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## NATIONAL HEALTH INSURANCE ACT

[Enforcement Date 09. Dec, 2021.] [Act No.18211, 08. Jun, 2021., Partial  
Amendment]

보건복지부 (보험정책과)044-202-2702, 2708



법제처 국가법령정보센터

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# NATIONAL HEALTH INSURANCE ACT

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보건복지부 (보험정책과) 044-202-2702, 2708

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## CHAPTER I GENERAL PROVISIONS

**Article 1 (Purpose)** The purpose of this Act is to improve citizens' health and promote social security by providing citizens with insurance benefits for the prevention, diagnosis, and medical treatment of and rehabilitation from diseases and injury, for childbirth and death, and for improvement of health.

**Article 2 (Administration)** The Minister of Health and Welfare shall administer the national health insurance program prescribed by this Act.

**Article 3 (Definitions)** The terms used in this Act shall be defined as follows:

1. The term "worker" means a person who, regardless of a type of his or her occupation, lives on remuneration received in return for his or her work (including a director or other executive officers of a corporation), except for a public official or a school employee;
2. The term "employer" means a person who falls under any of the following items:
  - (a) The owner of the workplace at which a worker is employed;
  - (b) The head of the organ by which a public official is employed, who is determined by Presidential Decree;
  - (c) The person who establishes and operates a private school (referring to a private school referred to in Article 3 of the Pension for Private School Teachers and Staff Act; hereafter the same shall apply in this Article) by which a school employee is employed;
3. The term "workplace" means a place of business or office;
4. The term "public official" means a person who is a regular employee of the State or a local government providing civil service;
5. The term "school employee" means a teacher at, or an employee of, a private school or an organization that manages the school.

**Article 3-2 (Formulation of Comprehensive National Health Insurance Plans)** (1) To operate the health insurance under this Act (hereinafter referred to as "health insurance") in a sound manner, the Minister of Health and Welfare shall formulate a comprehensive national health insurance plan (hereinafter referred to as "comprehensive plan") every five years, after deliberation by the Health Insurance Policy Deliberative Committee under Article 4 (hereafter referred to as the "Health Insurance Policy Deliberative Committee" in

this Article). The same shall also apply to any modification to a comprehensive plan already formulated.

(2) Each comprehensive plan shall include the following:

1. Basic objectives of, and direction-setting for, health insurance policies;
2. Plans and methods for expanding health insurance coverage;
3. Medium- and long-term prospects for, and operation of, health insurance finance;
4. Matters concerning a system to impose insurance contributions;
5. Matters concerning the costs of health care benefits;
6. Matters concerning health promotion program;
7. Matters concerning support for the vulnerable;
8. Matters concerning the management of statistics and information on the health insurance;
9. Any other matters prescribed by Presidential Decree, which are necessary to improve the health insurance.

(3) The Minister of Health and Welfare shall formulate and implement an annual implementation plan (hereinafter referred to as "implementation plan") in accordance with a comprehensive plan each year, after deliberation by the Health Insurance Policy Deliberative Committee.

(4) The Minister of Health and Welfare shall evaluate performance results according to the relevant implementation plan each year.

(5) Where any of the following causes arises, the Minister of Health and Welfare shall prepare a report on the relevant matter and report it to the competent Standing Committee of the National Assembly without delay:

1. Formulation or modification of a comprehensive plan referred to in paragraph (1);
2. Formulation of an implementation plan referred to in paragraph (3);
3. Evaluation of performance results according to an implementation plan referred to in paragraph (4).

(6) If deemed necessary for formulating a comprehensive plan, formulating and executing an implementation plan, or evaluating performance results according to an implementation plan, the Minister of Health and Welfare may request the head of a relevant agency to submit data. In such cases, the person so requested shall respond to such request, except in extenuating circumstances.

(7) Matters necessary to formulate and modify a comprehensive plan under paragraph (1), formulate and execute an implementation plan under paragraph (3), and evaluate performance results according to an implementation plan under paragraph (4), and other necessary matters shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Feb. 3, 2016]

#### **Article 4 (Health Insurance Policy Deliberative Committee)** (1) The Health Insurance Policy

Deliberative Committee (hereinafter referred to as the "Deliberative Committee") shall be established under

the control of the Minister of Health and Welfare to deliberate on and resolve any of the following matters concerning health insurance: <Amended on Feb. 3, 2016>

1. Matters concerning a comprehensive plan provided for in Article 3-2 (1) and an implementation plan provided for in Article 3-2 (3) (limited to deliberation thereon);
2. The standards for health care benefits provided for in Article 41 (3);
3. Matters concerning the costs of health care benefits provided for in Articles 45 (3) and 46;
4. The insurance contribution rates of the employee insured provided for in Article 73 (1);
5. The monetary value per contribution point of the self-employed insured provided for in Article 73 (3);
6. Other important matters prescribed by Presidential Decree concerning health insurance.

(2) The Deliberative Committee shall be comprised of 25 members, including one Chairperson and one Vice Chairperson.

(3) The Chairperson of the Deliberative Committee shall be the Vice Minister of Health and Welfare and the Vice Chairperson shall be nominated by the Chairperson from among the members referred to in paragraph (4) 4.

(4) The following persons shall be appointed or commissioned by the Minister of Health and Welfare as members of the Deliberative Committee:

1. Two persons each recommended by workers' organizations and employers' organizations;
2. One person each recommended by the civic group (referring to the non-profit, non-government organization provided for in Article 2 of the Assistance for Non-Profit, Non-Governmental Organizations Act; hereinafter the same shall apply), consumers' organization, organization of farmers and fishermen, and organization of self-employed persons;
3. Eight persons who are recommended by the organizations representing the medical profession and the organizations representing the medicine manufacturers;
4. Eight persons falling under each of the following items:
  - (a) Two public officials who belong to central administrative agencies prescribed by Presidential Decree;
  - (b) One person each recommended by the president of the National Health Insurance Service and the executive director of the Health Insurance Review and Assessment Service;
  - (c) Four persons with profound learning and experience in health insurance.

(5) The term of office of the members of the Deliberative Committee (excluding any member falling under paragraph (4) 4 (a)) shall be three years: Provided, That the term of office of any member newly appointed to fill a vacancy of a resigned member or due to other reasons shall be the remainder of the term of office for his or her predecessor.

(6) Matters necessary for the operation, etc. of the Deliberative Committee, shall be prescribed by Presidential Decree.

## CHAPTER II THE INSURED

**Article 5 (Eligible Persons)** (1) Korean nationals who reside within Korea shall become the insured of the health insurance (hereinafter referred to as "the insured") or their dependents: Provided, That this shall not apply to any of the following persons: <Amended on Feb. 3, 2016>

1. Persons who receive medical aid under the Medical Care Assistance Act (hereinafter referred to as "eligible recipient");
2. Persons who receive medical care under the Act on the Honorable Treatment of Persons of Distinguished Service to Independence or the Act on the Honorable Treatment of and Support for Persons of Distinguished Service to the State (hereinafter referred to as "persons eligible for medical care for distinguished service"): Provided, That any of the following persons shall be the insured or a dependent:
  - (a) A person, from among persons eligible for medical care for distinguished service, who requests the insurer to provide him or her with health insurance cover;
  - (b) A person who does not request the insurer that he or she be excluded from health insurance cover, despite a change in his or her status from a person under the coverage of the health insurance to a person eligible for medical care for distinguished service.

(2) Dependents of the insured referred to in paragraph (1) refers to any of the following persons who are supported mainly by the employee insured and whose income or property falls below the standards prescribed by Ordinance of the Ministry of Health and Welfare: <Amended on Apr. 18, 2017>

1. Spouses of the employee insured;
2. Lineal ascendants of the employee insured (including lineal ascendants of their spouses);
3. Lineal descendants (including lineal descendants of their spouses) and their spouses of the employee insured;
4. Siblings of the employee insured.

(3) The standards to determine the eligibility of the dependent referred to in paragraph (2), date of acquisition or loss of such eligibility, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 6 (Categories of the Insured)** (1) The insured shall be divided into the employee insured and the self-employed insured.

(2) Workers and employers of all workplaces and public officials and school employees shall become the employee insured: Provided, That any of the following persons shall be excluded herefrom: <Amended on May 29, 2016>

1. Daily-paid workers who are employed for a period of less than one month;
2. Soldiers in active service under the Military Service Act (including staff sergeants appointed without volunteering), secondment personnel, and candidates for military officers;
3. Public officials who assume office by winning an election, and who do not receive monthly remuneration or salary equivalent thereto;
4. Workers and employers of workplaces prescribed by Presidential Decree, in light of the characteristics of workplace, forms of employment, types of business and other matters, and public officials and school employees.

(3) Persons who are neither the employee insured nor their dependents shall be the self-employed insured.

(4) Deleted. <Dec. 11, 2018>

**Article 7 (Reporting on Workplace)** Where an employer of a workplace falls under any of the following subparagraphs, he or she shall report such fact to an insurer, as prescribed by Ordinance of the Ministry of Health and Welfare within 14 days thereafter. This shall also apply where any matter reported to the insurer is changed because he or she falls under subparagraph 1:

1. Where his or her workplace becomes a workplace using employees, public officials, and school employees who become the employee insured pursuant to Article 6 (2) (hereinafter referred to as "workplace of eligible persons");
2. Where a cause prescribed by Ordinance of the Ministry of Health and Welfare exists, such as suspension or closure of business.

**Article 8 (Date of Acquisition of Eligibility)** (1) The insured shall become eligible as the employee insured or the self-employed insured on the day he or she takes residence in the country: Provided, That a person who falls under any of the following subparagraphs shall become eligible for each on the applicable day:

1. For a former eligible recipient, on the day when he or she becomes excluded from such eligibility;
2. For a former dependent of the employee insured, on the day when he or she loses his or her eligibility;
3. For a person formerly eligible for medical care for distinguished service, on the day when he or she is excluded from such eligibility;
4. For a person eligible for medical care for distinguished service who requests the insurer for coverage under the health insurance under Article 5 (1) 2 (a), on the day when the request is made.

(2) If a person becomes eligible pursuant to paragraph (1), the employer of the relevant employee insured or the head of the household of the relevant self-employed insured shall report the particulars to the insurer, as prescribed by Ordinance of the Ministry of Health and Welfare, within 14 days after the date of acquisition of the eligibility.

**Article 9 (Date of Change in Eligibility)** (1) The eligibility of the insured shall change on the date when he or she falls under any of the following subparagraphs:

1. On the date the self-employed insured becomes an employer of a workplace of eligible persons or is employed as an employee, public official, or school employee (hereinafter referred to as "employee, etc.");
2. On the date the employee insured becomes an employer of another workplace of eligible persons or is employed as an employee, etc.;
3. On the date immediately following the date of expiration of employment relationship of employer, etc. who is the employee insured;
4. On the date immediately following the date on which any cause under subparagraph 2 of Article 7 occurs at the workplace of eligible persons;
5. On the date on which the self-employed insured moves into another household.

(2) Where the eligibility of the insured changes under paragraph (1), the employer of the employee insured or the head of a household of the self-employed insured shall report the particulars to the insurer according to the following classifications, as prescribed by Ordinance of the Ministry of Health and Welfare, within 14 days from the date on which the eligibility changes:

1. Where eligibility changes pursuant to paragraph (1) 1 and 2: Employer of the employee insured;
2. Where there is a change in eligibility pursuant to paragraph (1) 3 through 5: The head of a household of the self-employed insured.

(3) Where the employee insured or the self-employed insured falls under subparagraph 3 or 4 of Article 54, the Minister of Justice and the Minister of National Defense shall inform the insurer as provided by Ordinance of the Ministry of Health and Welfare within one month from the date of such change.

**Article 9-2 (Notice of Acquisition and Change of Eligibility)** Upon confirmation of the acquisition or change of eligibility of the insured through the data received pursuant to Article 96 (1), the NHIS shall give notice of the acquisition or change of the eligibility, as prescribed by Ordinance of the Ministry of Health and Welfare, when the billing of contribution is made to the person obligated to pay it under Article 79 for the first time after the acquisition or change of the eligibility.

[This Article Newly Inserted on Jan. 15, 2019]

**Article 10 (Date of Loss of Eligibility)** (1) The insured shall lose his or her eligibility on the day he or she falls under any of the following subparagraphs:

1. The day immediately following the date of his or her death;
2. The day immediately following the day he or she loses his or her nationality;
3. The day immediately following the day he or she ceases to reside within the country;
4. The day he or she becomes a dependent of the employee insured;
5. The day he or she becomes an eligible recipient;
6. The day a person formerly covered by health insurance makes a request for exclusion from coverage of the health insurance as he or she became a person eligible for medical care for distinguished service.

(2) If eligibility is lost pursuant to paragraph (1), the employer of the relevant employee insured or the head of a household of the self-employed insured concerned shall report the particulars to the insurer, as prescribed by Ordinance of the Ministry of Health and Welfare, within 14 days after the date of loss of the eligibility.

**Article 11 (Confirmation of Acquisition of Eligibility)** (1) Acquisition, change, or loss of the eligibility of the insured shall take effect retrospectively from the date of acquisition, change, or loss of the eligibility referred to in Articles 8 through 10. In such cases, the insurer may confirm the fact thereof.

(2) The insured or the former insured, or a dependent or a former dependent may request the confirmation referred to in paragraph (1).

**Article 12 (Health Insurance Card)** (1) The National Health Insurance Service shall issue a health insurance card upon application by the insured or his or her dependent. <Amended on Dec. 11, 2018>

(2) When the insured or his or her dependent receives health care benefits, he or she shall present the insurance card referred to in paragraph (1) to a health care institution referred to in Article 42 (1) (hereinafter referred to as "health care institution"): Provided, That this shall not apply if an unavoidable circumstance such as a natural disaster exists.

(3) Notwithstanding the main clause of paragraph (2), if it is possible for a health care institution to ascertain his or her eligibility using his or her resident registration certificate, driver's license, passport, or other identification cards prescribed by Ordinance of the Ministry of Health and Welfare (hereinafter referred to as "identification cards") to verify his or her identity, the insured or a dependent need not submit his or her health insurance card.

(4) Neither the insured nor his or her dependent may receive insurance benefits after losing his or her eligibility under Article 10 (1) using a document that had been used to certify his or her eligibility before. <Newly Inserted on May 22, 2013>



(5) No person is allowed to arrange another person to receive insurance benefits by transferring or lending his or her health insurance card or identification card. <Newly Inserted on May 22, 2013>

(6) No person is allowed to receive insurance benefits by transferring, borrowing, or fraudulently using another person's health insurance card or identification card. <Amended on May 22, 2013>

(7) Matters necessary for the procedures and methods for application and the form for the health insurance card referred to in paragraph (1) and issuing and using it shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on May 22, 2013; Dec. 11, 2018>

### CHAPTER III NATIONAL HEALTH INSURANCE SERVICE

**Article 13 (Insurer)** The insurer of national health insurance shall be the National Health Insurance Service (hereinafter referred to as the "NHIS").

**Article 14 (Services)** (1) The NHIS shall administer the following affairs: <Amended on Feb. 8, 2017>

1. Supervision of the eligibility of the insured and their dependents;
2. Imposition and collection of insurance contributions and other fees provided for in this Act;
3. Administration of insurance benefits;
4. Preventive programs prescribed by Presidential Decree, which are conducted by utilizing information on the current state of providing health care benefits and the results of medical examination for the purpose of early detection and prevention of diseases and health management of the insured and their dependents;
5. Payment of insurance benefit costs;
6. Programs for managing, operating, and increasing its assets;
7. Operation of medical facilities;
8. Education and training and public relation in connection with health insurance;
9. Investigative research and international cooperation in connection with health insurance;
10. Matters prescribed by this Act as the service of the NHIS;
11. Operations entrusted under the National Pension Act, the Act on the Collection of Insurance Premiums for Employment Insurance and Industrial Accident Compensation Insurance, the Wage Claim Guarantee Act, and the Asbestos Injury Relief Act (hereinafter referred to as "applicable Acts to the entrustment of collection");
12. Other services entrusted under this Act or other statutes and regulations;
13. Others determined by the Minister of Health and Welfare as being necessary in connection with health insurance.

(2) Programs for managing, operating, and increasing assets under paragraph (1) 6 shall be conducted in accordance with each of the following methods, taking the stability and profitability into consideration:

1. Making deposits or setting up trust at postal service offices or banks established under the Banking Act;
2. Purchase of securities issued directly, or of which fulfillment of the obligation is guaranteed, by the State, local governments, or banks established under the Banking Act;
3. Purchase of securities issued by a corporation established under any Special Act;
4. Purchase of securities issued by trust business entities established under the Financial Investment Services and Capital Markets Act or collective investment business entities established under the same Act;
5. Acquisition of real estates for use in operating the NHIS or partial lease thereof;
6. Other programs prescribed by Presidential Decree as necessary to increase the assets of the NHIS.

(3) If a service is provided, or the use of the facilities of the NHIS is allowed to, a specific person, the NHIS may collect a service charge or a use fee for the provision of the service or the use of the facilities, as prescribed by the NHIS' articles of incorporation.

(4) The NHIS shall disclose to the public the information that it maintains and manages in connection with health insurance as prescribed by the Official Information Disclosure Act.

**Article 15 (Legal Personality of NHIS)** (1) The NHIS shall be a juristic person.

(2) The NHIS shall be established upon registering its establishment at the seat of its main office.

**Article 16 (Offices)** (1) Location of the main office of the NHIS shall be determined by its articles of incorporation.

(2) If necessary, the NHIS may establish branch offices as prescribed by its articles of incorporation.

**Article 17 (Articles of Incorporation)** (1) The articles of incorporation of the NHIS shall state the following matters:

1. Purpose;
2. Name;
3. The location of its office;
4. Matters concerning the executive officers and employees;
5. Operation of the board of directors;
6. Matters concerning the Financial Operation Committee;
7. Matters concerning insurance contributions and insurance benefits;
8. Matters concerning its budget and settlement of accounts;

9. Matters concerning its assets and accounting;
10. Services and execution thereof;
11. Matters concerning the amendment of the articles of incorporation;
12. Matters concerning public announcements.

(2) When the NHIS intends to modify its articles of incorporation, it shall obtain authorization from the Minister of Health and Welfare.

**Article 18 (Registration)** The registration of incorporation of the NHIS shall include the following matters:

1. Purpose;
2. Name;
3. Location of its principal office and branch offices;
4. Name, address, and resident registration number of the president.

