragraph (4), the premium for an insurance cover under the Scheme which commences or is renewed on or after 1 April 2021 is the applicable premium specified in the First Schedule.

(2) The premium mentioned in paragraph (1) may be paid —

(a) by a deduction by the Board from the moneys standing to the credit of the insured person in any of the relevant CPF accounts; or

(b) by payment otherwise directly to the appointed insurer.

(3) If any premium payable for the renewal of an insured person's insurance cover under the Scheme has not been fully paid in the manner described in paragraph (2) by the date on which the insurance cover is to be renewed, the unpaid amount may be deducted or paid (as the case may be) in accordance with section 45(4) of the Act within the grace period.

(4) The Board may determine a reduced premium for the insurance cover in accordance with paragraph 1 of the Second Schedule and deduct the reduced premium from the moneys standing to the credit of the insured person in any of the relevant CPF accounts, where —

(a) the premium mentioned in paragraph (1) has not been fully paid in accordance with paragraph (2) and (if applicable) section 45(4) of the Act; and

(b) the amount available to be deducted from the moneys standing to the credit of the insured person in any of the relevant CPF accounts for the payment of the premium for insurance cover under the Scheme is at least the premium payable for an insured sum of \$5,000.

Insured sum

5.—(1) Where the premium paid for an insurance cover under the Scheme (which commences or is renewed on or after 1 April 2021) is the premium under regulation 4(1), the insured sum is the applicable maximum insured sum specified in the First Schedule.

(2) Where the premium paid for an insurance cover under the Scheme (which commences or is renewed on or after 1 April 2021) is a reduced premium determined by the Board under regulation 4(4), the insured sum is the reduced insured sum corresponding to the reduced premium paid, calculated in accordance with paragraph 2 of the Second Schedule.

(3) Where the premium paid for an insurance cover under the Scheme (which commenced or was renewed on or after 2 April 2020 but before 1 April 2021) was the maximum annual premium payable specified in the First Schedule, as in force immediately before 1 April 2021, the insured sum payable on the insured person's death or incapacity (or deemed death or incapacity) on or after 1 April 2021 during the period of the insurance cover is the applicable maximum insured sum specified in the Third Schedule.

(4) Where the premium paid for an insurance cover under the Scheme (which commenced or was renewed on or after 2 April 2020 but before 1 April 2021) was the annual premium payable for an insured sum of less than \$46,000 under regulation 4(1)(b), as in force immediately before 1 April 2021, the insured sum payable on the insured person's death or incapacity (or deemed death or incapacity) on or after 1 April 2021 during the period of the insurance cover is the amount (rounded up to the nearest \$1,000) calculated in accordance with the formula

$$\frac{A}{46,000} \times M,$$

where —

- (a) A is the sum for which the insured person was insured under the Scheme immediately before 1 April 2021; and

- (b) M is the maximum insured sum specified in the Third Schedule that applies to the insured person.

(5) Subject to regulation 14(3), where the date of commencement of an insured person's insurance cover under the Scheme is on or after 1 April 2021, the Board or the appointed insurer (as the case may be) is not liable to pay the insured sum in respect of the insurance cover in any of the following circumstances:

- (a) if the insured person's death or incapacity is the result of suicide or deliberate self-injury committed within one year starting on the date of commencement;
- (b) if the insured person's death arises from capital punishment for any criminal act committed within one year starting on the date of commencement;
- (c) if the insured person's death or incapacity, directly or indirectly, arises out of or is consequent upon or contributed by his or her own intentional criminal act committed within one year starting on the date of commencement;
- (d) if the insured person's death or incapacity arises from war or any warlike operations or participation in any riot;
- (e) if the insured person makes or provides to the Board or the appointed insurer (as the case may be) any statement or fact that is false or misleading in a material particular;
- (f) if the insured person is incapacitated or suffering from serious illness on or before the date of commencement.

