

# Enforcement Rules of the National Health Insurance Act

Promulgated on January 28, 1995 by Department of Health, Taiwan, R.O.C

Amended and Promulgated Articles Forty-one and Seventy-two on August 2, 1995

Secondly amended and promulgated on November 18, 1999

Thirdly amended and promulgated Articles 21-1 and 44 on July 26, 2000

Fourthly amended and promulgated Articles 32, 41, 44, 45, 47, and 52; Abolished Articles 13 and 21-1 on January 30, 2001

Fifthly amended and promulgated Articles 10, 12, 23, 28, 29, 35, 41, 59, and 70-1; added Articles 31-1; and abolished articles 44, 57, 63, and 66 on November 29, 2002

Sixthly amended and promulgated Articles 10, 46, 47, 53, 54 and 56, added Articles 44-1 and 53-1, and abolished article 54-1 on February 20, 2004

Amendment to Articles 70-4, 70-5, and 70-6 by Department of Health, Executive Yuan, on February 27, 2007, Order of Wei-Shu-Chien-Pao No.0962600162

Amended and promulgated by Department of Health, Executive Yuan, on September 5, 2008, Order of Wei-Shu-Chien-Pao No. 0972600368

Amended articles of “Enforcement Rules of the National Health Insurance Act”

per order of the Department of Health, Executive Yuan Wei-Shu-Chien-Pao No.

0982660269 on December 30, 2009.

Amendment of Article 28 and Article 58 of the Enforcement Rules of the National Health Insurance Act, Order Wei-Shu-Chien-Pao No. 1002660126, June 10, 2011 by the Department of Health, Executive Yuan

Amendment of Article 28 of the Enforcement Rules of the National Health Insurance Act, Order Wei-Shu-Chien-Pao No. 1012660023, February 15, 2012 by the Department of Health, Executive Yuan

Amendments of the Enforcement Rules of the National Health Insurance Act, Order Wei-Shu-Chien-Pao No. 1012660265,

October 30, 2012 by the Department of Health, Executive Yuan. Articles 16, 21, 38, 45, 59, 63 and 73 were amended and promulgated on December 15, 2015 in accordance with the Ministry of Health and Welfare Order Wei-Pu-Pao-Tzu No.1041260905. The Amendment shall take effect on the date of promulgation except that the amended Article 45 shall take effect on January 1, 2015.

Article 45 and Article 73 were amended and promulgated on December 23, 2016 in accordance with the Ministry of Health and Welfare Order Wei-Pu-Pao-Tzu No.1051260740.

Articles 69, 70 and 71 were amended and promulgated on May 21, 2018 in accordance with the Ministry of Health and Welfare Order Wei-Pu-Pao-Tzu No.1071260246.

Article 46 was amended and promulgated on September 19, 2018, in accordance with the Ministry of Health and Welfare Order Wei-Pu-Pao-Tzu No.1071260419.

Articles 5, 6, 17, 21, 27, 30, and 32 were amended and promulgated, and Article 47 was abolished, on December 19, 2022, in accordance with the Ministry of Health and Welfare Order Wei-Pu-Pao-Tzu No.1111260398.

Articles 16, 33, 36-1, 46-1 and 63 were amended and promulgated, and Article 37-39 was abolished, on December 21, 2024, in accordance with the Ministry of Health and Welfare Order Wei-Pu-Pao-Tzu No.1131260719.

## **Chapter 1**

### **General Principles**

#### Article 1

These Regulations are promulgated pursuant to the provisions of Article 103 of the National Health Insurance Act (hereinafter referred to as “the Act”).

#### Article 2

The Insurer shall prepare the following documents every month and compile a final report at the end of the fiscal year to be submitted to the Competent Authority with a copy to the National Health Insurance Committee (hereinafter referred to as the “NHIC”) for file and inspection, and publicize such documents on websites :

1. Statistical report of group insurance applicants, number of the insured, the insured amount and the insurance premium.
2. Statistical report of medical benefit payments.
3. Report on the growth of the contracted medical care institutions.
4. Accounting report of the insurance financial balance.
5. Report on the management of the safety reserve.
6. Any other important report and form in relation to Insurance affairs.

### Article 3

The Insurer shall prepare annual budget and final financial statement in accordance with the business plan of the National Health Insurance (hereinafter referred to as the “Insurance”) and condition of the operation of safety reserve, and report to the Competent Authority with a copy to the NHIC for file and inspection.

### Article 4

The NHIC shall prepare an end-of-year operation report every year and make such report publicly available.

## **Chapter 2**

### **The Beneficiaries and Group Insurance Applicants**

#### Article 5

A dependent prescribed in Subparagraph 2 of Article 2 of the Act refers to a dependent of the insured set forth in Categories 1 to 3 and Category 6. Where the insured is a dependent of a household representative of a deceased veteran’s family, he or she should satisfy the requirements prescribed in Paragraph 1 of Article 10 of the Act:

1. Spouse of the veteran who is not employed.
2. Lineal blood ascendant of the veteran who is not employed.
3. Lineal blood descendants of the veteran within second degree of relationship who are minors and not employed, or who have reached majority but are incapable of making a living, including those who are in school without employment.