**Article 19 (Dissolution)** Matters regarding the dissolution of the NHIS shall be prescribed by Acts.

**Article 20 (Executive Officers)** (1) The NHIS shall have one president, 14 directors, and one auditor, as its executive officers. In such cases, the president, five directors, and the auditor shall be standing.

(2) The president shall be appointed by the President of the Republic of Korea upon recommendation of the Minister of Health and Welfare from among several persons recommended by the Committee for Recommendation of Executive Officers established under Article 29 of the Act on the Management of Public Institutions (hereinafter referred to as the "Committee for Recommendation of Executive Officers").

(3) Full-time directors shall be appointed by the president following the recommendation procedures prescribed by Ordinance of the Ministry of Health and Welfare.

(4) As part-time directors, following persons shall be appointed by the Minister of Health and Welfare:

1. Persons, each one of whom is recommended respectively by a labor union, employer organization, civil organization, consumer organization, agricultural and fisheries organization, and a senior citizens' organization;
2. Three relevant public officials recommended as prescribed by Presidential Decree.

(5) The auditor shall be appointed by the President of the Republic of Korea upon recommendation by the Minister of Economy and Finance from among several persons recommended by the Committee for Recommendation of Executive Officers.

(6) Part-time directors prescribed in paragraph (4) may receive reimbursement for actual expenses, as prescribed by the articles of incorporation.

(7) The term of the office of the president shall be three years, and that of directors (excluding directors who are public officials) and auditor shall be two years, respectively.

**Article 21 (Collection Director)** (1) Among standing directors, a director who has extensive knowledge and experience in management, economy, and social insurance and who meets the qualification determined by Ordinance of the Ministry of Health and Welfare shall be appointed as a director in charge of the affairs provided for Article 14 (1) 2 and 11 (hereinafter referred to as "collection director").

(2) The NHIS shall have a committee, having directors as its members, for nominating collection directors (hereinafter referred to as the "Nomination Committee") in order to nominate candidates for a collection director. In such cases, a director nominated by the president shall be the Chairperson of the Nomination Committee.

(3) The Nomination Committee shall publicly announce recruitment advertisement for a collection director on major daily newspapers, and in addition, may examine a candidate who is regarded as qualified, or request a specialized organization to examine such candidate.

(4) The Nomination Committee shall screen persons recruited pursuant to paragraph (3) according to the candidate screening criteria for a collection director determined by Ordinance of the Ministry of Health and Welfare, and consult on the contractual terms with the collection director nominee.

(5) The president shall conclude a contract with the candidate for a collection director in accordance with the result of screening and consultation conducted under paragraph (4), and in such case, a standing director shall be deemed appointed under Article 20 (3).

(6) Matters necessary for the consultation on contractual terms under paragraph (4), contract conclusion, etc. under paragraph (5), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 22 (Duties of Executive Officer)** (1) The president shall represent the NHIS, exercise overall control over its services, and take responsibility for the management performance of the NHIS during the term of office.

(2) The standing directors shall perform the affairs of the NHIS under the order of the president.

(3) Where the president is unable to perform his or her duties due to any unavoidable cause, a standing director determined by the articles of incorporation shall act on behalf of the president, and where no standing director exists or a standing director is unable to perform such duties, an executive officer determined by articles of incorporation shall act on behalf of the president.

(4) The auditor shall audit the services, accounting, and assets status of the NHIS.

**Article 23 (Disqualification of Executive Officers)** No person who falls under any of the following subparagraphs may become an executive officer of the NHIS:

1. A person who is not a national of the Republic of Korea;
2. A person falling under any subparagraph of Article 34 (1) of the Act on the Management of Public Institutions.

**Article 24 (Obligatory Retirement and Dismissal of Executive Officers)** (1) If an executive officer falls under any of the subparagraphs of Article 23, or is confirmed to fall thereunder at the time of his or her appointment, he or she shall be obligated to retire.

(2) If an executive officer falls under any of the following subparagraphs, the person with the power to appoint may dismiss him or her:

1. Where he or she is deemed unable to perform his or her duties due to a physical or mental disability;
2. Where he or she breaches an official duty;
3. Where he or she causes loss to the NHIS by intention or gross negligence;
4. Where he or she commits an act that damages his or her dignity, regardless of whether on or off duty;
5. Where he or she violates an order of the Minister of Health and Welfare issued under this Act.

**Article 25 (Prohibition of Concurrent Offices of Executive Officers)** (1) Standing executive officers and employees of the NHIS shall not engage in another business for the purpose of making profit, in addition to the duties assigned to them.

(2) Where a standing executive officer of the NHIS obtains permission from the person with the power to appoint or recommend, or where an employee of the NHIS obtains permission from the president thereof, such executive officer or employee may concurrently perform the affairs for non-profit purpose.

**Article 26 (Board of Directors)** (1) The NHIS shall have a board of directors in order to deliberate on and resolve important matters (referring to matters prescribed in Article 17 (1) of the Act on the Management of Public Institutions) of the NHIS.

(2) The board of directors shall be comprised of the chairperson and directors.

(3) The auditor may appear before the board of directors to speak.

(4) Matters necessary for the issues to be resolved by the board of directors and the operation of the board of directors shall be prescribed by Presidential Decree.

**Article 27 (Appointment and Dismissal of Employees)** The president shall appoint and dismiss employees as prescribed by the articles of incorporation.

**Article 28 (Legal Fiction as Public Officials in Application of Penalty Provisions)** The executive officers and employees of the NHIS shall be deemed to be public officials in applying Articles 129 through 132 of the Criminal Act.

**Article 29 (Rules)** Rules relevant to the organization, personnel management, remunerations, and accounting of the NHIS shall be determined with approval from the Minister of Health and Welfare after undergoing a resolution by the board of directors.

**Article 30 (Appointment of Agent)** The president may select and appoint an agent, from among the directors or employees of the NHIS, in order to have the agent act on behalf of him or her in all judicial or extra-judicial acts relevant to the services of the NHIS.

**Article 31 (Restriction on Representative Authority)** (1) In connection with the matters with regard to which the interests of the NHIS and the interests of the president are in conflict, the president is not allowed to represent the NHIS. In such cases, the auditor shall represent the NHIS.  
(2) Paragraph (1) shall apply mutatis mutandis to any litigation between the NHIS and the president.

**Article 32 (Delegation of Authority of President)** From among the authority of the president referred to in this Act, those prescribed by Presidential Decree, including restriction of benefits and notice to pay insurance contributions, may be delegated to the head of a branch offices pursuant to the articles of incorporation.

**Article 33 (Financial Operation Committee)** (1) The NHIS shall have the Financial Operation Committee to deliberate on and resolve the matters related to insurance finance, such as contracts on the costs of health care benefits provided for in Article 45 (1) and the deficit disposal provided for in Article 84.  
(2) The Chairperson of the Financial Operation Committee shall be elected by the Committee from among the members referred to in Article 34 (1) 3.

**Article 34 (Composition of Financial Operation Committee)** (1) The Financial Operation Committee shall be comprised of the following members:

1. Ten members representing the employee insured;
2. Ten members representing the self-employed insured;
3. Ten members representing the public interest.

(2) As the members referred to in paragraph (1), the Minister of Health and Welfare shall appoint or commission the following persons:

1. For members referred to in paragraph (1) 1, five recommended by the labor union and the other five by the employers' organization;
2. For members referred to in paragraph (1) 2, persons recommended by the agricultural and fishery organization, the urban self-employed persons' organization, and the civic group, as prescribed by Presidential Decree;
3. For members referred to in paragraph (1) 3, relevant public officials or persons with extensive knowledge on and experience in health insurance who are prescribed by Presidential Decree.

(3) The term of office of the Financial Operation Committee members (excluding the members who are public officials) shall be two years: Provided, That the term of office of any member newly appointed to fill the vacancy of a resigned member, etc. shall be the remaining term of his or her predecessor.

(4) Matters necessary for the operation etc. of the Financial Operation Committee, shall be prescribed by Presidential Decree.

**Article 35 (Accounting)** (1) The fiscal year of the NHIS shall be based on the fiscal year of the Government.

(2) The NHIS shall administer the finance of the employee insured and the self-employed insured in an integrated manner.

(3) The NHIS shall, separately from its other accounting, make accounting treatment for the health insurance program, as well as for the national pension program, employment insurance program, industrial accident compensation insurance program, and wage claim guarantee program entrusted pursuant to Acts authorizing the entrustment of collection, independently from one another. <Amended on Jan. 16, 2018>

**Article 36 (Budget)** The NHIS shall compile a budget bill for each fiscal year and obtain approval therefor from the Minister of Health and Welfare after a resolution by the board of directors. This shall also apply where it intends to modify the budget. <Amended on Mar. 22, 2016>

**Article 37 (Loans)** The NHIS may borrow funds where a shortage of cash exists in making reimbursement: Provided, That it shall obtain approval from the Minister of Health and Welfare for any long-term loan with a term of at least one year.

**Article 38 (Reserve Fund)** (1) Out of the fund remaining after the settlement of accounts for each fiscal year, the NHIS shall accumulate, as its reserve fund, an amount equivalent to at least 5/100 of the expenses required for cost of insurance benefits for that fiscal year until the fund reaches 50/100 of the expenses required for that fiscal year.

(2) The reserve fund referred to in paragraph (1) may not be used except where it is used to meet shortages in the expenses incurred in paying insurance benefits or where a shortage of cash exists in making reimbursement; where the shortage of cash in making reimbursement is met out of the reserve funds, the amount shall be made up for within the fiscal year concerned.

(3) Matters necessary for the method of management, operation, etc. of the reserve funds referred to in paragraph (1) shall be prescribed by the Minister of Health and Welfare.

**Article 39 (Settlement of Accounts)** (1) The NHIS shall prepare a report on the statement of accounts and a report on business performance for each fiscal year and report to the Minister of Health and Welfare thereon by the end of February in the following year.

(2) When the NHIS reports to the Minister of Health and Welfare on its report on statement of accounts and business report pursuant to paragraph (1), it shall publicly announce the contents thereof as prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 39-2 (Contribution to Projects for Supporting Disastrous Medical Expenses)** The NHIS may contribute fund within its budgetary limits every year to be appropriated for the expenses used for the project for supporting disastrous medical expenses under the Act on Support of Disastrous Medical Expenses. In such case, matters necessary for the upper limit amount of such contribution shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Jan. 16, 2018]

**Article 40 (Application Mutatis Mutandis of the Civil Act)** Except as otherwise expressly prescribed by this Act and the Act on the Management of Public Institutions, the provisions of the Civil Act that are relevant to an incorporated foundation shall apply mutatis mutandis to the NHIS.

## CHAPTER IV INSURANCE BENEFITS

**Article 41 (Medical Care Benefits)** (1) Health care benefits referred to in the following subparagraphs shall be provided for diseases, injuries, childbirths, etc. of the insured and their dependents:

1. Diagnosis and medical examination;
2. Supply of medicines and materials for medical treatment;
3. Treatment, surgery, or other types of medical care;
4. Prevention and rehabilitation;



5. Hospitalization;

6. Nursing;

7. Transfer.

(2) The scope (hereinafter referred to as "health care benefit item") of health care benefits under paragraph (1) (hereinafter referred to as "health care benefits") shall be as follows: <Newly Inserted on Feb. 3, 2016>

1. Health care benefits specified in each subparagraph of paragraph (1) (excluding medicines under paragraph (1) 2): All except for the items determined to be non-benefit by the Minister of Health and Welfare under paragraph (4);

2. Medicines under paragraph (1) 2: Medicines determined and publicly notified by the Minister of Health and Welfare as items eligible for health care benefits pursuant to Article 41-3.

(3) Criteria for the method, procedure, scope, and upper limit of health care benefits shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Feb. 3, 2016>

(4) In prescribing the criteria for health care benefits under paragraph (3), the Minister of Health and Welfare may determine medical treatment for ailments that do not cause difficulties at work or in daily life and other items determined by Ordinance of the Ministry of Health and Welfare, as items excluded from the items eligible for health care benefits (hereinafter referred to as "non-benefit item"). <Amended on Feb. 3, 2016>

#### **Article 41-2 (Reduction of Upper Limit Amount of Costs of Health Care Benefits for**

**Medicines)** (1) The Minister of Health and Welfare may reduce the upper limit amount (referring to the amount set as the upper limit of each kind of medicine pursuant to Article 41 (3); hereinafter the same shall apply) of costs of health care benefits for the medicines referred to in Article 41 (1) 2 as are involved in a violation of Article 47 (2) of the Pharmaceutical Affairs Act within the extent not exceeding 20/100 of such amount. <Newly Inserted on Mar. 27, 2018>

(2) Where any medicine for which the upper limit amount of costs of health care benefits is reduced pursuant to paragraph (1) again becomes subject to the reduction of amount under paragraph (1) within the period determined by Presidential Decree within the extent of five years from the date when the upper limit amount of such medicine was reduced, the Minister of Health and Welfare may partially reduce the upper limit amount of costs of health care benefits for such medicine within the extent not exceeding 40/100 of such upper limit amount. <Newly Inserted on Mar. 27, 2018>

(3) Where any medicine for which the upper limit amount of costs of health care benefits is reduced pursuant to paragraph (2) is again involved in a violation of Article 47 (2) of the Pharmaceutical Affairs Act within the period determined by Presidential Decree within the scope of five years from the date when the upper limit amount of costs of health care benefits for such medicine is reduced, the Minister of Health and Welfare may

suspend the application of health care benefits for a fixed period not exceeding one year. <Amended on Mar. 27, 2018>

(4) Standards and procedures for reducing the upper limit amount of costs of health care benefits and suspending the application of health care benefits pursuant to paragraphs (1) through (3), and other matters therefor shall be prescribed by Presidential Decree. <Amended on Mar. 27, 2018>

[This Article Newly Inserted on Jan. 1, 2014]

[Title Amended on Mar. 27, 2018]

### **Article 41-3 (Determination of Whether Acts, Materials for Medical Treatment, or Medicines Are Health Care Benefit Items)**

(1) A health care institution referred to in Article 42, a manufacturer or importer of materials for medical treatment, and other persons prescribed by Ordinance of the Ministry of Health and Welfare shall request the Minister of Health and Welfare to determine whether an act relating to health care benefits under Article 41 (1) 1, 3, or 4 or a material for medical treatment under Article 41 (1) 2 (hereinafter referred to as "act or material for medical treatment"), which has not been determined to be a health care benefit item or non-benefit item, is a benefit or non-benefit item.

(2) A manufacturer or importer of medicines under the Pharmaceutical Affairs Act and other persons prescribed by Ordinance of the Ministry of Health and Welfare may request the Minister of Health and Welfare to determine whether a medicine under Article 41 (1) 2 (hereafter referred to as "medicine" in this Article), which is not included into health care benefit item, is a health care benefit item.

(3) Upon receipt of a request under paragraph (1) or (2), the Minister of Health and Welfare shall determine whether the relevant item is benefit or non-benefit item, and then notify the applicant of his or her determination, within a period prescribed by Ordinance of the Ministry of Health and Welfare, except in extenuating circumstances.

(4) Even if no request is made under paragraph (1) or (2), the Minister of Health and Welfare may determine, ex officio, whether any act, material for medical treatment, or medicine is a benefit or non-benefit item, in cases prescribed by Ordinance of the Ministry of Health and Welfare where such determination is necessary to treat patients.

(5) Matters necessary for the timing, procedures, and method for requesting a determination of a benefit or non-benefit item under paragraphs (1) and (2), entrustment with relevant business, etc. and matters concerning the procedures, method, etc. for determining a benefit or non-benefit item under paragraphs (3) and (4), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted on Feb. 3, 2016]

**Article 41-4 (Selective Benefits)** (1) Where economic feasibility, medical treatment effects, etc. are uncertain in determining health care benefits and thus additional grounds are required to verify them, where potential benefits exist for the recovery of health of the insured or their dependents despite low economic feasibility, or where Presidential Decree prescribes, the Minister of Health and Welfare may designate and provide selective benefits as preliminary health care benefits.

(2) The Minister of Health and Welfare shall regularly assess the appropriateness of health care benefits in relation to selective benefits under paragraph (1) (hereinafter referred to as "selective benefits") according to the procedures and methods prescribed by Presidential Decree, thereby redetermining whether to provide health care benefits therefor and adjusting the criteria for health care benefits under Article 41 (3).

[This Article Newly Inserted on Mar. 22, 2016]

**Article 41-5 (Home Health Care Benefits)** Where the insured or his or her dependent has difficulty moving on his or her own due to illness or injury or otherwise falls under any case prescribed by Ordinance of the Ministry of Health and Welfare, health care benefits pursuant to Article 41 may be provided by directly visiting the insured or dependent.

[This Article Newly Inserted on Dec. 11, 2018]

**Article 42 (Health Care Institution)** (1) Health care benefits (excluding nursing and transfers) shall be provided by the health care institutions referred to in the following subparagraphs. In such cases, the Minister of Health and Welfare may exclude medical facilities, etc. determined by Presidential Decree, which are unfit as health care institutions for the public interest or for national policy reasons, from among health care institutions: <Amended on Mar. 27, 2018>

1. Medical institutions established under the Medical Service Act;
2. Pharmacies registered under the Pharmaceutical Affairs Act;
3. The Korea Orphan and Essential Drug Center established under Article 91 of the Pharmaceutical Affairs Act;
4. Public health clinics, public health and health care centers, and branches of public health clinics referred to in the Regional Public Health Act;
5. Public health clinics established under the Act on Special Measures for Health and Medical Services in Agricultural and Fishing Villages.

(2) If necessary for efficiently providing health care benefits, the Minister of Health and Welfare may recognize health care institutions meeting the standards prescribed by Ordinance of the Ministry of Health and Welfare, such as facilities, equipment, human resources, and medical departments, as specialized health care institutions, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, he or she

shall issue a written recognition for each of the relevant specialized health care institutions.

(3) If a health care institution recognized under paragraph (2) falls under any of the following cases, the Minister of Health and Welfare shall revoke such recognition:

1. Where it fails to meet the standards for recognition referred to in the former part of paragraph (2);
2. Where it returns the written recognition received under the latter part of paragraph (2).

(4) Health care institutions recognized to be specialized health care institutions under paragraph (2) or tertiary hospitals under Article 3-4 of the Medical Service Act may set the procedure for health care benefits referred to in Article 41 (3) and the costs of health care benefits referred to in Article 45 differently from other health care institutions. <Amended on Feb. 3, 2016>

(5) Health care institutions referred to in paragraphs (1), (2), and (4) may not refuse to provide health care benefits without any justifiable ground.