Refund of premium where suicide, etc., occurs within first year of insurance cover

6. Where the Board or the appointed insurer (as the case may be) is not liable to pay the insured sum under regulation 5(5)(a), (b) or (c) in respect of an insured person, the following must be refunded to the insured person:

- (a) the amount of the premium which was paid for the insurance cover under the Scheme;

- (b) if any premium mentioned in paragraph (a) was deducted from the moneys standing to the credit of the insured person in any of the relevant CPF accounts, the whole or any part, as the Board may determine, of the interest that would have been payable on the premium deducted if it had not been deducted from any of those relevant CPF accounts.

7. [*Deleted by S 232/2021*]

8. [*Deleted by S 232/2021*]

Issue of insurance cover under section 43A of Act

8A.—(1) An insurance cover may be issued under section 43A of the Act in respect of a person, subject to such terms and conditions as may be imposed under section 42(6)(b) of the Act, if —

(a) either —

- (i) a contribution is first paid into the person's account in the Fund on or after 14 May 1989; or
- (ii) the person's application under section 42(4) of the Act is approved under section 42(5) of the Act;

(b) the person dies or is incapacitated after the contribution mentioned in sub-paragraph (a)(i) is paid, or the application mentioned in sub-paragraph (a)(ii) is received, as the case may be; and

(c) an application is made for the insurance cover to begin despite the person's death or incapacity.

(2) An insurance cover may also be issued under section 43A of the Act in respect of a person, subject to any terms and conditions that may be imposed under section 42(6)(b) of the Act, if —

(a) the person, who was insured under the Scheme pursuant to section 42(1) or (5) of the Act, ceases to be insured under the Scheme under regulation 12(1)(c) on or after 1 April 2021; and

(b) a contribution is subsequently paid into the person's account in the Fund.

(3) For the purposes of section 47(1)(b) of the Act, an insured person's insurance cover issued under section 43A of the Act begins on the date —

- (a) the contribution mentioned in paragraph (1)(a)(i) is first paid or the contribution mentioned in paragraph (2)(b) is paid, as the case may be; or
- (b) the Board received the application mentioned in paragraph (1)(a)(ii).

Renewal or reinstatement of insurance

9.—(1) Subject to regulation 12(1), the insurance cover of an insured person under the Scheme must be renewed on the anniversary of the date of the commencement of his or her insurance cover.

(2) Where the Board has deducted, under regulation 4(4), the reduced premium for an insured person's insurance cover under the Scheme in accordance with paragraph 1 of the Second Schedule, the insured person is deemed to be so insured under the Scheme without any break in insurance cover, for the purposes of these Regulations.

(3) Where the premium mentioned in regulation 4(1) for an insurance cover under the Scheme is paid in full before the expiry of the grace period, the insured person is deemed to be so insured under the Scheme without any break in insurance cover, for the purposes of these Regulations.

(4) The Board may reinstate an insured person's insurance cover pursuant to section 43A of the Act, subject to such terms and conditions as may be imposed under section 42(6)(c) of the Act, if —

- (a) the insurance cover ceases under regulation 12(1)(c);
- (b) the Board is satisfied that the insured person had a good reason for failing to pay the premium mentioned in regulation 4(1) before the expiry of the grace period; and
- (c) the premium mentioned in regulation 4(1) is paid within the permitted period in the following manner:
 - (i) in any manner described in regulation 4(2);

- (ii) if the premium has not been fully paid in the manner described in regulation 4(2), the unpaid amount may be deducted or paid (as the case may be) in accordance with section 45(4) of the Act.

(5) Where an insured person's insurance cover is reinstated pursuant to section 43A of the Act from a date immediately after the cessation of the insurance cover under regulation 12(1)(c), the insured person is deemed to be insured under the Scheme without any break in insurance cover, for the purposes of these Regulations.