#### Article 6

Incapability of making a living mentioned in Item 3 of Subparagraph 2 of Article 2 of the Act refers to any one of the following situations:

1. Being placed in custody by court orders.
2. Holding a disability identification issued by the social welfare authority and unable to support themselves.

3. Being qualified as major illness and injury under Article 48 of the Act and unable to support themselves.

#### Article 7

Those who are in school mentioned in Item 3 of Subparagraph 2 of Article 2 of the Act refer to those who have formal school register and attend either public schools or private schools approved by various levels of competent authorities in charge of education inside the territory of the Republic of China, or attend foreign schools approved by the local competent authorities or professional evaluation organizations outside the territory of the Republic of China.

#### Article 8

The alien resident certificate prescribed in Article 9 of the Act refers to the resident certificate in the Taiwan area, the resident and entry-exit permit in the Taiwan area, the alien resident certificate, the alien permanent resident certificate, and other certificates for long-term residence in the Taiwan Area recognized by the Competent Authority of this Insurance.

A person staying in Taiwan for six full months prescribed in Subparagraph 1 of Article 9 of the Act refers to a person who has, after entering into Taiwan, stayed in Taiwan for six consecutive months or exited Taiwan once for fewer than 30 days with the actual period of stay amounting to six months after the number of days that he or she has been away from Taiwan is deducted.

People who meet the requirements stipulated in Subparagraph 1 of Article 9 of the Act but are not employed and are unable to subscribe to this Insurance as dependents of the insured shall subscribe to this Insurance as the insured defined in item 2, Subparagraph 6 of Paragraph 1 of Article 10 of the Act.

#### Article 9

The full-time and regularly paid personnel mentioned in Item 1 of Subparagraph 1 of Paragraph 1 of Article 10 of the Act refer to those who are employed in the government agencies (institutions) or public/private schools, and are qualified to be the insured under the Government Employee and Education Personnel Insurance or the Military Personnel Insurance.

The government employees mentioned in Item 1 of Subparagraph 1 of Paragraph 1 of Article 10 of the Act refer to the civil servants prescribed in the Civil Servants Election and Recall Act.

If the administrator of a local community is not employed, he/she may subscribe to the Insurance pursuant to the provisions for government employee set forth in the preceding

paragraph.

#### Article 10

The employers mentioned in Item 4 of Subparagraph 1 of Paragraph 1 of Article 10 of the Act refer to the owners of private enterprises or persons in charge of managing businesses which hire employees. The self-employed owners of business refer to the owners of or persons in charge of private enterprises without salaried helpers.

#### Article 11

The professionals and technicians referred to in Item 5 of Subparagraph 1 of Paragraph 1 of Article 10 of the Act mean those who are qualified to practice pursuant to the Professionals and Technologists Examinations Act or other laws.

#### Article 12

The persons who have no particular employers mentioned in Item 1 of Subparagraph 2 and Item 2 of Subparagraph 3 of Paragraph 1 of Article 10 of the Act refer to those who are from time to time employed within three consecutive months by more than two employers often than those set out in Items 1 to 3 of Subparagraph 1 of the same Paragraph of the same Article, and whose job opportunity, working time, work load, work place, and work salary are not fixed.

#### Article 13

The self-employed mentioned in Item 1 of Subparagraph 2 of Paragraph 1 of Article 10 of the Act refer to those who undertake labor or skilled work independently for profits without hiring paid personnel for help.

#### Article 14

Those who are receiving punishments from police mentioned in Item 3 of Subparagraph 4 of Paragraph 1 of Article 10 of the Act refer to those who are accommodated in correctional institutions, hospitals attached to correctional institutions, medical institutions or residential institutions in accordance with court judgments to undertake compulsory labor or receive compulsory treatment, rehabilitation, custody and protection and compulsory cure which are instructed and executed by the prosecutorial authority.

Those who are receiving punishments from military court-martial prescribed in Item 3 of Subparagraph 4 of Paragraph 1 of Article 10 of the Act refer to those who are ordered by the court to receive reformatory education in correctional institutions as protective measures.

#### Article 15

The insured in Category 5 mentioned in Subparagraph 5 of Paragraph 1 of Article 10 of the Act are members as follows:

1. The head of a household; and
2. Lineal blood relatives and the relatives that have a duty to support each other, while all of them have the same household registration with the head of a household or live together with the head of a household. However, the lineal blood descendants of the head of a household are limited to those who are not yet married.

#### Article 16

Veterans referred to in Item 1 of Subparagraph 6 of Paragraph 1 of Article 10 of the Act refer to those who hold the Republic of China Honorary Citizen Certificate (hereinafter referred to as the “Honorary Citizen Certificate”) or Patriot Certificate issued by the Veterans Affairs Council (hereinafter referred to as the “VAC”).