#### **Article 42-2 (Management of Provision of Selective Benefits by Health Care Institutions) (1)**

Where any selective benefits require data accumulation or medical use and management, the Minister of Health and Welfare may predetermine the requirements for the provision of relevant selective benefits and only the health care institutions that satisfy such requirements may provide relevant selective benefits, notwithstanding Article 42 (1).

(2) A health care institution which provides selective benefits pursuant to paragraph (1) shall submit data necessary to assess relevant selective benefits under Article 41-4 (2).

(3) Where a health care institution fails to satisfy the requirements for the provision of selective benefits referred to in paragraph (1) or fails to submit data referred to in paragraph (2), the Minister of Health and Welfare may restrict the health care institution from providing relevant selective benefits.

(4) The requirements for the provision of selective benefits referred to in paragraph (1), the submission of data referred to in paragraph (2), restrictions on the provision of selective benefits referred to in paragraph (3), and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted on Mar. 22, 2016]

#### **Article 43 (Reports on Current Status of Health Care Institutions) (1)**

At the time a health care institution makes the first claim for reimbursement of costs of health care benefits under Article 47, the institution shall report on the current status of its facilities, equipment, human resources, etc. to the Health Insurance Review and Assessment Service (hereinafter referred to as the "Review and Assessment Service") established under Article 62.

(2) Where any matter reported under paragraph (1) (limited to any matter related to the increase or reduction of the costs of health care benefits under Article 45) is changed, the health care institution shall report thereon to the Review and Assessment Service within 15 days from the date on which such change is made, as prescribed by Ordinance of the Ministry of Health and Welfare.

(3) Matters necessary for the scope, subject, method, and procedure, etc. of the reporting prescribed in paragraphs (1) and (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 44 (Co-Payment of Expenses)** (1) A person who receives health care benefits shall personally bear part of such expenses (hereinafter referred to as "co-payment"), as prescribed by Presidential Decree. In such cases, a higher share of co-payment may be applied to selective benefits than to other health care benefits.  
<Amended on Mar. 22, 2016>

(2) Where the total amount of annual co-payment borne by the insured pursuant to paragraph (1) exceeds the amount prescribed by Presidential Decree (hereafter referred to as "co-payment ceiling" in this Article), the NHIS shall bear such excess amount. <Newly Inserted on Mar. 22, 2016>

(3) The co-payment ceiling referred to in paragraph (2) shall be determined in consideration of the income levels, etc. of the insured. <Newly Inserted on Mar. 22, 2016>

(4) The method of calculating the co-payment ceiling, paying an amount in excess of the co-payment ceiling under paragraph (2), or determining the co-payment ceiling based on income levels of the insured and others under paragraph (3), and other necessary matters shall be prescribed by Presidential Decree. <Newly Inserted on Mar. 22, 2016>

**Article 45 (Calculation of Costs of Health Care Benefits)** (1) The costs of health care benefits shall be determined by contract between the president of the NHIS and persons determined by Presidential Decree who represent the medical and pharmaceutical communities. In such cases, the term of the contract shall be one year.

(2) If a contract is concluded under paragraph (1), it shall be deemed concluded between the NHIS and each individual health care institution.

(3) A contract under paragraph (1) shall be concluded by May 31 of the year in which the expiration date of the term of the immediately preceding contract falls; if no contract is concluded within that period, the costs of health care benefits shall be determined by the Minister of Health and Welfare by no later than June 30 of the year in which the expiration date of the term of the immediately preceding contract falls after reaching a resolution thereon by the Deliberative Committee. In such cases, the costs of health care benefits determined by the Minister of Health and Welfare shall be deemed the costs of health care benefits determined by

contract under paragraphs (1) and (2). <Amended on May 22, 2013>

(4) If the costs of health care benefits are determined under paragraph (1) or (3), the Minister of Health and Welfare shall give a public notice of the particulars of the costs of health care benefits without delay.

(5) The president of the NHIS shall conclude a contract under paragraph (1) after undergoing the deliberation and resolution by the Financial Operation Committee under Article 33.

(6) When the president of the NHIS requests for materials necessary to conclude a contract under paragraph (1), the Review and Assessment Service shall sincerely comply therewith.

(7) Details of a contract concluded under paragraph (1) and other necessary matters shall be prescribed by Presidential Decree.

**Article 46 (Calculation of Costs of Health Care Benefits for Medicines and Materials for Medical Treatment)** Notwithstanding Article 45, the costs of health care benefits for medicines and materials for medical treatment referred to in Article 41 (1) 2 (hereinafter referred to as "medicines and materials for medical treatment") may be calculated as prescribed by Presidential Decree, taking into consideration the purchase prices, etc. of the medicines and materials for medical treatment paid by the health care institutions.

**Article 47 (Claims for and Payment of Costs of Health Care Benefits)** (1) A health care institution may claim the costs of health care benefits from the NHIS. In such cases, a request for review referred to in paragraph (2) shall be deemed a claim to the NHIS for the costs of health care benefits.

(2) A health care institution which intends to claim the costs of health care benefits under paragraph (1) shall request the Review and Assessment Service for a review of the costs of health care benefits, and the Review and Assessment Service in receipt of the request, shall review the matter and immediately notify the NHIS and the health care institution of the details of its review.

(3) Upon receipt of the notification of the review details under paragraph (2), the NHIS shall, without delay, pay the costs of health care benefits to the health care institution in accordance with such details. In such cases, where the co-payment already paid is in excess of the amount notified under paragraph (2), the difference of the excess payment shall be subtracted from the amount to be paid to the health care institution and paid to the relevant insured.

(4) For accounting purposes, the NHIS may offset the amount to be paid to the insured under paragraph (3) against the insurance contributions and other collections under this Act which the relevant insured should pay (hereinafter referred to as "insurance contributions, etc.").

(5) Where the Review and Assessment Service evaluates the appropriateness of health care benefits referred to in Article 63 and notifies it to the NHIS, the NHIS shall adjust the payment by increasing or reducing the costs of health care benefits in accordance with the results of the evaluation. In such cases, the standards for increased or reduced payment of the costs of health care benefits shall be prescribed by Ordinance of the Ministry of Health and Welfare.

(6) A health care institution may authorize any of the following organizations to claim for a review referred to in paragraph (2) on its behalf:

1. The association of medical doctors, the association of dentists, the association of oriental medical doctors, and the association of midwives provided for in Article 28 (1) of the Medical Service Act or a branch office or a branch of each of those associations, each of which files a report pursuant to paragraph (6) of the same Article;
2. The organization of medical institutions provided for in Article 52 of the Medical Service Act;
3. The association of pharmacists provided for in Article 11 of the Pharmaceutical Affairs Act or a branch office or a branch of the association, which files a report pursuant to Article 14 of the same Act.

(7) Matters necessary for the method and procedure for making the claim, review, payment, etc. of the costs of health care benefits referred to in paragraphs (1) through (6), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 47-2 (Withholding of Payment of Costs of Health Care Benefits)** (1) Notwithstanding Article 47 (3), where the NHIS verifies, as a result of an investigation by an investigative agency, that a health care institution which has filed a claim for the payment of costs of health care benefits violates Article 4 (2) or 33 (2) or (8) of the Medical Service Act or Article 20 (1) or 21 (1) of the Pharmaceutical Affairs Act, it shall withhold the payment of the relevant health care institution. In such cases, the amount of payment of medical care benefit costs shall also extend to the health care benefit costs claimed after the disposition taken by the relevant institution. <Amended on Dec. 29, 2020>

(2) Before withholding the payment of the costs of health care benefits under paragraph (1), the NHIS shall provide the relevant health care institution with an opportunity to submit its opinion.

(3) Where the suspicion that a health care institution under paragraph (1) has violated Article 4 (2), 33 (2) or (8) of the Medical Service Act or Article 20 (1) or 21 (1) of the Pharmaceutical Affairs Act is not substantiated, due to grounds prescribed by Presidential Decree such as final verdict of acquittal, the NHIS shall pay the relevant health care institution the interest for the period the payment of the costs of health care benefits is withheld in addition to the amount of health care benefit cost of which the payment is withheld. <Amended on Dec. 29, 2020>

(4) Matters necessary for the procedure for withholding the payment, the procedure for submission of opinions, etc. under paragraphs (1) and (2), and matters necessary for the payment procedure of the health care benefit cost of which the payment is withheld and its interest, the calculation of interest, etc. under paragraph (3), shall be prescribed by Presidential Decree.

[This Article Newly Inserted on May 20, 2014]

**Article 47-3 (Different Payment of Costs of Health Care Benefits)** In order to redress imbalance between medical resources and the narrowing of the Medical Service gap by region, the costs of health care benefits may be separately set and paid by region.

[This Article Newly Inserted on Dec. 29, 2020]

**Article 48 (Verification of Eligibility for Health Care Benefits)** (1) The insured or the dependent may request the Review and Assessment Service to verify whether part of the medical expenses he or she has borne, other than co-payment, is excluded from health care benefit items in accordance with Article 41 (4).

<Amended on Feb. 3, 2016>

(2) The Review and Assessment Service, in receipt of a request for verification under paragraph (1), shall notify the person who requested the verification of its result. In such cases, if part of the medical expenses for which the verification is requested is verified to be entitled to health care benefits, the Review and Assessment Service shall notify the NHIS and the relevant health care institution of such facts.

(3) A health care institution in receipt of notice under the latter part of paragraph (2), shall refund, without delay, the amount it has collected in excess of the amount it should have collected to the person who requested the verification (hereinafter referred to as "over-paid co-payment"): Provided, That where the relevant health care institution fails to refund the over-paid co-payment, the NHIS may refund such over-paid co-payment to the person who requests for verification after deducting them from the health care benefits it is liable to pay to such health care institution.

**Article 49 (Health Care Costs)** (1) Where the insured or dependent, due to emergency or other unavoidable reasons determined by Ordinance of the Ministry of Health and Welfare, receives health care for a disease, injury, childbirth, etc. at an institution determined by Ordinance of the Ministry of Health and Welfare and performs functions similar to those of a health care institution (including a health care institution placed under a period of suspension of operation under Article 98 (1); hereinafter referred to as "quasi-health care institution") or undergoes a childbirth at a place other than a health care institution, the NHIS shall disburse an amount equivalent to the health care benefits concerned to the insured or dependent as the health care costs, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Dec. 29,



2020>

(2) A quasi-health care institution shall issue to the recipient of health care a detailed health care cost statement or a receipt stating the particulars of the health care, as prescribed by the Minister of Health and Welfare, and the person who has received the health care shall submit such statement or receipt to the NHIS. <Amended on Dec. 29, 2020>

(3) Notwithstanding paragraphs (1) and (2), a quasi-health care institution may directly claim the payment of the health care expenses to the NHIS, if a policyholder or his or her dependent has been delegated thereto. In such cases, the NHIS may pay the health care expenses to the quasi-medical care institution after examining the appropriateness of the particulars that the benefits have been requested." <Newly Inserted on Dec. 29, 2020>

(4) Matters necessary for the request for the payment of health care expenses by quasi-health care institutions under paragraph (3), the review of the NHIS' appropriateness, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Dec. 29, 2020>

**Article 50 (Additional Benefits)** In addition to the health care benefits prescribed in this Act, the NHIS may provide benefits for medical expenses for pregnancy and childbirth, funeral costs, sickness allowances, and other allowances, as prescribed by Presidential Decree. <Amended on May 22, 2013>

**Article 51 (Special Cases concerning Persons with Disabilities)** (1)The NHIS may provide insurance benefits for assistive devices pursuant to subparagraph 2 of Article 3 of the Act on the Support for Assistive Devices for Persons with Disabilities, Senior Citizens, Etc. and Promotion of Use Thereof (hereafter referred to as "assistive devices" in this Article) for the disabled insured and dependents registered under the Act on Welfare of Persons with Disabilities. <Amended on Apr. 23, 2019>

(2) A person who sells assistive devices to a policyholder or his or her dependent who is a person with disabilities, may claim insurance benefits directly to the NHIS where a policyholder or his or her dependent is delegated. In such cases, the NHIS may pay insurance benefits on assistive devices to a person who sells assistive devices after examining the appropriateness of the terms of a claim for payment. <Newly Inserted on Dec. 29, 2020>

(3) The scope and methods of, and procedures for, insurance benefits for assistive devices referred to in paragraph (1), a business entity selling assistive devices requests insurance benefits referred to in paragraph (2), the review of the NHIS's propriety, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Apr. 23, 2019; Dec. 29, 2020>

**Article 52 (Health Checkups)** (1) The NHIS shall provide health checkups for the insured and their dependents in order to facilitate early detection of diseases and provide subsequent health care benefits.

(2) The types of and candidates for health checkups under paragraph (1) are as follows: <Newly Inserted on Dec. 11, 2018>

1. General health checkups: The employee insured, the self-employed insured who is the head of a household, the self-employed insured of 20 years of age and over, and a dependent of 20 years of age and over;
2. Cancer checkups: A person who meets a checkup cycle, age standard, etc. by type of cancer under Article 11 (2) of the Cancer Control Act;
3. Infant health checkups: The insured and a dependent under the age of six.

(3) The items of health checkups under paragraph (1) shall be designed based on personal characteristics, such as gender and age, and life cycle. <Newly Inserted on Dec. 11, 2018>

(4) Frequency of and procedures for the health checkup referred to in paragraph (1), and other necessary matters shall be prescribed by Presidential Decree. <Amended on Dec. 11, 2018>

**Article 53 (Restrictions of Benefits)** (1) If a person eligible to receive insurance benefits falls under any of the following subparagraphs, the NHIS shall not provide any insurance benefit:

1. Where he or she has caused criminal conduct by intention or gross negligence or caused an accident by intention;
2. Where he or she has failed to follow health care-related instructions of the NHIS or the health care institution by intention or gross negligence;
3. Where he or she has refused to submit the documents referred to in Article 55 or other items or evaded questions or medical checkups by intention or gross negligence;
4. Where he or she receives or is eligible to receive insurance benefits or compensations under other statutes due to a disease, injury, or disaster incurred relating to his or her business or in the line of duty.

(2) When a person eligible for health care benefits has received, from the State or a local government, benefits equivalent to the health care benefits or expenses equivalent to the costs of health care benefits under the provisions of other statutes, the NHIS shall not provide insurance benefits up to the limit of such amount.

(3) Where the insured fails to pay any of the following insurance contributions for a period prescribed by Presidential Decree, the NHIS may not provide insurance benefits to the insured or his or her dependents until the delinquent insurance contributions are paid in full: Provided, That this shall not apply where the total number of failure to pay monthly insurance contributions (delinquent insurance contributions which

have already been paid shall be excluded in calculating the total number of failure, and the period of delinquency in paying insurance contributions shall not be taken into consideration) is below the number prescribed by Presidential Decree, or the income and property of the insured and his or her dependents are below the standard prescribed by Presidential Decree: <Amended on Dec. 11, 2018>

1. Insurance contributions based on monthly income referred to in Article 69 (4) 2;
2. Insurance contributions per household referred to in Article 69 (5).

(4) Where an employer liable to pay insurance contributions under Article 77 (1) 1 is delinquent in paying the insurance contributions based on monthly remuneration referred to in Article 69 (4) 1, paragraph (3) shall apply only if such delinquency is attributable to the employee insured himself/herself. In such cases, the dependents of the relevant employee insured shall also be subject to paragraph (3). <Amended on Apr. 23, 2019>

(5) Notwithstanding the provisions of paragraphs (3) and (4), where approval for the installment payment from the NHIS pursuant to the provisions of Article 82 is obtained and the approved insurance contributions are paid at least once, the insurance benefits may be provided: Provided, That the same shall not apply where anyone who has obtained approval for the installment payment pursuant to the provisions of Article 82 fails to pay the approved insurance contributions at least five times (if the number of installments approved under paragraph (1) of the same Article is less than five times, it means the number of installments; hereafter the same shall apply in this Article) without any justifiable grounds therefor. <Amended on Apr. 23, 2019>

(6) The insurance benefits received in the period during which no insurance benefits are to be provided pursuant to paragraphs (3) and (4) (hereafter referred to as "benefit suspension period" in this paragraph) shall be recognized as insurance benefits only in the following cases: <Amended on Apr. 23, 2019>

1. Where the insurance contributions in arrears are fully paid by the due date for its payment in the month to which the date two months lapse from the date when the NHIS has served notice that insurance benefits were received during the benefit suspension period belongs;
2. Where the insurance contributions for which installment payment is approved pursuant to Article 82 are paid at least once by the due date for its payment in the month to which the date two months lapse from the date when the NHIS has served notice that insurance benefits were paid during the benefit suspension period belongs: Provided, That where anyone who has obtained approval for the installment payment pursuant to Article 82 fails to pay the approved insurance contributions on at least five times without justifiable grounds therefor, his or her eligibility for insurance benefits shall be denied.

**Article 54 (Suspension of Benefits)** When a person eligible to receive insurance benefits falls under any of the following subparagraphs, no insurance benefit shall be provided during that period: Provided, That in cases of subparagraphs 3 and 4, the health care benefits under the provisions of Article 60 shall be provided:  
<Amended on Apr. 7, 2020>

1. Deleted; <Apr. 7, 2020>
2. When he or she is staying abroad;
3. When he or she falls under Article 6 (2) 2;
4. When he or she is committed to a correctional institution or equivalent facilities.

**Article 55 (Verification of Benefits)** If it is deemed necessary when providing insurance benefits, the NHIS may demand a person who receives insurance benefits to submit documents and other items or have such person be questioned or diagnosed by relevant personnel.

**Article 56 (Reimbursement of Health Care Costs)** When there is a claim for reimbursement of health care costs or for additional benefits the NHIS is obligated to provide under this Act, the NHIS shall pay or provide them without delay.

**Article 56-2 (Accounts for Receipt of Health Care Costs)** (1) Where a recipient of health care costs who is paid in cash for insurance benefits under this Act (hereinafter referred to as "health care costs, etc.") requests, the NHIS shall pay the health care costs, etc. into an account opened in the name of the recipient of health care (hereinafter referred to as "account for receipt of health care costs, etc."): Provided, That where an account transfer is impossible due to an information and communications problem or any other inevitable cause prescribed by Presidential Decree, it may pay the health care costs, etc., as prescribed by Presidential Decree, such as direct cash payment.

(2) A financial institution at which an account for receipt of health care costs is opened shall ensure that only the health care costs, etc. are deposited into such account, and shall manage it.