Opting out

10.—(1) Where an insured person gives written notice to the appointed insurer that the insured person does not wish to be insured under the Scheme, the insured person ceases to be insured under the Scheme from the later of the following dates:

- (a) the date on which the notice is received by the appointed insurer;
- (b) the date indicated by the insured person on the notice as the date from which the insured person wishes to cease to be insured under the Scheme.

(2) If an insured person who is insured under the Scheme pursuant to section 42(1) of the Act opts out of the Scheme within 2 months after the date of the commencement of his or her insurance cover, the appointed insurer must refund to the insured person —

- (a) the premium paid for the insurance cover; and
- (b) if any premium mentioned in sub-paragraph (a) was deducted from the moneys standing to the credit of the insured person in any of the relevant CPF accounts, the whole or any part, as the Board may determine, of the interest that would have been payable on the premium deducted if it had not been deducted from any of those relevant CPF accounts.

(3) If an insured person who is insured under the Scheme pursuant to section 42(1) of the Act opts out of the Scheme at any time after the second month of the commencement of such insurance cover, the appointed insurer must refund to the insured person a proportionate amount of the premium in respect of the unexpired period of the insured person's insurance cover under the Scheme.

(4) If an insured person who is insured under the Scheme pursuant to section 42(4) of the Act opts out of the Scheme within 14 days after the date of the commencement of his or her insurance cover, the appointed insurer must refund to the insured person —

- (a) the premium paid for the insurance cover; and
- (b) if any premium mentioned in sub-paragraph (a) was deducted from the moneys standing to the credit of the insured person in any of the relevant CPF accounts, the whole or any part, as the Board may determine, of the interest that would have been payable on the premium deducted if it had not been deducted from any of those relevant CPF accounts.

(5) If an insured person who is insured under the Scheme pursuant to section 42(4) of the Act opts out of the Scheme at any time after the 14th day of the commencement of such insurance cover, the appointed insurer must refund to the insured person a proportionate amount of the premium in respect of the unexpired period of the insured person's insurance cover under the Scheme.

(6) Where the appointed insurer has reason to believe that an insured person insured pursuant to section 42(1) or (4) of the Act is unable, by reason that the insured person lacks capacity within the meaning of section 4 of the Mental Capacity Act 2008, to make the decision to opt out of the insured person's insurance cover for himself or herself —

- (a) a deputy appointed or deemed to be appointed for the insured person by the court under the Mental Capacity Act 2008 with power in relation to the insured person for the purposes of the Act;

- (b) a donee under a lasting power of attorney registered under the Mental Capacity Act 2008 with power in relation to the insured person for the purposes of the Act; or
 - (c) such other person as the appointed insurer thinks fit,
- may terminate the insurance cover of the insured person by lodging with the appointed insurer, under paragraph (1), a written notice in such form as the appointed insurer thinks fit, and the appointed insurer must refund to the insured person —
- (d) the premium paid for the terminated insurance cover under the Scheme; and
 - (e) if the premium mentioned in sub-paragraph (d) was deducted from the moneys standing to the credit of the insured person in any of the relevant CPF accounts, the whole or any part, as the Board may determine, of the interest that would have been payable on the premium deducted if it had not been deducted from any of those relevant CPF accounts.

Manner of refund of premium

10A. Where the Board or an appointed insurer (as the case may be) is liable to refund to an insured person the whole or any part of any premium paid by the person (including the whole or such part, as the Board may determine, of any interest that would have been payable on the premium had the premium not been deducted from the person's account in the Fund), the refund must be made —

- (a) by payment into the person's account in the Fund; or
- (b) in such other manner as may be approved by the Board.

11. *[Deleted by S 232/2021]*

Cessation of insurance cover

12.—(1) An insured person ceases to be insured under the Scheme if —

- (a) he or she has received payment of the insured sum on account of his or her incapacity;

- (b) he or she opts out of the Scheme; or
- (c) subject to regulation 9(2) and (3), the premium mentioned in regulation 4(1) has not been paid on or before the date for renewal of the insurance cover.