Household representatives of survivors of veterans prescribed in Item 1 of Subparagraph 6 of Paragraph 1 of Article 10 of the Act refers to a person who holds a certificate of household representative of survivors of veterans issued by the VAC.

Veterans in Paragraph 1 and household representatives of survivors of veterans in the preceding paragraph who are in the following situations cannot be insured under the classification specified in Item 1 of Subparagraph 6 of Paragraph 1 of Article 10 of the Act, starting from the date when their privileges and benefits are suspended or their relevant identification cards are cancelled, and will be insured under a different classification:

1. Veterans: Where the privileges and benefits prescribed in the Veterans Assistance Act are suspended in accordance with Paragraph 1 of Article 32 of the same act, during the period of suspension; or where the Honorary Citizen Certificate or Patriot Certificate is cancelled by the VAC in accordance with laws and regulations.
2. Household representatives of survivors of veterans: Where the certificate of household representative of survivors of veterans is cancelled by the VAC in accordance with laws and regulations.

#### Article 17

The insured who have two or more qualifications in the same category pursuant to the provisions of Article 10 shall subscribe to the Insurance according to the qualification of their principal jobs.

## Article 18

Where a beneficiary is a dependent of more than two of the insured, and has no circumstance set forth in Article 12 of the Act where the beneficiary has difficulty to subscribe to or withdraw from the Insurance together with the insured, such beneficiary shall subscribe to the insurance with one of the insured according to the following order:

1. Spouse or a lineal blood relative within the first degree of relationship;
2. Lineal blood relative within the second degree of relationship;
3. Lineal blood descendant above the three degree of relationship.

The circumstances where it is difficult for dependents to subscribe to or withdraw from the Insurance together with the insured set forth in Article 12 of the Act are defined as follows:

1. Raised by the grandparent, because parents are divorced, separated, missing, or did not fulfill their child raising obligation.
2. Supported by the grandchildren, because the children are missing or did not fulfill their obligation in supporting their parents.
3. Illegitimate children born out of wedlock, who are raised by their grandparents.
4. Domestic violence victims holding court protection order or other certifications issued by relevant law enforcement or administrative agencies, or holding relevant certificates certified and issued by the Insurer.
5. Other circumstances recognized by the Competent Authority.

In the case that a beneficiary has any of the circumstances in the preceding paragraph and does not have any of the insured to subscribe to or withdraw from the Insurance together, such beneficiary shall subscribe to the Insurance under Category 6.

## Article 19

For the insured defined in Items 1 to 3 of Subparagraph 1 of Paragraph 1 of Article 10 of the Act, who are suspended from job without pay for cause may continue their insurance at the same level of the original insured amount through the original group insurance applicant, subject however to the latter's consent. The insured shall pay the group insurance applicant for the share of premium they shall bear monthly to the group insurance applicant, which shall forward the premium to the Insurer along with their own shares.

The insured, who apply for unpaid leaves for the reason of caring children under the Gender Equality in Employment Act and continue their insurance with their original group insurance applicants, shall maintain their insurance at the same level of their previous insured payroll-related amount. For the share of premiums they shall bear, the Insurer shall send the insured a notice of payment under Article 49.

The level of the insured amount described in the preceding two paragraphs shall not be lower than the lowest level set out in the Grading Table of insured payroll-related amount.

#### Article 20

If a beneficiary undertakes short term work for less than three months, without losing his/her original coverage status, he/she may continue the coverage under his/her original status.

#### Article 21

The lineal blood descendants within second degree of relationship of the insured, who have reached majority and are not employed, may subscribe to this Insurance as dependents, if they satisfy any of the following conditions:

1. Newly graduated from school, who may then be insured for one year from the end of the relevant academic year.
2. Discharge from compulsory military service or from military-substitute service, or have completed military training, who may then be insured for one year from the date of discharge or the date of completion of military training.

#### Article 22

An insured person who meets one of the following qualifications specified in Item 2 of Subparagraph 6 of Paragraph 1 of Article 10 of the Act may register in this Insurance through his/her original group insurance applicant upon the consent of the original group insurance applicant, provided that the insurance premium shall be calculated separately according to Article 23 and Subparagraph 7 of Article 27 of the Act:

1. A retired person
2. A person who voluntarily continues the labor insurance in accordance with Article 9-1 of the Labor Insurance Act
3. An initially group insured person who has to move out of its current registered residence and is sent overseas by the employer.

#### Article 23

If the insured referred to in Item 2 of Subparagraph 6 of Paragraph 1 of Article 10 of the Act who establish domicile at religious institutions which are registered with the authority according to the Household Registration Law may use those religious institutions or local religious associations as their group insurance applicants.

#### Article 24



The provision of Subparagraph 1 of Paragraph 1 of Article 15 of the Act that indicates the insured's associated organizations to be the group insurance applicants shall be applied to independently practicing professionals and technicians in such a way as to refer to the associations in which the insured hold memberships.