(3) Matters necessary for the methods of and procedures for application for, and the management of, an account for receipt of health care costs, etc. under paragraphs (1) and (2), shall be prescribed by Presidential Decree.

[This Article Newly Inserted on May 20, 2014]

**Article 57 (Collection of Unjust Gains)** (1) The NHIS shall collect all or part of an amount equivalent to the insurance benefits or the insurance benefit costs from a person who has received insurance benefits, a quasi-health care institution, a business entity selling assistive devices, or a health care institution that has

received insurance benefit costs by fraud or other improper means. <Amended on Dec. 29, 2020>

(2) Where a health care institution that has received insurance benefit costs by fraud or other improper means under paragraph (1) falls under any of the following subparagraphs, the NHIS may require the person who has established such health care institution to pay the money collectable under paragraph (1), severally or jointly with such health care institution: <Newly Inserted on May 22, 2013; Dec. 29, 2020>

1. A medical institution established and operated by a person prohibited from establishing a medical institution because he or she violated Article 33 (2) of the Medical Service Act, by borrowing a health care provider's license or the name of a medical corporation;
2. A pharmacy established and operated by a person prohibited from establishing a pharmacy because he or she violated Article 20 (1) of the Pharmaceutical Affairs Act, by borrowing a pharmacist's license;
3. A medical institution established and operated in violation of Article 4 (2) or 33 (8) of the Medical Service Act;
4. A pharmacy opened and operated in violation of Article 21 (1) of the Pharmaceutical Affairs Act.

(3) Where insurance benefits have been provided based on a false report or false testimony (including arranging another person to receive insurance benefits by transferring or lending one's own health insurance card or identification card in violation of Article 12 (5)) of the employer or the insured, or false diagnosis by a health care institution, the NHIS may require payment of the money collectable under paragraph (1) from such person or institution jointly with the person who received the insurance benefits. <Amended on May 22, 2013; Dec. 11, 2018; Dec. 29, 2020>

(4) The NHIS may require payment of the money collectable under paragraph (1) from the insured who belongs to the same household as the person who has received insurance benefits by fraud or other improper means (referring to the employee insured if the person who has received the insurance benefits by fraud or other improper means is a dependent) severally or jointly with the person who has received the insurance benefits by fraud or other improper means. <Amended on May 22, 2013>

(5) Where a health care institution has received the costs of health care benefits from the insured or his or her dependent by fraud or other improper means, the NHIS shall collect the amount thereof from the health care institution concerned and disburse it to the insured or his or her dependent without delay. In such cases, the NHIS may offset the amount payable to the insured or his or her dependent against the insurance contributions, etc. to be paid by such insured or his or her dependent. <Amended on May 22, 2013>

**Article 57-2 (Disclosure of Personal Details on Defaulters Who are in Arrears with Unjust Enrichment or Unjust Profit Collectable)**

(1) Where a health care institution liable to pay the money collectable under Article 57 (1) or (2), falling under any of the subparagraphs of paragraph (2) of the same

Article, or a person who has established such health care institution, fails to pay at least 100 million won in the money collectable for one year from the date immediately following its payment deadline specified in the billing under Article 79 (1), the NHIS may disclose the violation that has given rise to the money collectable, personal details on the defaulter, the amount in arrears, and other information prescribed by Presidential Decree (hereafter in this Article referred to as "personal details, etc."): Provided, That this shall not apply if an objection under Article 87 or a request for trial under Article 88 is filed, or an administrative litigation is pending, with respect to the amount in arrears, or if there is a compelling reason prescribed by Presidential Decree not to do so, such as partial payment of the amount in arrears.

(2) A Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears shall be established under the jurisdiction of the NHIS to deliberate on whether to disclose personal details, etc. under paragraph (1).

(3) The Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears shall provide persons who are subject to disclosure of personal details, etc. an opportunity to defend themselves by notifying in writing that they shall be subject to the disclosure, and select the persons subject to the disclosure after six months lapse from the date of such notification taking into consideration the fulfillment, etc. of their obligation to pay the amount in arrears.

(4) Disclosure of personal details, etc. under paragraph (1) shall be made by publishing or posting it in the Official Gazette or on the website of the NHIS.

(5) Except as provided in paragraphs (1) through (4), matters necessary for the procedures for disclosure of personal details, etc., and for the organization and operation of the Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears, shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Dec. 3, 2019]

**Article 58 (Rights to Demand Reimbursement)** (1) When the NHIS has provided an insurance benefit to the insured or dependent because the grounds for the insurance benefit have arisen due to the act of a third party, the NHIS shall have the right to claim compensation from the third party up to the amount of the expenses incurred for the benefit concerned.

(2) Where the person who receives the insurance benefit has already received compensation for the loss from the third party under paragraph (1), the NHIS shall withhold the insurance benefit, up to the amount of such compensation.

**Article 59 (Protection of Entitlement to Benefits)** (1) Entitlement to receive insurance benefits shall be unalienable and unseizable. <Amended on May 20, 2014>

(2) Health care costs, etc. paid into an account for receipt of health care costs under Article 56-2 (1) shall not be seized. <Newly Inserted on May 20, 2014>

**Article 60 (Payment of Costs of Health Care Benefits to Soldiers in Active Service)** (1) Where any person who falls under subparagraphs 3 and 4 of Article 54 has received medical care, etc. prescribed by Presidential Decree (hereafter referred to as "health care benefits" in this Article) at an health care institution, the NHIS may pay the costs necessary therefor (hereafter referred to as "costs of health care benefits" in this Article) and the health care costs pursuant to Article 49 to be borne by it, after receiving a deposition from the Minister of Justice, the Minister of National Defense, the Commissioner of the National Police Agency, the Administrator of the National Fire Agency, or the Commissioner of the Korea Coast Guard. In such cases, as prescribed by Presidential Decree, the Minister of Justice, the Minister of National Defense, the Commissioner of the National Police Agency, the Administrator of the National Fire Agency, or the Commissioner of the Korea Coast Guard shall pre-deposit the annual costs of health care benefits and health care costs anticipated, except for the inevitable cases in their budgets. <Amended on Nov. 19, 2014; Jul. 26, 2017; Dec. 11, 2018>

(2) Articles 41, 41-4, 42, 42-2, 44 through 47, 47-2, 48, 49, 55, 56, 56-2, and 59 (2) shall apply mutatis mutandis to the matters concerning the health care benefits, costs of health care benefits, and health care costs. <Amended on Mar. 22, 2016; Dec. 11, 2018>

[Title Amended on Dec. 11, 2018]

**Article 61 (Settlement of Costs of Health Care Benefits)** Where the Korea Workers' Compensation and Welfare Service under Article 10 of the Industrial Accident Compensation Insurance Act claims costs of health care benefits for the health care benefits already paid pursuant to Article 40 of the Industrial Accident Compensation Insurance Act to a person eligible to receive the health care benefits pursuant to this Act because of the cancellation of the decision to pay the relevant health care benefits, the NHIS may pay an amount equivalent to the health care benefits on the condition that the health care benefits are recognized as an amount equivalent to health care benefits providable pursuant to this Act.

## CHAPTER V HEALTH INSURANCE REVIEW AND ASSESSMENT SERVICE

**Article 62 (Establishment)** In order to review the costs of health care benefits and evaluate the appropriateness of health care benefits, the Health Insurance Review and Assessment Service shall be established.

**Article 63** Services) (1) The Review and Assessment Service shall be in charge of the services referred to in the following subparagraphs:

1. Review of the costs of health care benefits;
2. Evaluation of the appropriateness of health care benefits;
3. Development of criteria for review and evaluation;
4. Investigative research and international cooperation related to the services referred to in subparagraphs 1 through 3;
5. Services delegated to it in connection with review of the costs of benefits or evaluation of the appropriateness of medical care that are provided for under the provisions of other statutes;
6. Services determined by the Minister of Health and Welfare to be necessary in connection with the health insurance program;
7. Other services prescribed by Presidential Decree in connection with review of the costs of insurance benefits and evaluation of the appropriateness of insurance benefits.

(2) The criteria, procedures, methods, etc. relevant to the evaluation of the appropriateness of health care benefits referred to in paragraph (1) 2 and 7, and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare.

**Article 64 (Legal Personality)** (1) The Review and Assessment Service shall be a juristic person.

(2) The Review and Assessment Service shall come into existence with the registration of its establishment at the seat of its main office.

**Article 65 (Executive Officers)** (1) The Review and Assessment Service shall have the executive, 15 directors, and one auditor as its executive officers. In such cases, the executive director, four directors, and the auditor shall be standing. <Amended on Feb. 3, 2016>

(2) The executive director shall be appointed by the President of the Republic of Korea upon recommendation of the Minister of Health and Welfare from among the plural number of persons recommended by the Committee for Recommendation of Executive Officers.

(3) Standing directors shall be appointed by the executive director following the recommendation procedures prescribed by Ordinance of the Ministry of Health and Welfare.

(4) As non-standing directors, 10 persons from among the persons falling under the following subparagraphs and one relevant public official recommended as prescribed by Presidential Decree shall be appointed by the Minister of Health and Welfare:



1. One person recommended by the NHIS;
  2. Five persons recommended by a medicine related organization;
  3. Persons, each one of whom is recommended respectively by a labor unions' group, an employers' organization, a consumer organization, and an agricultural and fishing organization.
- (5) The auditor shall be appointed by the President upon recommendation of the Minister of Economy and Finance from among the plural number of persons recommended by the Committee for Recommendation of Executive Officers.
- (6) Non-standing directors prescribed in paragraph (4) may receive reimbursement for actual expenses, as prescribed by the articles of incorporation.
- (7) The term of office of the president shall be three years, and that of directors (excluding a director who is a public official) and the auditor shall be two years, respectively.

**Article 66 (Medical Treatment Review Committee)** (1) In order to efficiently conduct the services of the Review and Assessment Service, the Medical Treatment Review Committee (hereinafter referred to as the "Review Committee") shall be established under the Review and Assessment Service.

(2) The Review Committee shall be comprised of not more than 90 full-time review members, including the chairperson of the Committee, and not more than 1,000 part-time review members, and it may establish a subcommittee for each area of medical specialization. <Amended on Feb. 3, 2016>

(3) Full-time review members referred to in paragraph (2) shall be appointed by the executive director of the Review and Assessment Service from among the persons prescribed by Ordinance of the Ministry of Health and Welfare.

(4) Part-time review members referred to in paragraph (2) shall be commissioned by the executive director of the Review and Assessment Service from among the persons prescribed by Ordinance of the Ministry of Health and Welfare.

(5) If a review member falls under any of the following subparagraphs, the executive director of the Review and Assessment Service may dismiss or remove him or her:

1. Where he or she is deemed incapable of performing his or her duties due to a physical or mental disability;
2. Where he or she breaches or neglects an official duty;
3. Where he or she causes loss to the Review and Assessment Service by intention or gross negligence;
4. Where he or she does an act that causes injury to his or her dignity, regardless of whether on or off duty.

(6) Except as provided in paragraphs (1) through (5), necessary matters concerning the qualifications and the term of office of the members of the Review Committee, the organization and operation of the Review

Committee, etc., shall be prescribed by Ordinance of the Ministry of Health and Welfare.

- Article 67 (Fundraising)** (1) The Review and Assessment Service may collect charge from the NHIS to provide the service referred to in Article 63 (1) (excluding the service referred to in Article 63 (1) 5).
- (2) Where services related to review of the costs of benefits or evaluation of the appropriateness of medical care are entrusted to the Review and Assessment Service under Article 63 (1) 5, the Review and Assessment Service may collect a fee from the delegator.
- (3) The amount and collecting method of the charge and fee referred to in paragraphs (1) and (2) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 68 (Provisions Applicable Mutatis Mutandis)** @Articles 14 (3) and (4), 16, 17 (excluding Article 17 (1) 6 and 7), 18, 19, 22 through 32, 35 (1), 36, 37, 39 and 40 shall apply mutatis mutandis in regard to the Review and Assessment Service. In such cases, the "NHIS" shall be deemed the "Review and Assessment Service" and the "president of the NHIS" shall be deemed the "president of the Review and Assessment Service," respectively. <Amended on May 22, 2013>

## CHAPTER VI INSURANCE CONTRIBUTIONS

- Article 69 (Insurance Contributions)** (1) To meet the expenses incurred in relation to the health insurance program, the NHIS shall collect insurance contributions from the persons obligated to pay insurance contributions under in Article 77.
- (2) The insurance contributions referred to in paragraph (1) shall be collected from the month following that in which the date the insured becomes eligible falls until the month in which the date before the date the insured loses his or her eligibility falls: Provided, That where the eligibility of the insured is obtained on the first day of any month or upon his or her request for health insurance cover under Article 5 (1) 2 (a), the insurance contributions shall be collected from the relevant month. <Amended on Dec. 3, 2019>
- (3) In collecting insurance contributions under paragraphs (1) and (2), where the eligibility of the insured has been altered, the insurance contributions of the month whereto belongs the altered day shall be collected on the basis of eligibility prior to such alteration: Provided, That where the eligibility of the insured is altered on the first day of any month, it shall be collected on the basis of the altered eligibility.
- (4) The amount of the monthly insurance contributions for the employee insured shall be the amount calculated as follows: <Amended on Apr. 18, 2017>
1. The amount of insurance contributions based on monthly remuneration: The amount obtained by multiplying the amount of monthly remuneration calculated under Article 70 by the insurance contribution

rate under Article 73 (1) or (2);

2. The amount of insurance contributions based on the monthly income: The amount obtained by multiplying the amount of monthly income calculated under Article 71 by the insurance contribution rate under Article 73 (1) or (2).

(5) The amount of the monthly insurance contributions for the self-employed insured shall be calculated per unit of household, but the insurance contributions per month for the household to which the self-employed insured belongs shall be the amount obtained by multiplying the monetary value per contribution point under Article 73 (3) by the contribution points calculated under Article 72.

(6) The upper limit and lower limit of the amount of the monthly insurance contributions under paragraphs (4) and (5) shall be set in accordance with the standards prescribed by Presidential Decree, in consideration of the amount equivalent to a specified ratio of the average insurance contribution of the insured. <Newly Inserted on Apr. 18, 2017>

**Article 70 (Amount of Monthly Remuneration)** (1) The amount of monthly remuneration of the employee insured provided for in Article 69 (4) 1 shall be calculated on the basis of the amount of remuneration received by each of the employee insured. <Amended on Apr. 18, 2017>

(2) Insurance contributions based on monthly remuneration for the insured to whom a part or all of his or her remuneration is not paid due to a leave of absence from office or other circumstances (hereinafter referred to as "person temporarily retiring from office, etc.") shall be calculated on the basis of the monthly remuneration amount for the month before the occurrence of the circumstance in question.

(3) Remunerations referred to in paragraph (1) shall mean money and other valuables (excluding anything in the nature of reimbursement for expenses) that workers, etc. receive from employers, the State or local governments for providing their labor, which are determined by Presidential Decree. In such cases, if it falls under the cases prescribed by Presidential Decree, such as there are no data relating to the remunerations or they are indistinct, the amount determined and publicly notified by the Minister of Health and Welfare shall be regarded as the remunerations.

(4) Matters necessary for calculation, etc., of the amount of monthly remuneration referred to in paragraph (1) and calculation, etc., of the amount of monthly remuneration for unremunerated employers, shall be prescribed by Presidential Decree.

**Article 71 (Amount of Monthly Income)** (1) Where the amount of income of the employee insured excluding the amount of remuneration included in the calculation of the amount of monthly remuneration under Article 70 (hereinafter referred to as "extra income other than remuneration") exceeds the amount

prescribed by Presidential Decree, the amount of monthly income shall be calculated according to the following formula: <Amended on Apr. 18, 2017>

(2) Matters necessary for calculating the amount of monthly income, including the standards for and method of the calculation, shall be prescribed by Presidential Decree.

**Article 72 (Contribution Point)** (1) The contribution point provided for in Article 69 (5) shall be calculated based on the income and property of each of the self-employed insured. <Amended on Apr. 18, 2017>

(2) In determining the method and criteria for calculating the contribution point under paragraph (1), assets in relation to which exercise of property rights is restricted under statutes may be treated differently from other assets.

(3) Methods and criteria for calculating contribution points and other necessary matters shall be prescribed by Presidential Decree.

**Article 72 (Contribution Point)** (1) The contribution point provided for in Article 69 (5) shall be calculated based on the income and property of each of the self-employed insured: Provided, That where the self-employed insured, as prescribed by Presidential Decree, receives a loan from a financial company, etc.

pursuant to subparagraph 1 of Article 2 of the Act on Real Name Financial Transactions and Confidentiality (hereinafter referred to as "financial company, etc.") to purchase or rent a house that does not exceed the standards prescribed by Presidential Decree for the purpose of actual residence, and then gives notice to the NHIS of such fact, the loan shall be excluded when calculating the contribution point, subject to assessment pursuant to Presidential Decree. <Amended on Apr. 18, 2017; Dec. 3, 2019>

(2) In determining the method and criteria for calculating the contribution point under the provisions of paragraph (1), assets in relation to which exercise of property rights is restricted under statutes may be treated differently from other assets.

(3) When giving notice to the NHIS under the proviso to paragraph (1), the self-employed insured shall submit to the NHIS data and information prescribed by Presidential Decree (hereinafter referred to as "financial information"), including the amount of loans, among the data and information related to financial assets and financial transactions pursuant to subparagraphs 2 and 3 of Article 2 of the Act on Real Name Financial Transactions and Confidentiality, along with a document indicating his or her consent to providing the NHIS with the financial information necessary for calculating the contribution point under the proviso to paragraph (1). <Newly Inserted on Dec. 3, 2019>

(4) Methods and criteria for calculating contribution points under paragraphs (1) and (2), and other necessary matters, shall be prescribed by Presidential Decree. <Amended on Dec. 3, 2019>

[Enforcement Date: July 1, 2022] Article 72 (1), Article 72 (3), Article 72 (4)

**Article 72-2 (Committee on Improvement of Insurance Contribution Imposition System)** (1) To improve a system related to the imposition of insurance contributions, a Committee on Improvement of the Insurance Contribution Imposition System (hereinafter referred to as the "System Improvement Committee"), consisting of public officials of relevant central administrative agencies and private experts, shall be established under the jurisdiction of the Minister of Health and Welfare.