(2) Where an insured person ceases to be insured under the Scheme by virtue of paragraph (1)(b) or (c), he or she may subsequently apply to the appointed insurer to be insured under the Scheme and the appointed insurer may grant the application subject to any terms and conditions that the appointed insurer may impose.

Notional date of birth

13. For the purposes of these Regulations, where the date of birth of a member cannot be ascertained or is doubtful, the member's date of birth is deemed to fall on 1 January of the year in which he or she was born.

Serious illness on or before commencement of insurance cover

14.—(1) For the purposes of section 42(6)(a) of the Act, the Board or an appointed insurer (as the case may be) may refuse to insure, under the Scheme, any person who applies under section 42(4) of the Act to be insured under the Scheme if the Board or an appointed insurer (as the case may be) has reason to believe that the person is suffering from serious illness.

(2) Despite having reason to believe that a person suffers from serious illness on or before the date of commencement of the person's insurance cover under the Scheme, the Board or an appointed insurer (as the case may be) may —

- (a) under section 42(6)(b) of the Act, insure that person under the Scheme, subject to such terms and conditions as the Board or appointed insurer (as the case may be) may impose either generally or in the particular case; or
- (b) under section 42(6)(c) of the Act, continue to insure that insured person under the Scheme, subject to such terms and conditions as the Board or appointed insurer (as the case may be) may impose either generally or in the particular case.

(3) Regulation 5(5)(f) does not exclude the Board or the appointed insurer (as the case may be) from liability to pay the insured sum in respect of an insured person who was suffering from serious illness on or before the date of commencement of that person's insurance cover under the Scheme if —

- (a) the Board or the appointed insurer (as the case may be) insured, or continued to insure, that person pursuant to paragraph (2); and
- (b) the terms and conditions of that person's insurance cover under the Scheme do not exclude the liability to pay the insured sum in relation to that serious illness.

Application

15.—(1) Every application by a member —

- (a) to be insured under the Scheme in accordance with section 42(4) of the Act;
- (b) for any withdrawal of moneys in the Fund for the purposes of the Scheme;
- (c) to increase his or her cover under the Scheme; or
- (d) to opt out of the Scheme,

must be made in such manner and supported by such evidence as the Board or the appointed insurer (as the case may be) may require.

(2) Any application by a member to be insured under the Scheme in accordance with section 42(4) of the Act is subject to such terms and conditions as the appointed insurer may impose.

(3) Paragraph (4) applies where the prescribed premium for insurance cover under the Scheme for a period of 12 months has been paid or deducted in respect of a member insured by virtue of section 42(1) of the Act and that member attains the maximum age under section 42(2)(a) of the Act during that period.

(4) To avoid doubt, where this paragraph applies by virtue of paragraph (3) —

- (a) the member mentioned in paragraph (3) is to be treated as having applied in accordance with this regulation for insurance cover under the Scheme for the remainder of the period of insurance cover, mentioned in that paragraph, beginning from the date on which that member attains that maximum age; and
- (b) the member's application referred to in sub-paragraph (a) is deemed to have been approved by the Board or the appointed insurer, as the case may be.

16. [*Deleted by S 232/2021*]

Discretionary bonus

17.—(1) An insured person may, at the discretion of the Board, be granted a bonus insured sum in addition to the insured sum to which the insured person is entitled under the Scheme if —

- (a) he or she is insured under the Scheme as at 28 June 2003;
or
- (b) he or she was insured under the Scheme as at 29 March 2003 but his or her insurance cover has expired by virtue of regulation 9(2) as in force immediately before 1 April 2021, within a period of 3 months immediately after 29 March 2003.

(2) An insured person may, at the discretion of the Board, in addition to any bonus insured sum which the insured person may have been granted under paragraph (1), be granted a bonus insured sum if the insured person was insured under the Scheme as at such date as the Board may determine.

(3) Where an insured person is granted a bonus insured sum under paragraph (1)(b), the Board may allow the insured person to be insured under the Scheme again with effect from such date as the Board may determine.