The insured's village (township, municipal, district) administration offices of their registered domicile being the group insurance applicants under Subparagraph 4 of Paragraph 1 of Article 15 of the Act shall be referred to the village (township, municipal, district) administration offices of the resident address indicated in the alien resident certificate when the above article applies to the beneficiary prescribed in Paragraph 1 of Article 9 of the Act.

A beneficiary under Category 6 who meets the requirements set by Subparagraph 1 of Article 9 of the Act may subscribe to this Insurance through an agency, a school, or an institution being the group insurance applicant, subject to the consent of the agency, the school, or the institution that are permitted by the Insurer.

#### Article 25

For the beneficiary who subscribes to the insurance according to Paragraph 2 of Article 15 of the Act, the premium shall be paid by the co-habiting insured in another category.

#### Article 26

For the beneficiaries in Category 6 whose group insurance applicants are the training institutions or agencies under Paragraph 4 of Article 15 of the Act, their premiums shall be calculated according to the rules stipulated in Article 23 and Subparagraph 7 of Article 27 of the Act.

The above-mentioned beneficiaries may stay in their group insurance applicants in the case that the length of their training does not exceed three months.

#### Article 27

The group insurance applicants under Article 15 of the Act shall complete and submit to the Insurer one copy of the Group Insurance Applicant Establishment Report Form and another copy of the Beneficiary Coverage Application Form.

Except the government authorities, public schools and publicly owned enterprises, the group insurance applicants shall prepare copies of identification cards of the responsible persons and the following documents:

1. In case of factories : the documents related to the factories' registrations.
2. In case of mining industry : the mine industry registration certificate.
3. In case of salt field, farm, ranch, forest, tea plantation : the registration certificate.

4. In case of transportation industry : the transportation approval certificate or relevant documents.
5. In case of privately-run public utilities : the business license, or relevant documents.
6. In case of company or stores : the company registration documents or business registration documents.
7. In case of private school, media, cultural, public interest, and cooperative business enterprises as well as agricultural, fishery, and occupational associations : the approval or registration documents.
8. In case of employer defined in Item 3 of Subparagraph 1 of Paragraph 1 of Article 10 of the Act : the employment contract or other evidential documents.
9. In case of the group insurance applicant other than the ones listed from Item 1 to the preceding item : the approval or registration documents issued by the competent authority of their principal business.

The group insurance applicants are deemed to have completed all required filing procedures on the date they submit Application Forms and copies of evidential documents to the Insurer according to the preceding two paragraphs.

The Application Forms and copies of evidential documents prescribed in Paragraph 1 and Paragraph 2 may be exempted if the applicants apply for establishing group insurance applicants via the “one-stop online applications to start a business”.

#### Article 28

The group insurance applicants shall prepare the following documents for interviewing or inquiry by the competent authority, or the Insurer for business needs:

1. The group insurance applicants of the insured in Category 1 shall prepare the name lists (cards) of their employees or members, attendance records, salary charts, and other salary information.
2. The group insurance applicants of the insured in Category 2 and Category 3 shall prepare the name lists (cards) of the insured and their dependents, the account books of receiving the premiums for the Insurance, and the certificates for the special accounts opened under Article 51.
3. The group insurance applicants of the insured in Category 4 shall prepare the name lists (cards) of the insured. The group insurance applicants of the insured in Categories 5 and 6 shall prepare the documents related to the beneficiary’s enrollment and disenrollment status.

The name lists (cards) of employees or members referred to in the Subparagraphs 1 and 2 of the preceding paragraph shall record the following items:

1. The names, sex, date of birth, national identification numbers and address of the insured and his/her dependents.

2. The date when the insured begins his/her employment, or join the association or his/her eligibility for subscription to the Insurance is approved.
  3. Position, working hour and salary or income of the insured.
  4. The period of time when the insured suspends himself/herself from job without pay.
- The group insurance applicants shall keep the information of the preceding two paragraphs for five years from the date the insured terminate employment, withdraw from association or terminate insurance coverage.
- The citizen identification card prescribed in Paragraphs 1 and 2 may be substituted by the resident certificate in the case of the beneficiaries prescribed in Article 9 of the Act.

#### Article 29

In case the beneficiary is in any one of the following circumstances, the group insurance applicant shall complete and submit in three days one copy of the Insured Coverage Application Form to the Insurer in order to process insurance coverage:

1. The circumstances contemplated in Articles 8 or 9 of the Act;
2. Change of group insurance applicant; or
3. Change of insurable status.

#### Article 30

In case the lineal blood descendants within second degree of relationship of the insured, who have reached majority but are incapable of making a living or are in school and not employed, the group insurance applicants shall, by the end of the month when they reach majority, complete one copy of the Continuing Insured Coverage Application Form to the Insurer for continuing coverage.

#### Article 31

For those insured applied unpaid leaves for the reason of caring children and continue their insurance with their original group insurance applicants, the group insurance applicants shall fill out a form applying for continuing enrollment and change of status and supply relevant documents to the Insurer. The procedure shall be renewed as the period of the unpaid leaves for raising children is extended after expiry, or when the insured resume their jobs before the end of the unpaid leaves.