(2) The System Improvement Committee shall deliberate on the following matters:

1. Surveys and research on the actual conditions of income of the insured ascertained;
2. Improvement plans to ascertain income of the insured and to strengthen the imposition of insurance contributions on such income;
3. Any other matters brought to the System Improvement Committee by the Chairperson, in connection with the improvement of a system related to the imposition of insurance contributions.

(3) The Minister of Health and Welfare shall report results of the operation of the System Improvement Committee established under paragraph (1), to the National Assembly.

(4) Matters necessary for the organization, operation, etc. of the System Improvement Committee, shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Apr. 18, 2017]

**Article 72-3 (Evaluating Appropriateness of Insurance Contribution Imposition System)** (1) The Minister of Health and Welfare shall evaluate the appropriateness of the standards for determination of the dependent eligibility referred to in Article 5 (hereafter referred to as "determination standards" in this Article) and that of the criteria, method, etc. for calculating the insurance contributions, amount of monthly remuneration of the employee insured, amount of income of the employee insured, and contribution point under Articles 69 through 72 (hereafter referred to as "calculation criteria" in this Article); and adjust them four years after this Act enters into force.

(2) Where the Minister of Health and Welfare evaluates the appropriateness under paragraph (1), he or she shall comprehensively take account of the following matters:

1. Status of income of the insured ascertained and improvement plans therefor, which have undergone deliberation by the System Improvement Committee pursuant to Article 72-2 (2) 2;
2. Status of income-related data owned by the NHIS;
3. Taxation status of global income referred to in Article 4 of the Income Tax Act (including global income subject to global taxation and global income subject to separate taxation);

4. Balance between insurance contributions imposed on the employee insured and those imposed on the self-employed insured;
5. Changes in insurance contributions caused by adjustment of the determination standards and calculation criteria referred to in paragraph (1);
6. Other matters prescribed by the Minister of Health and Welfare, which may be subject to the evaluation of the appropriateness.

(3) The procedures and method for evaluating the appropriateness under paragraph (1) and other necessary matters shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Apr. 18, 2017]

**Article 73 (Insurance Contribution Rate)** (1) Insurance contribution rates for the employee insured shall be determined by Presidential Decree, within the limit of 80/1,000 after undergoing a resolution by the Deliberative Committee.

(2) Insurance contribution rates for the employee insured who is engaged outside of Korea for business operations shall be 50/100 of the insurance contribution rate determined under the provisions of paragraph (1).

(3) The monetary value per contribution point for each of the self-employed insured shall be determined by Presidential Decree after undergoing deliberation by the Deliberative Committee.

**Article 74 (Exemption from Insurance Contributions)** (1) Where the employee insured falls under any of subparagraphs 2 through 4 of Article 54 (in the case of subparagraph 2 of the same Article, limited to cases where he or she is staying abroad for a period of at least one month prescribed by Presidential Decree: hereafter in this Article the same shall apply), the NHIS shall exempt him or her from payment of insurance contributions: Provided, That the employee insured falling under subparagraph 2 of Article 54 shall be exempted from paying insurance contributions only if he or she does not have any dependent who resides within Korea. <Amended on Apr. 7, 2020>

(2) Where the self-employed insured falls under any of subparagraphs 2 through 4 of Article 54, contribution points referred to in Article 72 shall be excluded from calculation of the insurance contributions for the household to which such insured belongs.

(3) For the exemption of insurance contributions under paragraph (1) or the contribution point to be excluded from the computation of insurance contributions under paragraph (2), it shall apply from the month following the month whereto belongs the day on which the reasons for allowance suspension falling under any of subparagraphs 2 through 4 of Article 54 occurs to the month whereto belongs the day on which the

reasons cease to exist: Provided, That where any of the following subparagraphs applies, the insurance contributions of relevant month shall not be exempted, or the contribution point shall not be exempted from the computation of insurance contributions: <Amended on Apr. 7, 2020>

1. Where the reasons for allowance suspension cease to exist on the first day of each month;
2. Where the insured or his or her dependent falling under subparagraph 2 of Article 54 enters Korea and receives insurance benefits in the month whereto belongs the date of entry, and then leaves Korea in the month.

**Article 75 (Reduction of Insurance Contributions)** (1) Regarding the insured prescribed by Ordinance of the Ministry of Health and Welfare from among the following insured, part of the insurance contributions of the insured or the households to which the insured belongs may be reduced:

1. Persons who reside on islands, in remote areas or agricultural and fishery communities, etc. prescribed by Presidential Decree;
2. Persons who are at least 65 years old;
3. Persons with disabilities who are registered pursuant to the Act on Welfare of Persons with Disabilities;
4. Persons who have rendered distinguished service for the State, provided for in Article 4 (1) 4, 6, 12, 15, or 17 of the Act on the Honorable Treatment of and Support for Persons of Distinguished Service to the State;
5. Persons who take a leave of absence from office;
6. Other persons determined and publicly notified by the Minister of Health and Welfare as the persons whose insurance contributions need to be reduced on the grounds of the economic hardship and natural disaster, etc.

(2) Where a person obligated to pay insurance contributions under Article 77 falls under any of the following, he or she may be granted such financial benefits as reduction of insurance contributions, as prescribed by Presidential Decree: <Newly Inserted on May 22, 2013; Apr. 23, 2019>

1. Where he or she receives a billing of insurance contributions by means of an electronic document under Article 79 (2);
2. Where he or she pays insurance contributions by means of automatic transfer from bank account or credit card.

(3) Methods of and procedures for reducing insurance contributions under paragraph (1) and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare. <Amended on May 22, 2013>

[Title Amended on May 22, 2013]

**Article 76 (Burden of Insurance Contributions)** (1) The insurance contributions for the employee insured shall be borne, 50/100 each, by the employee insured and the person referred to in the following classifications: Provided, That where the employee insured is a school employee working for a private school, 50/100, 30/100, and 20/100 of the amount of the insurance contributions shall be borne by the said employee insured, the person prescribed in subparagraph 2 (c) of Article 3, and the State, respectively.  
<Amended on Jan. 1, 2014>

1. Where the employee insured is a worker: The employer prescribed in subparagraph 2 (a) of Article 3;
  2. Where the employee insured is a public official: The State or the local government to which that public official belongs;
  3. Where the employee insured is a school employee (excluding school employees working for private schools): The employer prescribed in subparagraph 2 (c) of Article 3.
- (2) Insurance contributions based on monthly income of the employee insured shall be borne by the employee insured.
- (3) The insurance contributions for the self-employed insured shall be borne jointly by all the self-employed insured who reside in the same household as the said insured does.
- (4) Where the employee insured is a school employee, and if an employee prescribed in subparagraph 2 (c) of Article 3 is unable to bear the whole amount to be borne, the deficiency may be made to be borne from the account of the school. <Newly Inserted on Jan. 1, 2014>

**Article 77 (Obligation for Payment of Contributions)** (1) Insurance contributions of the employee insured shall be paid by the person as follows pursuant to the following classifications:

1. Insurance contributions based on monthly remuneration: In such cases, where the workplace has more than two employers, the employers of the workplace shall jointly pay the insurance contributions of the relevant employee insured;
  2. Insurance contributions based on monthly income: The employee insured.
- (2) Insurance contributions of the self-employed insured shall be paid jointly by all the self-employed insured of a household to which the insured belong: Provided, That minors who have no income or property and minors who meet the criteria prescribed by Presidential Decree in consideration of income, property, etc., shall not be liable to pay insurance contributions. <Amended on Apr. 18, 2017>
- (3) An employer shall pay the portion of the insurance contributions for the month to be borne by the employee insured out of the insurance contributions based on monthly remuneration by deducting it from



his or her remunerations. In such cases, the employer shall inform the employee insured of the amount of deduction.

**Article 77-2 (Secondary Payment Obligation)** (1) Where any deficit exists even after a corporation's property has been used to cover insurance contributions, arrears, and expenses for disposition on default to be paid by the corporation, a partner with unlimited liability or oligopolistic stockholder as of the date obligation for payment of the insurance contributions was imposed on the corporation (referring to a person falling under any subparagraph of Article 39 of the Framework Act on National Taxes) shall have secondary payment obligation for such deficit: Provided, That in cases of an oligopolistic stockholder, the amount of payment shall not exceed an amount obtained by dividing the deficit either by the total number of stocks (excluding nonvoting stocks) issued or by the total amount of investment made by the corporation, and then by multiplying the resulting amount either by the number of stocks (excluding nonvoting stocks) or the investment amount over which the oligopolistic stockholder exercises the substantial rights.

(2) Where business has been transferred or acquired by transfer, and any deficit exists even after the transferor's property has been used to cover insurance contributions, arrears, and expenses for disposition on default the payment obligation for which was imposed on the transferor before the transfer date, the business transferee shall have secondary payment obligation for such deficit, within the value of property acquired by transfer. In such cases, the scope of the transferee and the value of property acquired by transfer shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Feb. 3, 2016]

**Article 78 (Due Date for Payment of Insurance Contributions)** (1) A person who is liable to pay insurance contributions under Article 77 (1) and (2) shall pay the insured's insurance contributions for the applicable month by the tenth day of the following month: Provided, That insurance contributions based on monthly income of the employee insured and insurance contributions of the self-employed insured may be paid quarterly, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on May 22, 2013>

(2) Where any cause or event prescribed by Ordinance of the Ministry of Health and Welfare, such as delay in the delivery of billing of payment, occurs, the NHIS may extend the payment due date up to one month from the payment due date provided for in paragraph (1) at the request of the person obligated to make such payment, notwithstanding paragraph (1). In such cases, matters relating to the method and procedures for applying for the extension of payment due date and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on May 22, 2013>

**Article 78-2 (Additional Charge)** (1) Where an employer of a workplace falsely reports to the insurer a person, who constitutes the grounds prescribed by Presidential Decree and is therefore ineligible to be the employee insured, as the employee insured, in violation of Article 8 (2) or 9 (2), the NHIS shall impose, on the employer, and collect additional charge equivalent to 10/100 of the amount obtained by subtracting the amount referred to in subparagraph 2 from the amount referred to in subparagraph 1:

1. The total amount of insurance contributions to be paid by the insured who was reported by the employer as the employee insured in the period during which the insured was managed as the employee insured, pursuant to Article 69 (5);
2. The total amount of insurance contributions calculated pursuant to Article 69 (4) and imposed by the NHIS on the relevant insured during the period referred to in subparagraph 1.

(2) Notwithstanding paragraph (1), the NHIS may not collect additional charge, in cases prescribed by Presidential Decree, such as where additional charge are small sums or where it is deemed inappropriate to collect additional charge.

[This Article Newly Inserted on Mar. 22, 2016]

**Article 79 (Billing of Contributions)** (1) When the NHIS intends to collect insurance contributions, etc., it shall determine the amount thereof and make a billing to each person who is obligated to pay it by means of written notice wherein the following matters are stated:

1. Types of insurance contributions, etc. to be collected;
2. Amount to be paid;
3. Due date for and place of payment.

(2) If requested by a person obligated to pay the insurance contributions, when a billing is to be made under paragraph (1), the NHIS may notify it by means of an electronic document, such as exchange of electronic messages. In such cases, matters necessary for the method of, procedures for, etc. to apply for notice by means of an electronic document, shall be prescribed by Ordinance of the Minister of Health and Welfare.

<Amended on Feb. 3, 2016>

(3) Where the NHIS makes a billing by means of an electronic document under paragraph (2), it shall be deemed received by the person obligated to make payment at the time it is saved on the information and communications network prescribed by Ordinance of the Ministry of Health and Welfare or entered into the address of an electronic mail designated by the person obligated to make payment.

(4) Where the employers of the employee insured are two or more persons or where a household of the self-employed insured consists of two or more persons, notice made to any one of them shall be deemed to take effect to all other employers of the relevant workplace or all the other the self-employed insured who are the

relevant household members.

(5) The billing made to a person taking leave of absence etc. may be postponed until the time the reason for leave of absence, etc. disappears, as prescribed by Ordinance of the Ministry of Health and Welfare.

(6) Where the NHIS makes a billing to a person who has secondary payment responsibility under Article 77-2, it shall notify such fact to the employer that is the relevant corporation or to the business transferor.  
<Amended on Feb. 3, 2016>

**Article 79-2 (Payment of Contributions by Credit Card)** (1) The person who pays insurance

contributions, etc., the billing of which is made by the NHIS may pay them by credit card, debit card, etc.

(hereafter referred to as "credit card, etc." in this Article) through an institution, etc. prescribed by Presidential Decree for vicarious payment of insurance contributions, etc. (hereafter referred to as "institution for vicarious payment of insurance contributions, etc." in this Article). <Amended on Feb. 8, 2017>

(2) Where payment is made by credit card, etc. pursuant to paragraph (1), the date the institution for vicarious payment of insurance contributions, etc. approves it shall be deemed the date of payment.

(3) An institution for vicarious payment of insurance contributions, etc. may collect fees from payers of insurance contributions, etc. in return for its vicarious payment of insurance contributions, etc.

(4) Matters necessary for designating and operating institutions for vicarious payment of insurance contributions, etc., fees, etc., shall be prescribed by Presidential Decree.

[This Article Newly Inserted on May 20, 2014]

**Article 80 (Arrears)** (1) If a person obligated to pay insurance contributions, etc. fails to pay insurance

contributions, etc. by the payment due date, the NHIS shall collect the following arrears each day from the date payment thereof becomes overdue: <Amended on Feb. 3, 2016; Jan. 15, 2019>

1. Where he or she fails to pay insurance contributions pursuant to Article 69 or collections related to insurance benefits received during the period of insurance benefit suspension pursuant to Article 53 (3): An amount equivalent to 1/1,500 of the amount in arrears. In such cases, the arrears shall not exceed 20/1,000 of the amount in arrears;

2. Where he or she fails to pay collections pursuant to this Act, other than those referred to in subparagraph 1: An amount equivalent to 1/1,000 of the amount in arrears. In such cases, the arrears shall not exceed 30/1,000 of the amount in arrears.

(2) If a person obligated to pay insurance contributions, etc. fails to pay insurance contributions, etc. in arrears, the NHIS shall collect another additional charge falling under any of the following subparagraphs in addition to the arrears under paragraph (1) each day from the date 30 days elapse after the payment due

date: <Amended on Feb. 3, 2016; Jan. 15, 2019>

1. Where he or she fails to pay insurance contributions pursuant to Article 69 or collections related to insurance benefits received during the period of insurance benefit suspension pursuant to Article 53 (3): An amount equivalent to 1/6,000 of the amount in arrears. In such cases, the arrears shall not exceed 50/1,000 of the amount in arrears;
  2. Where he or she fails to pay collections pursuant to this Act, other than those referred to in subparagraph 1: An amount equivalent to 1/3,000 of the amount in arrears. In such cases, the arrears shall not exceed 90/1,000 of the amount in arrears.
- (3) If any natural disaster occurs or any other extenuating circumstance prescribed by Ordinance of Ministry of Health and Welfare exists, collection of arrears referred to paragraphs (1) and (2) may be forgone, notwithstanding paragraphs (1) and (2).

**Article 81 (Overdue Notice of Insurance Contributions and Disposition on Default)** (1) Where a person who is liable to pay insurance contributions, etc. pursuant to Articles 57, 77, 77-2, 78-2, and 101 fails to pay the insurance contributions, etc., the NHIS may make overdue notice by the specified period. In such cases, where the number of employers of the employee insured is at least two, or the household of the self-employed insured consists of two or more members, overdue notice made to any of the employers or any of the household members shall be deemed effective regarding the other employers of the relevant workplace or the other self-employed insured who are the members of the household. <Amended on Feb. 3, 2016; Mar. 22, 2016>

(2) Where overdue notice is being made under paragraph (1), a payment period of at least ten days, but not more than 15 days shall be determined and a letter of overdue notice shall be issued.

(3) Where a person who receives overdue notice referred to in paragraph (1) fails to pay the insurance contributions, etc. by the payment due date, the NHIS may collect it in the same manner as national taxes in arrears are collected, after obtaining approval from the Minister of Health and Welfare.

(4) The NHIS shall, before taking a disposition on delinquency pursuant to paragraph (3), send a written notice containing the details of payment in arrears of the insurance contributions, etc., the kinds of seizable property, the fact of planned seizure, and the fact of prohibition of the seizure of small financial property under subparagraph 18 of Article 41 of the National Tax Collection Act: Provided, That this shall not apply in cases determined by Presidential Decree where it is necessary to urgently take a disposition on delinquency, such as in case of dissolution of a corporation. <Newly Inserted on Mar. 27, 2018; Dec. 29, 2020>

(5) Where the NHIS determines that an asset seized in the same manner as national taxes in arrears are collected under paragraph (3) is not appropriate to be auctioned directly by it because expert knowledge is

necessary for the public auction or because of other special circumstances, the NHIS may have the Korea Asset Management Corporation established under the Act on the Establishment of Korea Asset Management Corporation (hereinafter referred to as the "Korea Asset Management Corporation") conduct the auction on behalf of the NHIS, and in which case the auction shall be deemed to have been conducted by the NHIS.

<Amended on Mar. 27, 2018; Nov. 26, 2019>

(6) Where the Korea Asset Management Corporation conducts an auction on behalf of the NHIS under paragraph (5), the NHIS may pay a fee, as prescribed by Ordinance of the Ministry of Health and Welfare.

<Amended on Mar. 27, 2018>

#### **Article 81-2 (Provision of Data concerning Disposition on Default or Deficits)** (1) Where any

centralized credit information collection agency provided for in Article 25 (2) 1 of the Credit Information Use and Protection Act requests data concerning the personal details, amount in arrears, or amount written off, of any of the following defaulters or persons whose amount in arrears is written off (hereafter referred to as "data concerning default, etc." in this Article), the NHIS may provide such data, if necessary for the collection of insurance contributions or for public interest: Provided, That this shall not apply where any administrative appeal or administrative litigation is pending in connection with the insurance contributions in arrears or any other amount collectable under this Act, or where any other cause or event prescribed by Presidential Decree occurs:

1. A person in whose case the total amount of insurance contributions remaining unpaid for a period exceeding one year from the following day of the due date for payment under this Act, other amount to be paid, and the disposition fee for arrears under this Act is not less than five million won;
2. A person in whose case the total amount written off pursuant to Article 84 is not less than five million won.

(2) Matters relating to the procedures for the provision of data concerning arrear, etc. shall be prescribed by Presidential Decree.

(3) No person who is provided with data concerning arrear, etc. under paragraph (1) shall divulge or use them for any purpose other than for performing his or her official duties.