(4) No bonus insured sum under paragraph (1) or (2) is payable to an insured person for any period of insurance cover on or after 1 April 2021.

(5) Where —

(a) an insured person's death or incapacity occurred (or was deemed to have occurred) before 1 April 2021; and

(b) a claim is made in respect of the insured person mentioned in sub-paragraph (a) on or after 1 April 2021,

the amount of the bonus insured sum which is granted in respect of that person under paragraph (1) or (2) is to be reduced by the amount paid or payable to the person under paragraph (6), if any.

(6) Subject to any terms and conditions that the Board may impose, the Board may pay to an eligible person the following amounts on account of the discontinuance of the bonus insured sum under paragraph (4):

(a) the eligible person's share computed in the manner specified by the Board;

(b) the whole or any part, as the Board may determine, of the interest that would have been payable on the eligible person's share if that share had been standing to the credit of the eligible person in his or her ordinary account throughout the payment period.

(7) The payment under paragraph (6) must be credited into the eligible person's ordinary account.

(8) In this regulation —

“eligible person” means an insured person who is insured under the Scheme without any break in the insurance cover before 17 September 2005 until on or after 1 April 2021, but excludes any insured person —

(a) who is not a citizen or permanent resident of Singapore on 31 March 2021;

(b) whom the Board has been notified has died before 1 April 2021; or

- (c) in respect of whom a claim has been made under the Scheme before 1 April 2021 and the Board or the appointed insurer with whom the insured person was insured has determined that a bonus insured sum under paragraph (1) or (2) is payable in respect of the claim, whether or not the bonus insured sum has been paid to the insured person;

“payment period”, in relation to the interest payable on an eligible person’s share, means the period between 1 April 2021 and the date on which the Board credits the eligible person’s share into his or her ordinary account (both dates inclusive).

Insured person with remaining insured sum

18.—(1) This regulation applies to an insured person who remained insured under the Scheme (under regulation 7(9) as in force immediately before 1 April 2021) for an insured sum remaining unpaid at the date from which the insured person was no longer incapacitated (called in this regulation the person’s remaining insured sum) and continues to be so insured immediately before 1 April 2021.

(2) Despite regulation 5, where the insurance cover under the Scheme of an insured person mentioned in paragraph (1) (called in this regulation the applicable person) was renewed on or after 2 April 2020 but before 1 April 2021, the insured sum payable on the applicable person’s death or incapacity (or deemed death or incapacity) on or after 1 April 2021 during the period of the insurance cover is the amount (rounded up to the nearest \$1,000) calculated in accordance with the formula

$$\frac{A}{46,000} \times M,$$

where —

- (a) A is the applicable person’s remaining insured sum immediately before 1 April 2021; and

(b) M is the maximum insured sum specified in the Third Schedule that applies to an insured person of the same age as the applicable person.

(3) Despite regulation 4(1), the premium for an applicable person's insurance cover under the Scheme for an insured sum of the amount under paragraph (2) which is renewed on or after 1 April 2021 is an amount computed in accordance with the formula

$$\frac{S}{M} \times P,$$

where —

(a) S is the insured sum for the applicable person's insurance cover under paragraph (2);

(b) M has the meaning given by paragraph (2)(b); and

(c) P is the premium specified in the First Schedule payable in respect of the maximum insured sum by an insured person of the same age as the applicable person.

(4) Regulations 4(2), (3) and (4) and 9(3) and (4)(b) and (c) apply in relation to an applicable person's insurance cover under the Scheme as if each reference to the premium mentioned in regulation 4(1) is a reference to the premium mentioned in paragraph (3).

(5) Paragraph 1 of the Second Schedule applies in relation to the computation of the reduced premium for an applicable person's insurance cover under the Scheme as if M and P in that Schedule have the meanings given by paragraph (3)(b) and (c), respectively.