#### Article 32

The term “missing” referred to in Article 13 of the Act means missing, untraceable, or persons in search that are registered in police agencies or immigration agencies.

The beneficiary may cease to be covered from the date of occurrence of the disaster which caused his/her being missing.

### Article 33

The start of the insurance coverage mentioned in Article 14 of the Act refers to 12 a.m. of the date when the term or cause stipulated in Article 8 or 9 of the Act is in effect; the termination of insurance coverage refers to 24 p.m. of the date when the term or cause stipulated in Article 13 of the Act is in effect.

### Article 34

The reason for withdrawal from coverage referred to in Paragraph 6 of Article 15 of the Act can be any one of the following:

1. Change of group insurance applicant;
2. Change of insurable status;
3. Death; or
4. The condition or cause set out in Article 13 of the Act.

### Article 35

In the case that a beneficiary meets one of the conditions in the preceding Article, the group insurance applicant shall complete and submit one copy of the Insurance Withdraw Coverage Application Form to the Insurer for termination of coverage within three days, and at the same time provide a copy to the beneficiary.

### Article 36

In the case that the insured should withdraw from the insurance in accordance with Article 13 of the Act but the original group insurance applicant failed to withdraw the insured from coverage, the Insurer may process the insurance withdraw procedure in accordance with the information provided by the relevant competent authority, and simultaneously inform the original group insurance applicant and the insured. However, for those who are obviously difficult to be contacted with, they are excluded from this provision.

### Article 36-1

Pursuant to Constitutional Court Judgment No. Hsien-Pan-Tzu-19 (issued December 23, 2022), starting from December 23, 2024, the insured can no longer apply for suspension of insurance in accordance with the original regulations. If the insured applied for suspension of insurance on or before December 22, 2024, they may apply for insurance reinstatement prior to the said day and make up the insurance premium in accordance with the original regulations. If the period of suspension ends on or after December 23, 2024, the insured shall apply for cancellation of the suspension,

insurance reinstatement, or assessment and payment of supplementary premiums in accordance with the original regulations on the day they return to Taiwan, and once insurance is reinstated, they cannot reapply for suspension of insurance. Government personnel stationed abroad, as well as their accompanying spouses and children, shall apply for insurance reinstatement on the day they return to Taiwan, and once insurance is reinstated, they cannot reapply for suspension of insurance.

Article 37 (Deleted)

Article 38 (Deleted)

Article 39 (Deleted)

Article 40

For change or correction of the insured's name, birthday, National ID Number, or Resident Certificate Uniformed ID Number, or change of postal address or household registration address declared by the insured in Category 6, the group insurance applicant shall fill out a copy of item change application, and hand in the application to the Insurer along with relevant certification.

Article 41

If any of the circumstances stipulated in Articles 21, 29, 30, 35 and the preceding article occurs to the insured, the insured shall notify the group insurance applicant immediately.

Article 42

Where there is any change in the name, responsible person, address or postal address, the group insurance applicant shall complete one copy of the Insured Unit Modification Application Form and submit it to the Insurer along with relevant supporting documents within 15 days.

Article 43

The group insurance applicant shall notify the Insurer in writing and submit relevant documents to proceed with the rearrangement procedure of its beneficiaries within 15 days from its closedown, suspension, dissolution, or abolition.

The group insurance applicant that resumes its business after closing down shall notify the Insurer in writing and submit relevant documents to proceed with the rearrangement procedure of its beneficiaries within 15 days.

#### Article 44

The Insurer may discharge group insurance applicants in cases of their suspension, dissolution, declaration of bankruptcy, or have no insured person for over 180 days, or of their failure to pay overdue premiums or overdue surcharges, even after their property has been subject to enforcement according to the law. The calculation of payable premium shall be based on the date in which the event occurred. In cases where the date of occurrence is unclear, the calculation of payable premium will be based on the date determined by the Insurer.

Under such cases as referred to in the preceding paragraph, the beneficiaries of group insurance applicants shall switch to other group insurance applicants so as to subscribe to the Insurance with appropriate status.

### **Chapter 3**

#### **Insurance finance and calculation and payment of insurance premiums**

#### Article 45

The annual insurance budget shouldered by the government prescribed in Paragraph 1 of Article 3 of the Act refers to the following premiums:

1. The premiums the government is required to shoulder as a group insurance applicant according to Items 1 and 2 of Subparagraph 1 of Article 27 and Article 34 of the Act.
2. The premiums charged to the insured and their dependents of all categories, which should be subsidized by the government pursuant to Article 27 of the Act and other related acts or regulations.
3. The premiums subsidized by the government instead of originally being subsidized by the employer during the period of unpaid parental leave of the employees.