[This Article Newly Inserted on May 22, 2013]

#### **Article 81-3 (Certification of Payment of Insurance Contributions)** (1) Where a person obligated to

pay insurance contributions pursuant to Article 77 (hereafter referred to as "person obligated to make payment" in this Article) receives the price for a construction project, manufacture, purchase, service, or any other contract prescribed by Presidential Decree from the State, a local government, or a public institution

referred to in Article 4 of the Act on the Management of Public Institutions (hereafter referred to as "public institution" in this Article), the person shall certify the fact that he or she has paid insurance contributions, subsequent arrears and expenses for disposition on default: Provided, That the same shall not apply to cases prescribed by Presidential Decree, including where a person obligated to make payment intends to pay all or some of the price for a contract with insurance contributions in arrear.

(2) Where a person obligated to make payment needs to certify that he or she has made payment under paragraph (1), the competent government agency or public institution in charge of a contract under paragraph (1) may inquire with the NHIS to confirm whether the person has paid the insurance contributions, subsequent arrears and expenses for disposition on default after obtaining consent from the person, instead of certifying payment under paragraph (1).

[This Article Newly Inserted on Feb. 3, 2016]

**Article 81-4 (Service of Documents)** The provisions of Articles 8 (excluding the proviso of paragraph (2) of the same Article) through 12 of the Framework Act on National Taxes shall apply mutatis mutandis to the service of documents pertaining to Articles 79 and 81: Provided, That when the service is made by mail, the method shall be as prescribed by Presidential Decree.

[This Article Newly Inserted on Apr. 23, 2019]

**Article 82 (Installment Payments of Insurance Contributions in Arrears)** (1) Where a person who has been in arrear with insurance contributions at least three times applies for the payment of insurance contributions in installments, the NHIS may grant approval therefor, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Mar. 27, 2018>

(2) Before taking a disposition on delinquency under Article 81 (3) against a person who has been in arrear with insurance contributions three times or more, the NHIS shall inform such person that he or she can apply for payment of insurance contributions in installments under paragraph (1), and guide the matters concerning procedures and methods for applying for payment of insurance contributions in installments, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Mar. 27, 2018>

(3) Where a person who obtains approval for the payment of insurance contributions in installments pursuant to paragraph (1) fails to pay the approved insurance contributions at least five times (if the number of installments approved under paragraph (1) is less than five times, it means the number of installments) without any justifiable grounds therefor, the NHIS shall revoke its approval for payment of his or her insurance contributions in installments. <Amended on Mar. 27, 2018; Apr. 23, 2019>

(4) Necessary matters concerning procedures for, methods of and standards for, etc. approval, and the revocation of approval to pay insurance contributions in installments shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Mar. 27, 2018>

### **Article 83 (Disclosure of Personal Details of Payers in Arrear with Large Amount or in**

**Habitual Arrears)** (1) Where a person who has defaulted in the payment of insurance contributions, arrears, and expenses for disposition on default (including insurance contributions, arrears and expenses for disposition on default which have been written off under Article 84 but the extinctive prescription for which has not run out) which have been in arrears for more than one year from the day following the payment due date under this Act in the amount of not less 10 million won in total despite the fact that he or she has the ability to pay them, the NHIS may disclose his or her personal details, amount in arrears, etc. (hereafter referred to as "personal details, etc." in this Article): Provided, That this shall not apply where an objection pursuant to Article 87 or a request for trial pursuant to Article 88 is filed, or an administrative litigation is pending, in regard to insurance contributions in arrears, arrears, or expenses for disposition on default or where any cause prescribed by Presidential Decree, such as partial payment of the amount in arrears, exists. <Amended on Apr. 23, 2019>

(2) The Deliberative Committee on Disclosure of Insurance Contribution Information shall be established in the NHIS in order to deliberate on whether to disclose personal details, etc. under paragraph (1) of persons in arrear.

(3) The Deliberative Committee on Disclosure of Insurance Contribution Information shall provide persons who are subject to disclosure of personal details, etc. an opportunity to defend themselves by notifying in writing that they shall be subject to the disclosure, and select the persons subject to the disclosure after six months lapse from the date of such notification taking into consideration the fulfillment, etc. of their obligation to pay the amount in arrears.

(4) Personal details, etc. of persons in arrear under paragraph (1) shall be disclosed by means of publication in the Official Gazette or posting on the website of the NHIS.

(5) Matters necessary for the criteria for the ability to make payment, procedures for disclosure, organization, and operation of the Committee, etc. concerning the disclosure of personal details, etc. of persons in arrear under paragraphs (1) through (4) shall be prescribed by Presidential Decree.

**Article 84 (Dispositions on Deficit)** (1) Where any of the following grounds occurs, the NHIS may write off insurance contributions, etc. as deficit after obtaining a resolution by the Financial Operation Committee:

1. Where the disposition on default is concluded and the portion to be appropriated for the amount in arrears is insufficient for meeting the amount in arrears;
  2. Where the extinctive prescription for the claim concerned has run out;
  3. Cases determined by Presidential Decree where the possibility of collection is recognized nonexistent.
- (2) Where the NHIS discovers the existence of other seizable assets after the disposition on loss under paragraph (1) 3, it shall cancel the disposition without delay and effect a disposition on default.

**Article 85 (Precedence of Collection of Insurance Contributions)** Insurance contributions, etc. shall be collected preferentially before other claims except for national taxes and local taxes: Provided, That this shall not apply to the claims guaranteed by a right to lease on a deposit basis, a pledge right, a mortgage, or a security right pursuant to the Act on Security over Movable Property and Claims where an asset of which the registration of establishment of a right to lease on a deposit basis, a pledge right, a mortgage, or a security right pursuant to the Act on Security over Movable Property and Claims has been verified is sold prior to the due date for the payment of the insurance contributions, and the insurance contributions are collected from the proceeds from sale of such asset.

**Article 86 (Appropriation for and Return of Insurance Contributions)** (1) Where any payment of the insurance contributions, etc., arrears, or expenses for disposition on default is overpaid or erroneously paid by a person liable to make such payment, the NHIS shall appropriate the overpayment or erroneous payment first for the insurance contributions, etc., arrears, or expenses for disposition on default, as prescribed by Presidential Decree. <Amended on Dec. 3, 2019>

(2) The NHIS shall refund any balance remaining after the appropriation pursuant to paragraph (1) to the person liable to make payment, as prescribed by Presidential Decree. <Amended on Dec. 3, 2019>

(3) In the cases of paragraphs (1) and (2), interest prescribed by Presidential Decree shall be added to the overpayment or erroneous payment. <Newly on Dec. 3, 2019>

## CHAPTER VII FILING OF OBJECTIONS AND REQUESTS FOR TRIAL

**Article 87 (Raising Objections)** (1) A person not satisfied with the decisions of the NHIS on the eligibility, insurance contributions, etc., insurance benefits, and insurance benefit costs for the insured or his or her dependents, may formally raise an objection to the NHIS.

(2) The NHIS, a health care institution, or other entity not satisfied with the decisions of the Review and Assessment Service on evaluation, etc. of the appropriateness of the costs of health care benefits and health care benefits may formally raise an objection to the Review and Assessment Service.



(3) Any objection referred to in paragraphs (1) and (2) (hereinafter referred to as "filing of objection") shall be filed in writing within 90 days after the date the person became aware of such decision and shall not be filed after 180 days from the date the decision is made: Provided, That this shall not apply where an explanation is made that the objection within the relevant period could not be raised due to a legitimate reason.

(4) Notwithstanding the main clause of paragraph (3), where a health care institution intends to file an objection to the verification of the Health Insurance Review and Assessment Service referred to in Article 48, it shall do so within 30 days from the date it receives notice referred to in paragraph (2) of the same Article.

(5) Except as provided in paragraphs (1) through (4), matters necessary for the method of raising an objection and decision thereon, and notice of the decision, etc., shall be prescribed by Presidential Decree.

**Article 88 (Requests for Trial)** (1) A person who appeals against a decision on an objection filed may request the Health Insurance Dispute Mediation Committee for a trial pursuant to Article 89. In such cases, Article 87 (3) shall apply mutatis mutandis to a request for trial.

(2) A person who intends to request a trial pursuant to paragraph (1) shall submit a request for trial prescribed by Presidential Decree to the NHIS or the Review and Assessment Service, whichever of the two made a decision pursuant to Article 87 (1) or (2) or with the Health Insurance Dispute Mediation Committee under Article 89.

(3) Except as provided in paragraphs (1) and (2), matters necessary for the procedure and method for filing a request for trial, decision, notification of such decision, etc., shall be prescribed by Presidential Decree.

**Article 89 (Health Insurance Dispute Mediation Committee)** (1) The Health Insurance Dispute Mediation Committee (hereinafter referred to as the "Dispute Mediation Committee") shall be established under the Ministry of Health and Welfare to deliberate on and resolve requests for trial pursuant to Article 88.

(2) The Dispute Mediation Committee shall be comprised of up to 60 members, including one chairperson, and one member, excluding the chairperson, shall be an ex officio member. In such cases, members who are not public officials shall comprise a majority of the total members of the Committee. <Amended on Jan. 1, 2014; Dec. 11, 2018>

(3) The meetings of the Dispute Mediation Committee shall have a total of nine members, including the chairperson, one ex officio member, and seven members as designated by the chairperson each time a meeting is held, whose majority shall be those who are not public officials. <Amended on Dec. 11, 2018>

(4) Resolutions of the Dispute Mediation Committee shall be passed by the attendance of a majority of the members under paragraph (3) and the concurring vote of at least a majority of those present.

(5) A secretariat shall be established under the Dispute Mediation Committee to provide assistance at working level. <Newly Inserted on Jan. 1, 2014>

(6) Except as provided in paragraphs (1) through (5), matters necessary for the composition and operation, etc. of the Dispute Mediation Committee and the secretariat shall be prescribed by Presidential Decree. <Amended on Jan. 1, 2014>

(7) In applying Articles 129 through 132 of the Criminal Act, a member of the Dispute Mediation Committee who is not a public official shall be deemed a public official. <Newly Inserted on Feb. 3, 2016>

**Article 90 (Administrative Litigation)** A person who has any objection to a decision of the NHIS or the Review and Assessment Service or a person who protests against a decision on the objection raised under Article 87 or a request for trial filed under Article 88 may institute an administrative action pursuant to the Administrative Litigation Act.

## CHAPTER VIII SUPPLEMENTARY PROVISIONS

**Article 91 (Prescription)** (1) The extinctive prescription of the following rights shall become complete if not exercised for three years: <Amended on Mar. 22, 2016>

1. Entitlement to collect insurance contributions, arrears, and additional charges;
2. Entitlement to be refunded any excessive or mistaken amount paid as insurance contributions, arrears, or additional charges;
3. Entitlement to receive an insurance benefit;
4. Entitlement to receive reimbursement of insurance benefit costs;
5. Entitlement to receive a refund of excess individual co-payment under the latter part of Article 47 (3);
6. A right of the Korea Workers' Compensation and Welfare Service under Article 61.

(2) The prescription referred to in paragraph (1) shall be interrupted by an occurrence of any of the following events:

1. A notice or overdue notice of insurance contributions;
2. A claim for insurance benefit or insurance benefit costs.

(3) The extinctive prescription of the right to collect insurance contributions from a person who takes a leave of absence, etc. shall not, if notification is suspended pursuant to Article 79 (5), proceed until the reason for leave of absence, etc. ceases to exist.

(4) Except as provided in this Act, the term of extinctive prescription pursuant to paragraph (1), interruption of prescription pursuant to paragraph (2), and suspension of prescription pursuant to paragraph (3) shall be

governed by the Civil Act.

**Article 92 (Calculation of Periods)** Except as provided in this Act, the provisions of the Civil Act that are relevant to periods shall apply mutatis mutandis to the calculation of the periods prescribed by this Act or by orders under this Act.

**Article 93 (Protection of Rights and Interests of Workers)** An employer who employs workers at all places of business who do not fall under any subparagraph of Article 6 (2) shall not prevent the workers he or she has employed from becoming the employee insured under this Act or take a measure that is injurious to the workers, such as denial of a worker's promotion or wage increase or the dismissal of a worker, for the purpose of evading an increase of the employer's share to be borne by the employer in question and without any justifiable ground therefor.

**Article 94 (Reporting)** (1) The NHIS may require an employer, the employee insured, or the head of a household to report the following matters or to submit relevant documents (including those recorded by an electronic method; hereinafter the same shall apply): <Amended on May 22, 2013>

1. The change of residence of the insured;
2. The remuneration and income of the insured;
3. Other matters necessary for the health insurance program.

(2) Where the NHIS recognizes a necessity for factual verification of the materials reported or submitted under paragraph (1), the NHIS may require employees under its charge to investigate the matters in question.

(3) The NHIS's employees who conduct an investigation under paragraph (2) shall carry documents indicating their authority and produce them to related persons.

**Article 95 (Forwarding of Data on Reduction or Omission of Income)** (1) Where the NHIS recognizes that remuneration, income, etc. reported under Article 94 (1) is reduced or omitted, it may forward in writing the matters on income reduction or omission to the Commissioner of the National Tax Service through the Minister of Health and Welfare.

(2) Where the Commissioner of the National Tax Service conducts any tax investigation under related Acts, such as the Framework Act on National Taxes, on the matters forwarded under paragraph (1), he or she shall forward the matters on the remuneration or income, from among the results of relevant investigation to the NHIS.

(3) Matters necessary for forwarding procedures under paragraphs (1) and (2) and other necessary matters, shall be prescribed by Presidential Decree.

**Article 96 (Furnishing of Materials)** (1) The NHIS may request the State, local governments, health care institutions, insurance companies, and actuarial organizations under the Insurance Business Act, public institutions under the Act on the Management of Public Institutions, other public organizations, etc. to furnish the data prescribed by Presidential Decree on resident registration, family relation registration, national taxes, local taxes, land, buildings, immigration control, etc. to perform the following: <Amended on May 20, 2014>

1. Implementation of health insurance programs, such as supervision of eligibility of the insured and their dependents, imposition and collection of insurance contributions, and administration of insurance benefits;
2. Services referred to in Article 14 (1) 11.

(2) The Review and Assessment Service may request the State, local governments, health care institutions, insurance companies, and actuarial organizations under the Insurance Business Act, public institutions under the Act on the Management of Public Institutions, other public organizations, etc. to furnish the data prescribed by Presidential Decree on resident registration, immigration control, medical records, supply of medicine and medical supplies, etc. to examine the costs of health care benefits and to assess the appropriateness of health care benefits. <Amended on May 20, 2014>

(3) The Minister of Health and Welfare may request the head of the relevant administrative agency to submit data necessary for reducing the upper limit amount of costs of health care benefits for medicines and suspending the application of health care benefits pursuant to Article 41-2. <Newly Inserted on Mar. 27, 2018>

(4) Those in receipt of a request to submit materials under paragraphs (1) and (3) shall sincerely comply therewith. <Amended on Mar. 27, 2018>

(5) Where the NHIS or the Review and Assessment Service requests health care institutions, insurance companies or actuarial organizations under the Insurance Business Act to furnish the data referred to in paragraph (1) or (2), it shall forward a written request for the furnishing of data which states the grounds and reasons for the request for the data, persons and period subject to the furnishing of the data, time limit for furnishing the data, data to be furnished, etc. <Newly Inserted on Mar. 22, 2016; Mar. 27, 2018>

(6) Fees, commissions, etc. shall be exempted for the materials furnished to the NHIS or the Review and Assessment Service by the State, local governments, health care institutions, insurance contribution rate computing organizations under the Insurance Business Act and other public institutions and public organizations under paragraphs (1) and (2). <Amended on Mar. 22, 2016; Mar. 27, 2018>

**Article 96-2 (Sharing of Computerized Family Relationship Registration Information)** (1) To process the following affairs, the NHIS may share (including the processing defined in subparagraph 2 of Article 2 of the Personal Information Protection Act) computerized information data referred to in Article 9 of the Act on Registration of Family Relations according to the Electronic Government Act:

(2) An employer shall store documents related to health insurance including management of the eligibility requirements and calculation of insurance contributions for three years, as prescribed by Ordinance of the Ministry of Health and Welfare.

(3) No one shall use the computerized information linked under paragraph (1) for any purpose other than its original purpose.

[This Article Newly Inserted on Dec. 29, 2020]

[Previous Article 96-2 moved to Article 96-3 <Dec. 29, 2020>]

**Article 96-2 (Provision of Financial Information)** (1) If necessary for calculating the contribution point of the self-employed insured under the proviso of Article 72 (1), the NHIS may request, with a written consent, converted to an electronic form, submitted by the self-employed insured pursuant to Article 72 (3), that the head of the relevant financial company, etc. provide financial information, notwithstanding Article 4 (1) of the Act on Real Name Financial Transactions and Confidentiality.

(2) Notwithstanding Article 4 of the Act on Real Name Financial Transactions and Confidentiality, the head of a financial company, etc. requested to provide financial information pursuant to paragraph (1) shall provide financial information on the holder of a title deed.

(3) The head of a financial company, etc. who provides financial information pursuant to paragraph (2) shall notify the holder of a title deed of such provision of financial information: Provided, That he or she need not notify the relevant fact upon consent of the holder of the title deed, notwithstanding Article 4-2 (1) of the Act on Real Name Financial Transactions and Confidentiality.

(4) Except as provided in paragraphs (1) through (3), matters necessary for requests and procedures for the provision of financial information shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Dec. 3, 2019]

[Previous Article 96-2 moved to Article 96-3 <Dec. 29, 2020>]

[Enforcement Date: Jul. 1, 2022] Article 96-2

**Article 96-3 (Preservation of Documents)** (1) A health care institution shall store the documents related to any claim for costs of health care benefits under Article 47 for five years from the date of the end of provision of such health care benefits, as prescribed by Ordinance of the Ministry of Health and Welfare:

Provided, That pharmacies and other health care institutions prescribed by Ordinance of the Ministry of Health and Welfare shall store prescriptions for three years from the date the relevant costs of health care benefits are claimed.

(2) An employer shall store documents related to health insurance including management of the eligibility requirements and calculation of insurance contributions for three years, as prescribed by Ordinance of the Ministry of Health and Welfare.