FIRST SCHEDULE

Regulations 4(1), 5(1) and (3) and
18(3)(c) and Second Schedule

PREMIUM AND MAXIMUM INSURED SUM FOR INSURANCE COVER THAT COMMENCES OR IS RENEWED ON OR AFTER 1 APRIL 2021

1. The premium payable by an insured person whose age is specified in the first column for an insurance cover under the Scheme is the amount specified opposite the person in the second column, and the maximum insured sum for an amount of premium specified in the second column is the sum specified opposite that amount of premium in the third column:

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Age of insured person (in years) as at last birthday</i>	<i>Premium</i>	<i>Maximum insured sum</i>
34 and below	\$18	\$70,000
35-39	\$30	
40-44	\$50	
45-49	\$93	
50-54	\$188	
55-59	\$298	
60-64	\$298	\$55,000

SECOND SCHEDULE

Regulations 4(4), 5(2), 9(2) and 18(5)

CALCULATION OF REDUCED PREMIUM AND REDUCED INSURED SUM

1. The reduced premium is calculated in accordance with the formula $C + (D \times E)$, where —

- (a) C is the premium payable in respect of the minimum insured sum of \$5,000, calculated in accordance with the formula

$$\frac{\$5,000}{M} \times P,$$

where —

- (i) M is the maximum insured sum specified in the Third Schedule that applies to the insured person; and
- (ii) P is the premium specified in the First Schedule payable in respect of the maximum insured sum by the insured person;
- (b) D is the premium payable in respect of each insured sum of \$1,000 above the minimum insured sum of \$5,000, calculated in accordance with the formula

$$\frac{\$1,000}{M} \times P,$$

where M and P have the meanings given by sub-paragraph (a)(i) and (ii), respectively; and

- (c) E is the largest integer that, when multiplied by D, results in an amount not exceeding the amount computed in accordance with the formula $T - C$, where —
- (i) T is the amount available to be deducted from the moneys standing to the credit of the insured person in any of the relevant CPF accounts for the payment of the premium for insurance cover under the Scheme;
- (ii) C has the meaning given by sub-paragraph (a); and
- (iii) D has the meaning given by sub-paragraph (b).

2. The reduced insured sum corresponding to the reduced premium calculated under paragraph 1 is an amount calculated in accordance with the formula $(E \times \$1,000) + \$5,000$, where E has the meaning given by paragraph 1(c).

THIRD SCHEDULE

Regulations 5(3) and (4)(b) and
18(2)(b) and Second Schedule

MAXIMUM INSURED SUM

1. The maximum insured sum payable on death or incapacity (or deemed death or incapacity) of an insured person specified in the first column during the period of insurance cover specified in the second column is the corresponding sum specified in the third column:

<i>First column</i>	<i>Second column</i>	<i>Third column</i>
<i>Insured person</i>	<i>Period of insurance cover</i>	<i>Maximum insured sum</i>
(1) An insured person who is below 60 years of age on the date of commencement or renewal of his or her insurance cover under the Scheme	On or after 1 April 2021	\$70,000
(2) An insured person who has attained 60 years of age but is below 65 years of age on the date of commencement or renewal of his or her insurance cover under the Scheme	On or after 1 April 2021	\$55,000

COMPARATIVE TABLE
CENTRAL PROVIDENT FUND
(DEPENDANTS' PROTECTION
INSURANCE SCHEME) REGULATIONS 2005

This subsidiary legislation has undergone renumbering in the 2025 Revised Edition. This Comparative Table is provided to help readers locate the corresponding provisions in the previous version.

2025 Ed.	2010 Ed.
4—(3)	4—(2A)
(4)	(3)
8A—(2)	8A—(1A)
(3)	(2)
9—(3)	9—(2A)
(4)	(3)
(5)	(4)
—	10—(2) [<i>Deleted by S 255/2012</i>]
10—(2)	(3)
(3)	(4)
(4)	(5)
(5)	(6)
(6)	(7)
—	(8) [<i>Deleted by S 680/2012</i>]