#### Article 46

The following insured amount of the insured shall be reported to the Insurer and be taken into account the amount levels of the Grading Table of insured payroll-related amount in accordance with the following rules:

1. For the unsalaried civil servants:
  - (1) City councilors, county councils, councilors, and representatives of township councils shall subscribe to the insurance based on the same level of the insured payroll-related amount of their civil servant counterparts under Article 3 of The Regulation on Allowances for Elected Representatives and Subsidies for Chiefs of Village for Administrators of Sub-towns or Villages.

(2) Chiefs of villages and neighborhood shall subscribe to the Insurance coverage according to the insured payroll-related amount under the 12th level of the Grading Table of insured payroll-related amount.

2. For employees:

(1) The total salary and remuneration shall be used to calculate the insured payroll-related amount in the case of individuals who are qualified as the insured under the Civil Servant and Teacher Insurance or the Military Personnel Insurance.

(2) The wages in compliance with the Labor Standards Act shall be used to calculate the insured payroll-related amount in the case of employees other than those specified in the preceding item. Those who have no fixed or steady salaries may report their insured payroll-related amount based on their average monthly salaries in the past three months, but in no case shall their reported insured amount be lower than the minimum insured amount set forth for the respective bracket which they belong to.

3. Responsible persons in charge of a business who hire over five insured, or those accountants, attorneys, architects, doctors, dentists, and Chinese medical doctors who are independent practitioners, except for those who subscribe according to their insured payroll-related amount claim with proof, shall subscribe to the highest level of the Grading Table of insured payroll-related amount. For those who subscribe according to their insured payroll-related amount claim with proof, [that amount] must be no less than either the highest level of the Table of Grades of Insurance Salary of Labor Insurance or the highest insured payroll-related amount applied to their employees.

4. Where the responsible persons in charge of a business who hire fewer than five insured, independently practicing professionals and specialized technicians other than those mentioned in the preceding sub-paragraph, or the insured in Category 1 who are self-employed business owners, except for those who subscribe according to their insured payroll-related amount file declarations by offering proof, they shall subscribe to coverage according to the highest level of the Grading Table of insured payroll-related amount. In the case that the insured payroll-related amount is declared with proof, the amount thereof may not be lower than either the average insured payroll-related amount of the insured set forth in Item 2 of Subparagraph 1 of Paragraph 1 of Article 10 of the Act, or the highest insured payroll-related amount of the employees. However, where professionals or technicians who practice independently without hiring salaried helpers file declarations by offering proof, the lowest insured payroll-related amount should be limited to the sixth level of the Grading Table of insured payroll-related amount.

5. When the accumulated growth of the average monthly insured payroll-related amount of those who do not have specific employers or are self-employed, join occupational unions, and do not report with the minimum insured amount set forth for item 1 of Category 2, reaches 4.5%, the Insurer should publicly announce their adjustment to the minimum insured payroll-related amount in accordance with the following rules:
- (1) If the accumulated growth reaches 4.5% between January and June, the level corresponding to the minimum monthly insured payroll-related amount should be adjusted and advanced to one level higher, which shall take effect from January of the following year.
  - (2) If the accumulated growth reaches 4.5% between July and December, the level corresponding to the minimum monthly insured payroll-related amount should be adjusted and advanced to one level higher, which shall take effect from July of the following year.
6. For independent seamen who join the Master Mariners' Association as its members and are insured through this association, except for those who subscribe according to their insured payroll-related amount claim with proof, the highest level of the Grading Table of insured payroll-related amount shall apply. For those who subscribe according to their insured payroll-related amount claim with proof, the insured payroll-related amount must be no less than the highest level of the Table of Grades of Insurance Salary of Labor Insurance.

The chiefs of neighborhood indicated under Item 2 of Subparagraph 1 of the preceding paragraph refer to those chiefs of neighborhood who are not employed and subscribe to the Insurance pursuant to the provisions for civil servants under Paragraph 3 of Article 9.

#### Article 46-1

The other social insurances mentioned in Paragraph 2 of Article 21 of the Act refer to Civil Servant and Teacher Insurance, Labor Insurance, Employment Insurance, Labor Occupational Accident Insurance, Military Personnel Insurance, Farmer Health Insurance, Farmer Occupational Accident Insurance, and National Pension Insurance.

#### Article 47 (Deleted)

#### Article 48

The interest payment prescribed in Article 28 of the Act shall be calculated daily according to the one-year fixed interest rate of Postal Savings on January 1 each year.

#### Article 49



For monthly premium payable under Article 30 of the Act, the Insurer shall mail or electronically send premium calculation sheets and payment notes to the group insurance applicants or the insured by the end of the following month.

In the case that the group insurance applicants or the insured do not receive premium calculation sheets and payment notes described in the preceding paragraph by the end of the following month, they shall notify the Insurer of resending or delivering such sheets and notes, and shall make payment within the required period indicated in the re-sent or delivered sheets and notes. Where they fail to notify the insurer, the above sheets and notes are deemed as having been delivered at the end of the following month. In the case that the group insurance applicants or the insured object to the premium calculation sheets and the payment notes, the group insurance applicants for the insured in Categories 1 and 6 and the insured in Category 6 shall pay the amounts as stated first, and the group insurance applicants for the insured in Categories 2 and 3 shall collect and pay the actually received premiums first, and then may file objection to the Insurer with rationales. Where the Insurer finds a mistake after investigation, it shall be balanced with the premium of the following month.