(3) A quasi-health care institution that has filed a claim for health care costs pursuant to Article 49 (3) shall retain the documents related to the claim for health care costs, as prescribed by Ordinance of the Ministry of Health and Welfare for three years from the date the health care costs are paid. <Newly Inserted on Dec. 29, 2020>

(4) A person who has filed a claim for insurance benefits for any assistive device pursuant to Article 51 (2) shall retain documents concerning claims for insurance benefits for three years from the date he or she receives insurance benefits, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Dec. 29, 2020>

[This Article Newly Inserted on May 22, 2013]

[Moved from Article 96-2 <Dec. 29, 2020>]

### **Article 96-3 (Data Matching of Computerized Family Relationship Registration Information) (1)**

To conduct the affairs referred to in Article 96 (1), the NHIS may share (including the processing defined in subparagraph 2 of Article 2 of the Personal Information Protection Act) computerized information data referred to in Article 9 of the Act on the Registration of Family Relations according to the Electronic Government Act:

(2) Where the NHIS requests the joint use of computerized information data under paragraph (1), the Minister of the National Court Administration shall take measures necessary for such joint use.

(3) No one shall use the computerized information linked under paragraph (1) for any purpose other than its original purpose.

[This Article Newly Inserted on Dec. 29, 2020]

[Previous Article 96-3 moved to Article 96-4 <Dec. 29, 2020>]

[Enforcement Date: Jul. 1, 2022] Article 96-3

**Article 96-4 (Preservation of Documents) (1)** A health care institution shall store the documents related to any claim for costs of health care benefits under Article 47 for five years from the date of the end of provision of such health care benefits, as prescribed by Ordinance of the Ministry of Health and Welfare:

Provided, That pharmacies and other health care institutions prescribed by Ordinance of the Ministry of Health and Welfare shall store prescriptions for three years from the date the relevant costs of health care benefits are claimed.

(2) An employer shall store documents related to health insurance including management of the eligibility requirements and calculation of insurance contributions for three years, as prescribed by Ordinance of the Ministry of Health and Welfare.

(3) A quasi-health care institution that has filed a claim for health care costs pursuant to Article 49 (3) shall retain the documents related to the claim for health care costs, as prescribed by Ordinance of the Ministry of Health and Welfare for three years from the date the health care costs are paid. <Newly Inserted on Dec. 29, 2020>

(4) A person who has filed a claim for insurance benefits for any assistive device pursuant to Article 51 (2) shall retain documents concerning claims for insurance benefits for three years from the date he or she receives insurance benefits, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Dec. 29, 2020>

[This Article Newly Inserted on May 22, 2013]

[Moved from Article 96-3 <Dec. 29, 2020>]

[Enforcement Date: Jul. 1, 2022] Article 96-4

**Article 97 (Report and Inspection)** (1) The Minister of Health and Welfare may order an employer, the employee insured, or the head of a household to report or submit materials on the relocation, remuneration, income, and other necessary matters of the insured or require public officials under his or her charge to question relevant persons or inspect relevant documents.

(2) The Minister of Health and Welfare may require a health care institution (including any institution that has provided health care under Article 49) to report on the matters relevant to insurance benefits, such as the provision of health care and medicine, or submit relevant documents or require public officials under his or her charge to question relevant persons or inspect relevant documents.

(3) The Minister of Health and Welfare may require a person who has received an insurance benefit to report on the details of the relevant insurance benefit or require public officials under his or her charge to question the person.

(4) The Minister of Health and Welfare may order an organization that is assigned to vicariously file claims for examining costs of health care benefits pursuant to Article 47 (6) (hereinafter referred to as "vicarious claim organization") to submit necessary materials or require public officials under his or her charge to investigate and verify the materials, etc. pertaining to the vicarious claims.

(5) If necessary for reducing the upper limit amount of costs of health care benefits for medicines and suspending the application of health care benefits pursuant to Article 41-2, the Minister of Health and Welfare may order a drug provider under Article 47 (2) of the Pharmaceutical Affairs Act to make a report of, or submit materials concerning, any such violation of the sale order of drugs as is caused by providing cash, goods, convenience, labor, entertainment or other economic benefits, or may direct a public official of the Ministry of Health and Welfare to inquire of the related person or inspect the related documents. <Newly Inserted on Mar. 27, 2018>

(6) Public officials who conduct an investigation under paragraphs (1) through (5) shall carry documents indicating their authority and produce them to related persons. <Amended on Mar. 27, 2018>

**Article 98 (Suspension of Operation)** (1) Where a health care institution falls under any of the following subparagraphs, the Minister of Health and Welfare may order the health care institution to suspend its operation by specifying a period of within one year: <Amended on Feb. 3, 2016>

1. Where it places the burden of bearing costs of health care benefits on the insurer, the insured, or dependent by fraud or other improper means;
2. Where it violates the order referred to in Article 97 (2), files a false report, or rejects, interferes with, or evades an inspection or questioning by a public official belonging to competent authorities;
3. Where it performs or uses an act or material for medical treatment for the insured or their dependents by fraud or other improper means and then places the burden of costs on the insured or their dependents, without applying for the determination under Article 41-3 (1) without any justifiable grounds.

(2) A person who has been ordered to suspend operation under the provisions of paragraph (1) shall not provide health care benefits during the period of suspension of the operations in question.

(3) The effect of the disposition of suspension of operation under paragraph (1) shall be succeeded by a person who takes over the health care institution for which such disposition has been made, a corporation which survives after a merger, or a corporation established by a merger, and where any procedure of the disposition of suspension of operation is pending, it may proceed regarding the transferee, the corporation which continues to exist after a merger or the corporation established by a merger: Provided, That the same shall not apply to a transferee or corporation surviving a merger where he or she or it proves that he or she or it was unaware of such disposition or the fact of violation.

(4) A person who is subject to the disposition of the suspension of operation under paragraph (1) or a person for whom the procedure of the disposition of suspension of operation is under way shall notify, without delay, a transferee, a corporation surviving a merger or a corporation incorporated in the course of a merger of the fact that it is subject to an administrative disposition or the fact that the procedure of an



administrative disposition is under way under the conditions as prescribed by Presidential Decree as prescribed by Ordinance of the Ministry of Health and Welfare.

(5) The standards of administrative disposition by the type, degree, etc. of violating acts which are subject to the suspension of operation under paragraph (1), and other necessary matters shall be prescribed by Presidential Decree.

- Article 99 (Penalty Surcharges)** (1) Where a health care institution is subject to the disposition of suspension of operation by falling under Article 98 (1) 1 or 3, if such disposition causes a serious inconvenience to persons who use a health care institution or if any special causes prescribed by the Minister of Health and Welfare are deemed to exist, the Minister of Health and Welfare may impose and collect a penalty surcharge of the amount not exceeding five times the amount to be imposed on conducts by fraud or other improper means in lieu of the disposition of suspension of operation. In such cases, the Minister of Health and Welfare may have it paid in installments within 12 months. <Amended on Feb. 3, 2016>
- (2) Where the Minister of Health and Welfare suspends any medicine from health care benefits under Article 41-2 (3), the Minister may impose and collect a penalty surcharge in any of the following cases within the scope of each of the following subparagraphs, as prescribed by Presidential Decree, in lieu of the suspension thereof from the health care benefits. In such cases, the Minister of Health and Welfare may have it paid in installments within 12 months: <Newly Inserted on Jan. 1, 2014; Mar. 27, 2018; Jun. 8, 2021>
1. When it is expected to interfere with public welfare, such as causing inconvenience to patient care: The scope shall not exceed 200/100 of the total costs of health care benefits for the relevant medicine;
  2. When it is recognized that there are special reasons, such as it is expected to pose a serious risk to public health: The scope shall not exceed 60/100 of the total costs of health care benefits for the relevant medicine.
- (3) Where any medicine subject to the imposition of a penalty surcharge pursuant to the former part of paragraph (2) becomes again subject to the imposition of a penalty surcharge pursuant to the former part of paragraph (2) within the period determined by Presidential Decree to the extent of five years from the date when a penalty surcharge is imposed, the Minister of Health and Welfare may impose and collect a penalty surcharge according to the following classifications, as prescribed by Presidential Decree. <Newly Inserted on Mar. 27, 2018; Jun. 8, 2021>
1. In the case that a penalty surcharge is imposed for the reasons specified in paragraph (2) 1: The extent not exceeding 350/100 of the total amount of costs of health care benefits for the relevant medicine;
  2. In the case that a penalty surcharge is imposed for the reasons specified in paragraph (2) 2: The extent not exceeding 100/100 of the total amount of costs of health care benefits for the relevant medicine.

(4) The total amount of costs of health care benefits for the relevant medicine to be prescribed by Presidential Decree under paragraphs (2) and (3) shall not exceed the total amount of health care benefits paid for one year taking into consideration the record, etc. of health care benefits for the relevant medicine paid in the past. <Newly Inserted on Jan. 1, 2014; Mar. 27, 2018>

(5) Where a person liable to pay a penalty surcharge under paragraph (1) fails to pay it by the time-limit, the Minister of Health and Welfare shall revoke the disposition of imposing the penalty surcharge in accordance with the procedures prescribed by Presidential Decree, and then shall take a disposition of suspending operation under Article 98 (1) or collect the penalty surcharge in the same manner as delinquent national taxes are collected: Provided, That if it is impossible to take a disposition of suspending operation under Article 98 (1), due to discontinuance, etc. of business of the relevant health care institution, the penalty surcharge shall be collected in the same manner as delinquent national taxes are collected. <Amended on Mar. 22, 2016; Mar. 27, 2018>

(6) Where a person liable to pay a penalty surcharge under paragraph (2) or (3) fails to make such payment by a due date thereof, the Minister of Health and Welfare shall collect it in the same manner as delinquent national taxes are collected. <Newly Inserted on Mar. 22, 2016; Mar. 27, 2018>

(7) If necessary for collecting a penalty surcharge, the Minister of Health and Welfare may file a written request to furnish tax information with the head of the tax office or the head of the relevant local government wherein following matters are stated: <Amended on Jan. 1, 2014; Mar. 22, 2016; Mar. 27, 2018>

1. Taxpayer's personal information;
2. Purpose of use;
3. Grounds and standards for imposition of the penalty surcharge.

(8) The penalty surcharge collected pursuant to paragraphs (1) through (3) shall not be used for purposes other than the following. In such cases, the penalty surcharge collected pursuant to paragraphs (2) 1 and (3) 1 shall be used for the purpose of subparagraph 3: <Amended on Jan. 1, 2014; Mar. 22, 2016; Jan. 16, 2018; Mar. 27, 2018; Jun. 8, 2021>

1. Funds that the NHIS provides as costs of health care benefits pursuant to Article 47 (3);
2. Support for the emergency medical service fund referred to in the Emergency Medical Service Act;
3. Support for projects for supporting disastrous medical expenses under the Act on Support of Disastrous Medical Expenses.

(9) Necessary matters concerning the amount of penalty surcharges under paragraphs (1) through (3) and the payment thereof, and necessary matters concerning the scales of, and procedures for, support by purpose granted from penalty surcharges referred to in paragraph (8) shall be prescribed by Presidential Decree.

<Amended on Jan. 1, 2014; Mar. 22, 2016; Mar. 27, 2018>

**Article 100 (Publication of Fact of Violation)** (1) If a health care institution which has received an administrative disposition under Article 98 or 99 because of claims for costs of health care benefits in falsehood by falsifying or forging relevant documents falls under any of the following subparagraphs, the Minister of Health and Welfare may publish the act of violation, details of disposition, the name and address of the relevant health care institution, the name of the representative of the relevant health care institution, and other matters prescribed by Presidential Decree which are necessary to distinguish it from other health care institutions. In such cases, the motive, degree, frequency, results, etc. of the violation shall be taken into consideration in deciding whether to make such publication:

1. Where the amount claimed in falsehood exceeds 15 million won;
2. The rate of amount claimed in falsehood exceeds 20/100 of the total amount of costs of health care benefits.

(2) The Minister of Health and Welfare shall establish and operate the Health Insurance Publication Deliberation Committee (hereafter referred to as the "Publication Deliberation Committee" in this Article) to deliberate on whether to make a publication, etc. under paragraph (1).

(3) The Minister of Health and Welfare shall notify a health care institution which becomes subject to publication, undergoing the deliberation by the Publication Deliberation Committee of the fact that it is subject to publication, in order to provide it with an opportunity to submit explanatory materials or appear to make a statement of opinion.

(4) The Minister of Health and Welfare shall select health care institutions to become subject to publication after the Publication Deliberation Committee re-deliberates health care institutions to be subject to publication, taking into account explanatory materials or statements of opinion referred to in paragraph (3).

(5) Except as provided in paragraphs (1) through (4), matters necessary for the procedure for and method of publication, organization and operation, etc. of the Publication Deliberation Committee shall be prescribed by Presidential Decree.

**Article 101 (Prohibited Acts of Manufacturers)** (1) No manufacturer, operator of a manufacture by entrustment and sale business, importer, and distributor of drugs under the Pharmaceutical Affairs Act nor a manufacturer, importer, repairer, distributor, and lessor of medical devices under the Medical Devices Act (hereinafter referred to as "manufacturer, etc.") shall cause any loss to the insurer, the insured or his or her dependent by committing any of the following acts, in determining items eligible for health care benefits pursuant to Article 41-3 or in calculating the costs of health care benefits pursuant to Article 46, in relation

to medicines and materials for medical treatment: <Amended on Feb. 3, 2016>

1. Engaging in an act of a health care institution referred to in Article 98 (1) 1;
2. Submitting false data to the Ministry of Health and Welfare, the NHIS, or the Review and Assessment Service;
3. Exercising influence over the determination of items eligible for health care benefits and the calculation of the costs of health care benefits, by fraud or other improper means prescribed by Ordinance of the Ministry of Health and Welfare.

(2) In order to ascertain whether a manufacturer, etc. has committed any violation of paragraph (1), the Minister of Health and Welfare may conduct a necessary investigation, such as issuing an order to the relevant manufacturer, etc. to submit the relevant documents, or assigning public officials under his or her control to ask questions to the related persons or inspect the relevant documents. In such cases, the competent public officials shall carry documents indicating their authority and produce them to related persons.

(3) Where a manufacturer, etc. commits an act causing any loss to the insurer, the insured, or his or her dependent, in violation of paragraph (1), the NHIS shall collect an amount equivalent to the loss (hereafter referred to as "amount equivalent to the loss" in this Article) from such manufacturer, etc. <Newly Inserted on Feb. 3, 2016>

(4) The NHIS shall pay the insured or his or her dependent an amount corresponding to the loss he or she has sustained, out of the amount equivalent to the loss collected pursuant to paragraph (3). In such cases, the NHIS may offset the amount to be paid to the insured or his or her dependent by the insurance contributions, etc. to be paid by him or her. <Newly Inserted on Feb. 3, 2016>

(5) The procedures for calculating, imposing, and collecting the amount equivalent to the loss referred to in paragraph (3), the payment method therefor, and other necessary matters shall be prescribed by Presidential Decree. <Newly Inserted on Feb. 3, 2016>

**Article 102 (Maintaining Information)** No person who has been or is engaged in the services of the NHIS, the Review and Assessment Service, or a vicarious claim organization shall do any of the following acts: <Amended on Mar. 22, 2016; Apr. 23, 2019>

1. Divulging personal information (referring to personal information defined in subparagraph 1 of Article 2 of the Personal Information Protection Act; hereinafter referred to as "personal information") of the insured or their dependents, using such information for any purpose other than performing his or her duties, or providing such information to a third party without any justifiable grounds;

2. Divulging any information learned in the course of performing his or her duties (excluding personal information referred to in subparagraph 1), using such information for any purpose other than performing his or her duties, or providing such information to a third party.

[Title Amended on Mar. 22, 2016]

**Article 103 (Supervision of NHIS)** (1) In order for the NHIS and the Review and Assessment Service to achieve their management goals, the Minister of Health and Welfare may supervise them, such as ordering them to report on the following programs or services or inspecting the conditions of their programs, services, or property:

1. Services of the NHIS set forth in Article 14 (1) 1 through 13, and services of the Review and Assessment Service set forth in Article 63 (1) 1 through 7;
2. Projects related to satisfying the management guidelines prescribed in Article 50 of the Act on the Management of Public Institutions;
3. Services entrusted to the NHIS and the Review and Assessment Service under this Act or other statutes or regulations;
4. Other projects related to the matters prescribed by related statutes.

(2) Where necessary for supervision under paragraph (1), the Minister of Health and Welfare may order to amend the articles of incorporation or regulations, or order other necessary dispositions.

**Article 104 (Payment of Monetary Rewards)** (1) The NHIS may pay a reward to a person who reports any of the following persons: <Amended on Dec. 29, 2020>

1. A person who has received insurance benefits by fraud or other improper means;
2. A person who arranges another person to receive insurance benefits by fraud or other improper means;
3. Health care institutions that receive insurance benefit costs or quasi-health care institutions or assistive device sellers who receive insurance benefit by fraud or other improper means.

(2) The NHIS may provide an incentive to a health care institution that has contributed to the efficient financial management of health insurance. <Newly Inserted on May 22, 2013>

(3) Matters necessary for the criteria for and scope of payment of a reward and incentive, procedure and method of payment, and other necessary matters pertaining to paragraphs (1) and (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on May 22, 2013>

[Title Amended on May 22, 2013]

**Article 105 (Prohibition of Use of Similar Names)** (1) No person, other than the NHIS or the Review and Assessment Service, shall use such names as the National Health Insurance Service, Health Insurance

Review and Assessment Service, or other names similar thereto.

(2) A person, other than one who conducts a health insurance program prescribed by this Act, shall be prohibited from using the term "national health insurance" in an insurance contract or in the name of an insurance contract.

**Article 106 (Disposal of Small Sums)** Where an amount to be collected or returned is less than 2,000 won in one case (excluding any individual co-payment refund and any amount to be paid to the insured or his or her dependent, which may be disposed of by offsetting under Article 47 (4), the latter part of Article 57 (5), and the latter part of Article 101 (4)), the NHIS shall not collect or return such amount. <Amended on May 22, 2013; Feb. 3, 2016>

**Article 107 (Disposal of Fractional Sum)** In calculating the expenses related to insurance contributions, etc. and insurance benefits, fractional sums under Article 47 of the Management of the National Funds Act shall be excluded from the calculation.

**Article 108 (Government's Subsidies for Insurance Finance)** (1) The State shall subsidize an amount equivalent to 14/100 of the amount of anticipated revenues from insurance contributions for the relevant year to the NHIS from the National Treasury each year within budgetary limits.

(2) The National Health Promotion Fund under the National Health Promotion Act may provide funds to the NHIS, as prescribed by the same Act.