#### Article 50

The premiums which shall be shouldered or subsidized by the various levels of governments prescribed in Paragraph 2 of Article 3 and Subparagraph 4 of Paragraph 1 of Article 30 of the Act shall be approved and calculated by the Insurer. The Insurer shall submit the calculated premiums to the governments before January 15 and July 15 each year respectively and request such governments to advance the premium payments by the end of January and the end of July.

In the case that the premiums which are subsidized by the central social welfare authority set forth in Subparagraph 3 of Paragraph 1 of Article 30 of the Act, the Insurer shall calculate the subsidized premium and submit the payment request to the authority by the 15<sup>th</sup> day of the previous month for payment which shall be made by the 5<sup>th</sup> day of the month.

The Insurer shall calculate annually the premiums born or subsidized by all government agencies. If the advance payment is insufficient, the Insurer should, by the end of December, request the agencies to pay the premiums in full before the end of January of the following year.

#### Article 51

The group insurance applicants may open the “National Health Insurance” designated accounts with financial institutions, and notify the insured to pay the premium by transfer or direct payment to the account.

The group insurance applicants of the insured in Categories 2 and 3, subject to the consent of the insured or of the general (or representative) assembly of the members, may collect premiums of three or six months at a time in advance with issuing receipts, and then pay the Insurer monthly. The pre-collected premiums that have not been paid to the Insurer shall be kept and saved in the National Health Insurance designated account in the name of the group insurance applicants. The interest accrued therefrom shall be used only for the operation of the Insurance.

The group insurance applicants which pre-collect premiums may subscribe to Employee Honesty and Credit Guarantee Insurance for the personnel in charge.

#### Article 52

The unit of payment for premium or the overdue charge shall be in NT Dollar. Dime and smaller unit shall be rounded up or down to the nearest NT Dollar.

In the case that the premium borne by the insured and the premium subsidized by the government both comes to 50 cents as its smallest unit, the government's subsidy amount shall be rounded up to the nearest NT Dollar.

#### Article 53

The group insurance applicants, when deduct or collect insurance premium for the insured and their dependents according to Subparagraphs 1 or 2 of Paragraph 1 of Article 30, shall make a note at the salary statement (envelope) or issue receipt.

#### Article 54

The group insurance applicants of the insured in Category 1, which do not deduct premiums from the insured's income or collect premiums within the period stipulated in Article 30 of the Act for a cause, shall advance such payments for them.

In the case that the premium borne by the insured in Category 2 and Category 3 is not paid within the period stipulated in Article 30 of the Act, the group insurance applicants shall notify the insured of the overdue premium, and shall submit to the Insurer an overdue list when paying the premium.

The group insurance applicants provided in the preceding paragraph, which do not file grounds for objection under Paragraph 3 of Article 49, shall submit an overdue list indicating the difference between the premiums payable and the already-paid amounts within 15 days from the end of the grace period.

#### Article 55

The total amount of salary prescribed in Article 34 of the Act refers to the total amount of income from salaries and wages defined under Category 3 of Paragraph 1 of Article

14 of the Income Tax Act.

#### Article 56

Group insurance applicants shall calculate supplementary insurance premium and complete and submit payment forms to the Insurer when making their monthly supplementary insurance premium payments to the Insurer according to Article 34 of the Act by the end of the following month. In the case of over-payment or shortfall, the Insurer may offset the overpayment or shortfall against premiums which are payable or already paid according to the law.

In the case that a group insurance applicant fails to pay the supplementary insurance premium in full as set forth in Article 34 of the Act, the Insurer may determine the supplementary insurance premium payable based on the income of salaries and wages which it discovers, and issue a payment note to the group insurance applicant to make the premium payment within the stipulated time.

#### Article 57

In the case that group insurance applicants, the beneficiary or premium withholder are required to pay the overdue charge under Paragraph 1 of Article 35 of the Act, the Insurer shall calculate the overdue charge and notify them to pay at the designated financial institutions.

Where the group insurance applicants or the premium withholder complete the payment form and pay the supplementary insurance premium, the financial institutions which are entrusted to receive the premium on behalf of the Insurer may calculate the amount of the overdue charge, and collect such charge together with the insurance premium.

#### Article 58

The premium payable by the beneficiary, who subscribed to Insurance more than once, shall be calculated and paid in accordance with Articles 17 and 18, and Article 11 of the Act. Where the premium is paid for twice, the group insurance applicants or the insured may apply for reimbursement within five years after the date on which the premium was paid for twice, or otherwise the application shall be rejected upon expiration.

After being verified by the Insurer to be true, the premium subject to reimbursement pursuant to the preceding paragraph shall be balanced when calculating the premium of the following month.