(3) The NHIS shall appropriate financial resources provided pursuant to paragraph (1) for the following purposes: <Amended on May 22, 2013>

1. Insurance benefits for the insured and their dependents;
2. Operational expenses for the health insurance business;
3. Subsidies needed to reduce insurance contributions pursuant to Articles 75 and 110 (4).

(4) The NHIS shall use the funds provided pursuant to paragraph (2) for the following businesses:

1. Projects undertaken to enhance health, such as health checkup;
2. Insurance benefits paid to treat diseases suffered by the insured and their dependents that are caused by smoking;
3. Insurance benefits paid to senior citizens who are at least 65 years old, from among the insured and their dependents.

[This Article shall remain effective until Dec. 31, 2022 in accordance with the provisions of Article 2 of the Addenda to Act No. 11141 (Dec. 31, 2011)]

**Article 109 (Special Cases concerning Foreigners)** (1) The Government may arrange for separate health insurance for the workers at a workplace where a foreign government is the employer, in consultation with the foreign government.

(2) An overseas Korean national or a foreigner residing in the Republic of Korea (hereinafter referred to as "foreigner, etc. residing in Korea") who is an employee, public official, or school employee of a workplace of eligible persons shall become the employee insured, notwithstanding Article 5, if he or she does not fall under any subparagraph of Article 6 (2) but falls under any of the following: <Amended on Mar. 22, 2016>

1. A person who is registered pursuant to Article 6 (1) 3 of the Resident Registration Act;
2. A person who has reported on his or her place of residence in Korea pursuant to Article 6 of the Act on the Immigration and Legal Status of Overseas Koreans;
3. A person who has filed for alien registration pursuant to Article 31 of the Immigration Act.

(3) Where a foreigner, etc. residing in Korea who does not fall under the employee insured referred to in paragraph (2) satisfies all the following requirements, he or she shall become the self-employed insured, notwithstanding Article 5: <Newly Inserted on Mar. 22, 2016; Jan. 15, 2019>

1. The relevant person shall fall under the ground prescribed by Ordinance of the Ministry of Health and Welfare that he or she resided in Korea during the period prescribed by Ordinance of the Ministry of Health and Welfare or is expected to reside therein continuously during the relevant period;
2. The relevant person shall fall under any of the following:
  - (a) A person specified in paragraph (2) 1 or 2;
  - (b) A person who has filed for alien registration pursuant to Article 31 of the Immigration Act and holds the status of sojourn prescribed by Ordinance of the Ministry of Health and Welfare.

(4) Where a foreigner, etc. residing in Korea who falls under any subparagraph of paragraph (2) satisfies all the following requirements, he or she may become a dependent, notwithstanding Article 5, if he or she files an application with the NHIS: <Newly Inserted on Mar. 22, 2016>

1. The relevant person's relationship with the employee insured shall fall under any subparagraph of Article 5 (2);
2. The relevant person shall meet the standards for determination of the dependent eligibility referred to in Article 5 (3).

(5) Notwithstanding paragraphs (2) through (4), no foreigner, etc. residing in Korea shall become the insured or a dependent if he or she falls under any of the following cases: <Newly Inserted on Mar. 22, 2016; Jan. 15, 2019>

1. Where the relevant person's stay in Korea violates any Act and any ground prescribed by Presidential Decree exists;
2. Where a foreigner, etc. residing in Korea is eligible for medical guarantee equivalent to health care benefits referred to in Article 41 in accordance with foreign statutes, a foreign insurance or a contract concluded with his or her employer, and thus the employer or insured requests the exclusion of him or her from the insured, as prescribed by Ordinance of the Ministry of Health and Welfare.

(6) Articles 5 through 11 shall apply mutatis mutandis to matters necessary for the timing, procedures, etc. for acquisition and loss of the eligibility of the insured or dependents by foreigners, etc. residing in Korea, except as otherwise expressly provided for in paragraphs (2) through (5): Provided, That matters to be expressly provided for in consideration of the nature of foreigners, etc. residing in Korea may be otherwise prescribed by Presidential Decree. <Newly Inserted on Mar. 22, 2016>

(7) Where a foreigner, etc. residing in Korea who is the insured acquires the eligibility of the self-employed insured after the second day of any month and loses the eligibility in the month in which the date he or she acquired the eligibility falls, due to any ground publicly notified by the Minister of Health and Welfare, the insurance contributions for the month in which the date the eligibility was acquired falls shall be imposed and collected, notwithstanding the main clause of Article 69 (2). <Newly Inserted on Mar. 22, 2016>

(8) The insurance contributions for the self-employed insured who fall under foreigners, etc. residing in Korea (limited to those subject to the proviso of paragraph (9)) shall be paid by the 25th day of the immediately preceding month, notwithstanding the main clause of Article 78 (1): Provided, That in any of the following cases, the insurance contributions shall be paid as determined by the NHIS: <Newly Inserted on Mar. 22, 2016; Jan. 15, 2019>

1. Where the insurance contributions for the month in which the date the eligibility is acquired falls are collected;
2. Where the eligibility is acquired during the period from the 26th day to the end of any month.

(9) Except as provided in paragraphs (7) and (8), Articles 69 through 86 shall apply mutatis mutandis to matters on the imposition and collection of insurance contributions for foreigners, etc. residing in Korea who are the insured: Provided, That matters on the imposition and collection of insurance contributions for foreigners, etc. residing in Korea prescribed by Presidential Decree may be otherwise determined and publicly notified by the Minister of Health and Welfare, taking into account their nature. <Newly Inserted on Mar. 22, 2016>

(10) Where a foreigner, etc. residing in Korea (limited to those subject to the proviso of paragraph (9)) who is the self-employed insured fails to pay insurance contributions, the NHIS shall not provide insurance benefits



until the delinquent insurance contributions are paid in full, beginning with the date the foreigner, etc. falls into arrears, notwithstanding Article 53 (3). In such cases, the proviso of Article 53 (3), with the exception of its subparagraphs, and paragraphs (5) and (6) of the same Article shall not apply. <Newly Inserted on Jan. 15, 2019>

- Article 110 (Special Cases concerning the Unemployed)** (1) From among the persons whose employment relationship has expired, those whose total period of having retained eligibility for the employee insured is not less than one year during the period determined by Ordinance of the Ministry of Health and Welfare may file an application with the NHIS for retaining his or her eligibility as the employee insured by the date two months elapse after the due date for the payment of the insurance contributions stated in the first notice he or she receives as the self-employed insured under Article 79. <Amended on May 22, 2013; Jan. 16, 2018>
- (2) Notwithstanding Article 9, the insured who files an application with the NHIS under paragraph (1) (hereinafter referred to as "voluntarily continuous insured person") shall retain his or her eligibility during the period prescribed by Presidential Decree: Provided, That where he or she fails to pay the first insurance contributions of the employee insured to be paid after the filing of an application under paragraph (1) until two months elapse after the due date therefor, his or her eligibility shall be suspended. <Newly Inserted on May 22, 2013>
- (3) The amount of monthly remuneration of a voluntarily continuous insured person shall be the average amount of his or her monthly remuneration in recent 12 months during which the amounts of insurance contributions based on monthly remuneration have been calculated <Amended on May 22, 2013; Jan. 16, 2018>
- (4) Part of the insurance contributions of a voluntarily continuous insured person may be reduced, as publicly notified by the Minister of Health and Welfare. <Amended on May 22, 2013>
- (5) Total amount of the insurance contributions of voluntarily continuous insured persons shall be borne and paid by them notwithstanding Articles 76 (1) and 77 (1) 1. <Amended on May 22, 2013>
- (6) Where a voluntarily continuous insured person fails to pay the insurance contributions by a payment due date, Article 53 (3), (5) and (6) of shall apply mutatis mutandis. In such cases, the terms, "per household insurance contributions referred to in Article 69 (5)" shall be construed as "insurance contributions pursuant to Article 110 (5)". <Amended on May 22, 2013>
- (7) Matters relating to the methods of and procedures for filing applications to become a voluntarily continuous insured person and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on May 22, 2013>

**Article 111 (Assignment and Entrustment of Authority)** (1) The authority of the Minister of Health and Welfare under this Act may be partially delegated to the Special Metropolitan City Mayor, Metropolitan City Mayors, Do Governors, or the Special Self-Governing Province Governor, as prescribed by Presidential Decree.

(2) The authority of the Minister of Health and Welfare under Article 97 (2) may be entrusted to the NHIS or the Review and Assessment Service, as prescribed by Presidential Decree.

**Article 112 (Entrustment of Affairs)** (1) The NHIS may entrust each of the following services to postal service agencies, financial institutions, or other persons prescribed by Presidential Decree:

1. Receipt of insurance contributions and verifying payment of insurance contributions;
2. Payment of insurance benefit costs;
3. Receipt of pension insurance contributions, employment insurance contributions, employment insurance and industrial accident compensation insurance contributions, contributions, and other charges (hereinafter referred to as "insurance contributions, etc. entrusted for collection") collected according to the entrustment of the applicable Acts to the entrustment of collection, or verification of payment of insurance contributions.

(2) The NHIS may entrust part of its services to state agencies, local governments, corporations that provide social insurance programs under other statutes, or other persons: Provided, That the same shall not apply to collection including insurance contributions and insurance contributions entrusted for collection. <Amended on Feb. 3, 2016>

(3) The scope of the operations the NHIS may entrust under paragraph (2) and of the persons to whom they may be entrusted shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 113 (Allocation and Payment of Insurance Contributions Entrusted with Collection)** (1)

Where the amount of insurance contributions collected by the NHIS, subsequent fees, or insurance contributions, etc. entrusted with collection is smaller than the amount the NHIS has to collect, it shall collect the payment in installments according to the criteria and means prescribed by Presidential Decree: Provided, That where a person liable to make such payment states otherwise, the NHIS shall comply therewith.

(2) Where the NHIS has collected insurance contributions, etc. entrusted with collection, it shall pay such, without delay, to the relevant funds by insurance.

**Article 114 (Purposes of Contributions)** (1) For the expenses incurred in conducting services under Article

14 (1) 11, the NHIS shall use contributions received respectively from the National Pension Fund, the Industrial Accident Compensation Insurance Fund, the Employment Insurance Fund, and the Wage Claim Guarantee Fund under the National Pension Act, the Industrial Accident Compensation Insurance Act, the

Employment Insurance Act, and the Wage Claim Guarantee Act.

(2) Matters necessary for the management, operation, etc. of contributions received under paragraph (1), shall be prescribed by Presidential Decree.

**Article 114-2 (Legal Fiction as Public Officials in Application of Penalty Provisions)** Non-public official members of the Deliberative Committee under Article 4 (1) and of the Health Insurance Publication Deliberation Committee under Article 100 (2) shall be deemed to be public officials in applying Articles 127 and 129 through 132 of the Criminal Act.

[This Article Newly Inserted on Jan. 15, 2019]

## CHAPTER IX PENALTY PROVISIONS

**Article 115 (Penalty Provisions)** (1) A person who divulges personal information of the insured or their dependents, uses such information for any purpose other than to perform his or her duties or provides such information to a third party without any justifiable grounds in violation of subparagraph 1 of Article 102 shall be punished by imprisonment with labor for not more than five years, or by a fine not exceeding 50 million won. <Newly Inserted on Mar. 22, 2016; Apr. 23, 2019>

(2) Any of the following persons shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 30 million won: <Amended on Mar. 22, 2016; Apr. 23, 2019>

1. A person who works for a claim processing agency and files a claim for costs of health care benefits by fraud or other improper means;
2. A person who divulges any information learned in the course of performing his or her duties, uses such information for any purpose other than to perform his or her duties or provides such information to a third party, in violation of subparagraph 2 of Article 102.

(3) Any person who uses or utilizes computerized information data shared in violation of 96-2 (3) for purposes other than those under paragraph (1) of the same Article shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 10 million won. <Newly Inserted on Dec. 29, 2020>

(4) A person who receives or arranges another person to receive insurance benefits by fraud or other improper means shall be punished by imprisonment with labor for not more than two years, or by a fine not exceeding 20 million won. <Newly Inserted on Apr. 23, 2019; Dec. 29, 2020>

(5) Any of the following persons shall be punished by imprisonment with labor for at least one year or by a fine not exceeding 10 million won: <Amended on May 22, 2013; Mar. 22, 2016; Apr. 23, 2019; Dec. 29, 2020>

1. The founder of a health care institution who provides selective benefit, in violation of Article 42-2 (1) or (3);
2. A person who permits any other person who is not a claim processing agency to vicariously examine such claims, in violation of Article 47 (6);
3. An employer who violates Article 93;
4. The founder of a health care institution, who violates Article 98 (2);
5. Deleted. <Apr. 23, 2019>

**Article 115 (Penalty Provisions)** (1) A person who divulges personal information of the insured or their dependents, uses such information for any purpose other than to perform his or her duties or provides such information to a third party without any justifiable grounds in violation of subparagraph 1 of Article 102 shall be punished by imprisonment with labor for not more than five years, or by a fine not exceeding 50 million won. <Newly Inserted on Mar. 22, 2016; Apr. 23, 2019>

(2) Any of the following persons shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 30 million won: <Amended on Mar. 22, 2016; Apr. 23, 2019>

1. A person who works for a claim processing agency and files a claim for costs of health care benefits by fraud or other improper means;
2. A person who divulges any information learned in the course of performing his or her duties, uses such information for any purpose other than to perform his or her duties or provides such information to a third party, in violation of subparagraph 2 of Article 102.

(3) Any person who uses or utilizes computerized information data shared in violation of 96-3 (3) for purposes other than those under paragraph (1) of the same Article shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 10 million won. <Amended on Dec. 29, 2020>

(4) A person who receives or arranges another person to receive insurance benefits by fraud or other improper means shall be punished by imprisonment with labor for not more than two years, or by a fine not exceeding 20 million won. <Newly Inserted on Apr. 23, 2019; Dec. 29, 2020>

(5) Any of the following persons shall be punished by imprisonment with labor for at least one year or by a fine not exceeding 10 million won: <Amended on May 22, 2013; Mar. 22, 2016; Apr. 23, 2019; Dec. 29, 2020>

1. The founder of a health care institution who provides selective benefit, in violation of Article 42-2 (1) or (3);
2. A person who permits any other person who is not a claim processing agency to vicariously examine such claims, in violation of Article 47 (6);
3. An employer who violates Article 93;
4. The founder of a health care institution, who violates Article 98 (2);

5. Deleted. <Apr. 23, 2019>

[Enforcement Date: Jul. 1, 2022] Article 115

**Article 116 (Penalty Provisions)** A person who fails to report or submit documents, a person who makes a false report or submits false documents, or a person who refuses, interferes with, or evades inspection or questioning in violation of Article 97 (2) shall be punished by a fine not exceeding 10 million won.

**Article 117 (Penalty Provisions)** A person who violates Article 42 (5) or a person who fails to issue a detailed statement of health care costs or a receipt stating the particulars of the health care in violation of Article 49 (2) shall be punished by a fine not exceeding five million won.

**Article 118 (Joint Penalty Provisions)** Where the representative of a corporation, or an agent, employee or any other person working for the corporation or an individual commits any act which violates Articles 115 through 117 in connection with the business of the corporation or the individual, not only shall such violator be punished accordingly, but the corporation or the individual shall be punished by a fine prescribed in the relevant provisions: Provided, That the same shall not apply where the corporation or the individual has not been negligent in paying due attention and supervision to the relevant business in order to prevent such violation.

**Article 119 (Administrative Fines)** (1) Deleted. <May 22, 2013>

(2) Deleted. <May 22, 2013>

(3) A person who falls under any of the following subparagraphs shall be subject to an administrative fine not exceeding five million won: <Amended on Mar. 22, 2016; Mar. 27, 2018>

1. An employer who fails to make a report or makes a false report, in violation of Article 7;
2. A person who fails to file a report or to submit documents without any justifiable grounds, or files a false report or submits false documents, in violation of Article 94 (1);
3. A person who fails to make a report or to submit documents without any justifiable grounds, or makes a false report or submits false documents, in violation of Article 97 (1), (3), (4), or (5);
4. A person who fails to notify, without delay, the fact that he or she is subject to an administrative disposition or the fact that the procedure of an administrative disposition is under way, in violation of Article 98 (4);
5. A person who fails to submit documents or submits false documents without any justifiable grounds, in violation of Article 101 (2).

(4) Any of the following persons shall be punished by an administrative fine not exceeding one million won:

<Amended on May 22, 2013; Dec. 29, 2020>

1. Deleted; <Mar. 22, 2016>
2. Deleted; <Dec. 11, 2018>
3. Deleted; <Mar. 22, 2016>
4. A person who fails to preserve documents in violation of Article 96-3;
5. A person who violates an order issued under Article 103;
6. Any person who violates Article 105.

(5) Administrative fines under paragraphs (3) and (4) shall be imposed and collected by the Minister of Health and Welfare, as prescribed by Presidential Decree. <Amended on May 22, 2013>

**Article 119 (Administrative Fines)** (1) Deleted. <May 22, 2013>

(2) Deleted. <May 22, 2013>

(3) A person who falls under any of the following subparagraphs shall be subject to an administrative fine not exceeding five million won: <Amended on Mar. 22, 2016, Mar. 27, 2018>

1. An employer who fails to make a report or makes a false report, in violation of Article 7;
2. A person who fails to file a report or to submit documents without any justifiable grounds, or files a false report or submits false documents, in violation of Article 94 (1);
3. A person who fails to make a report or to submit documents without any justifiable grounds, or makes a false report or submits false documents, in violation of Article 97 (1), (3), (4), or (5);
4. A person who fails to notify, without delay, the fact that he or she is subject to an administrative disposition or the fact that the procedure of an administrative disposition is under way, in violation of Article 98 (4);
5. A person who fails to submit documents or submits false documents without any justifiable grounds, in violation of Article 101 (2).

(4) Any of the following persons shall be punished by an administrative fine not exceeding one million won:

<Amended on May 22, 2013; Dec. 29, 2020>

1. Deleted; <Mar. 22, 2016>
2. Deleted; <Dec. 11, 2018>
3. Deleted; <Mar. 22, 2016>
4. A person who fails to preserve documents in violation of Article 96-4;
5. A person who violates an order issued under Article 103;

6. Any person who violates Article 105.

(5) Administrative fines under paragraphs (3) and (4) shall be imposed and collected by the Minister of Health and Welfare, as prescribed by Presidential Decree. <Amended on May 22, 2013>

[Enforcement Date: Jul. 1, 2022] Article 119 (4) 4