### **Chapter 4**

### **Insurance Benefits and Payment for Medical Expenses**

#### Article 59

District hospitals, regional hospitals and medical centers set forth in Paragraph 1 of Article 43 of the Act refer to those district hospitals, regional hospitals and medical centers which have been evaluated and designated by hospital accreditation conducted by the competent authority.

#### Article 60

Where a beneficiary receives outpatient care service, emergency care service or home-care service in a resource depletion area according to Paragraph 4 of Article 43 of the Act, the self-bearing amount may be reduced by 20%.

#### Article 61

As the Competent Authority announces the beneficiary's self-contributed amounts for outpatient service under Paragraph 3 of Article 43 of the Act, it may set the amounts based on the average outpatient service expenses of the preceding year among all hospitals and clinics, subject to the limit of the ratios prescribed in Paragraph 1 of the same article.

#### Article 62

The number of days of hospitalization referred to in Paragraphs 1 and 2 of Article 47 of the Act means the number of days of hospitalization each time. Days stayed in acute ward or chronic ward of each time shall be counted separately. The number of days of hospitalization for those who are re-hospitalized in the same hospital for the same illness within fourteen days shall be counted together.

The maximum of self-bearing hospitalization expense for the beneficiary as provided in Paragraph 2 of Article 47 of the Act shall be six percent of the average national income per capita for one time of hospitalization or ten percent of the average national income per capita for a period of one year regardless of whether it is the same illness.

The average national income per capita referred to in the preceding paragraph shall be determined by the Competent Authority by referring to the average national income per capita of the most recent year announced by the Directorate-General of Budget, Accounting and Statistics of the Executive Yuan.

#### Article 63

The expenses to be borne by the insured that are subsidized by the budget of the competent authority in charge of social affairs as prescribed in Article 49 of the Act shall be paid to the Insurer periodically.

The expense to be borne by the insured prescribed in Item 1 of Subparagraph 6 of Paragraph 1 of Article 10 of the Act according to Articles 43 and 47 of the Act may be paid to the Insurer periodically by the VAC.

## **Chapter 5**

### **Penal Provisions**

#### Article 64

The non-attributability to the group insurance applicants referred to in Article 84 of the Act means any one of the following:

1. The group insurance applicants notify the Insurer and the insured twice in writing to process the subscription but the insured refused.
2. The insured does not file with the group insurance applicants his/her dependents who shall be covered.
3. The beneficiary of Categories 2, 3 or 6 who does not file with his/her group insurance applicants.

## **Chapter 6**

### **Supplementary Provisions**

#### Article 65

A non-beneficiary of the Insurance who had household registration in Taiwan or held resident certificate before the enforcement of the amendments of the Act on January 4, 2011 shall subscribe to the Insurance and become a beneficiary within four months after he or she continues to have had household registration or stayed in Taiwan for four full months.

#### Article 66

Professionals and technicians who satisfy the following requirements before the enforcement of the amendments of the Act on January 4, 2011 may subscribe to the Insurance as the insured under Category 2:

1. The items of qualifications acquired were added to the applicable laws or regulations for Specialized Professional and Technician Examination after March 1, 1995;
2. Joined occupational unions and subscribed to the Insurance as the insured under Category 2 when acquiring the qualifications set forth in the preceding subparagraph and upon the enforcement of the amendments of the Act on January 4, 2011; and
3. Do not employ salaried helpers.

#### Article 67

A person who subscribes to the Insurance as a beneficiary under Category 6 according

to Article 20 of the Act prior to the enforcement of the amendments of the Act on January 1, 2013 may continue to subscribe to the Insurance according to the said Article. However, the above should not apply in the case that the person subscribes to the Insurance under a different Category.

#### Article 68

The items that shall be announced by the Insurer are as follows:

- 1.The insured payroll-related amounts payable for the insured under Category 3 according to Article 22 of the Act.
- 2.The average premiums according to Article 23 of the Act.
3. The number of dependents according to Article 29 of the Act.
- 4.The average insured payroll-related amounts according to Subparagraph 4 of Paragraph 1 of Article 46 of the Act.

#### Article 69 (Deleted)

#### Article 70 (Deleted)

#### Article 71 (Deleted)

#### Article 72

The tax which is exempted according to Article 97 of the Act is as follows:

1. Stamp tax for accounting records and contracts used by the Insurer, the group insurance applicants and the premium withholder for running this Insurance, as well as receipts issued by the contracted medical care institutions to apply for insurance benefit payment or collecting the beneficiaries' self-bearing payment within the scope of benefit payment of the Insurance.
2. Business tax and income tax on the premium incomes, the overdue charge for premium payment, interest, and proceeds from the objects of administrative enforcement undertaken, revenues from operation of insurance fund, and other incomes collected by the Insurer for undertaking this Insurance.

#### Article 73

These enforcement rules shall be effective on January 1, 2013.

The Amendment shall take effect on the date of promulgation, except Article 45, which were amended on December 15, 2015, shall take effect on January 1, 2016.