

Health Insurance Act

(Act No. 70 of April 22, 1922)

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Chapter I General Provisions

(Purpose)

Article 1 The purpose of this Act is to provide insurance benefits for sickness, injury or death other than employment injuries (meaning employment injuries as provided for in Article 7, paragraph (1), item (i) of the Industrial Accident Compensation Insurance Act (Act No. 50 of 1947)) or childbirth of a worker or a dependent thereof, thereby contributing to the stability of lives and the improvement of welfare of the people.

(Basic Principles)

Article 2 The health insurance system, in view of the fact that it is the basis for the medical insurance system, must be implemented in response to the aging of the population, changes in disease structure, changes in the socioeconomic situation, etc., by constantly examining the concept of the system in conjunction with other medical insurance systems and the medical care system for elderly persons as well as systems closely related thereto, through integrated efforts by streamlining the operation of the medical insurance, optimizing the details of benefits and sharing costs, and improving the quality of medical treatment that citizens undergo based on the results thereof.

(Definitions)

Article 3 (1) The term "insured person" as used in this Act means a worker employed at an applicable place of business or an insured person with optional and continued coverage; however, a person who falls under any of the following items is ineligible to be an insured person except in the case of becoming a specially-insured day laborer:

(i) an insured person covered by Seamen's Insurance (excluding insured persons with optional and continued disease coverage prescribed in the

- provisions of Article 2, paragraph (2) of the Seamen's Insurance Act (Act No. 73 of 1939));
- (ii) a worker employed temporarily and listed below (excluding when continuous employment has exceeded one month if the worker falls under (a) and exceeded the period prescribed in (b) if the worker falls under (b)):
 - (a) a worker hired on a daily basis;
 - (b) a worker employed for a fixed period not longer than two months;
 - (iii) a worker employed at a place of business or office (hereinafter referred to simply as "place of business" except in Article 88, paragraph (1) and Article 89, paragraph (1)) the location of which is not fixed;
 - (iv) a worker employed in seasonal work (excluding continuous employment exceeding four months);
 - (v) a worker employed at a place of temporary business (excluding continuous employment exceeding six months);
 - (vi) a worker employed at a place of business of a national health insurance society;
 - (vii) a person eligible for insurance under the late-stage elderly medical care system (meaning an insured person pursuant to the provisions of Article 50 of the Act on Assurance of Medical Care for Elderly People (Act No. 80 of 1982)) or a person who falls under any of the items in Article 50 of the Act on Assurance of Medical Care for Elderly People but is not eligible for that insurance pursuant to the provisions of Article 51 of the same Act (hereinafter referred to as "persons with late-stage elderly medical care insurance");
 - (viii) a person who has received approval from the Minister of Health, Labour and Welfare, a health insurance society, or a mutual aid association (limited to the period in which the person should be covered by National Health Insurance due to not being covered by other health insurance); or
 - (ix) a part-time worker employed at a place of business whose most recent weekly scheduled working hours are less than three-quarters of the weekly scheduled working hours of ordinary workers employed at the same place of business (hereinafter referred to as "ordinary workers" in this item) prescribed by Article 2 of the Act on Improvement, etc., of Employment Management for Part-Time Workers (Act No. 76 of 1993) prescribed in the same Article (hereinafter referred to as "part-time worker" in this item), or whose most recent monthly scheduled working hours are less than three-quarters of the monthly scheduled working hours of ordinary workers employed at the same place of business and who meets any of the following requirements (a) through (d):
 - (a) the prescribed weekly scheduled working hours are shorter than 20 hours;
 - (b) the part-time worker is not expected to be employed at the place of

- business continuously for one year or longer;
- (c) with regard to remuneration (excluding that specified by Order of the Ministry of Health, Labour and Welfare as equivalent to the wages listed in the items of Article 4, paragraph (3) of the Minimum Wages Act (Act No. 137 of 1959)), pursuant to Order of the Ministry of Health, Labour and Welfare, the amount calculated pursuant to the provisions of Article 42, paragraph (1) is less than 88,000 yen; or
- (d) a high school student prescribed by Article 50 of the School Education Act (Act No. 26 of 1947), a student at a university prescribed by Article 83 of the same Act, or another person specified by Order of the Ministry of Health, Labour and Welfare.
- (2) The term "specially-insured day laborer" as used in this Act means a day worker who is employed at an applicable place of business; however, this does not apply to persons with late-stage elderly medical care insurance or those approved by the Minister of Health, Labour and Welfare as a person who falls under any of the following items:
- (i) it is clear that the person will not be employed at the applicable place of business for 26 days or longer in total during the following two months;
- (ii) the person is insured with optional and continued coverage; or
- (iii) there is another special reason.
- (3) The term "applicable place of business" as used in this Act means a place of business which falls under any of the following items:
- (i) a place of business for any of the businesses listed below and at which five or more employees work regularly:
- (a) businesses of manufacturing, processing, selection, packaging, repair, or demolition of structures;
- (b) civil engineering businesses or business that builds or otherwise constructs, remodels, preserves, repairs, changes, destroys, or dismantles structures, or prepares therefor;
- (c) business of mining or collecting minerals;
- (d) business that generates, conducts, or transmits electricity or other power sources;
- (e) business that transports freight or passengers;
- (f) business that loads and unloads freight;
- (g) business of incineration or cleaning, or slaughterhouse business;
- (h) business that sells or supplies articles;
- (i) financial or insurance business;
- (j) business that retains or leases articles;
- (k) intermediary or brokerage business;
- (l) money-collecting, guiding, or advertising business;
- (m) educational, research, or survey business;

- (n) business that treats or nurses sick or injured people, or midwife or other medical services;
 - (o) communication or reporting business;
 - (p) social welfare services prescribed by the Social Welfare Act (Act No. 45 of 1951) and offenders rehabilitation services prescribed by the Offenders Rehabilitation Services Act (Act No. 86 of 1995); or
 - (ii) beyond what is listed in the preceding item, any place of business that is operated by the government, a local government, or a juridical person and employs employees regularly;
- (4) The term "insured person with optional and continued coverage" as used in this Act means a worker who lost eligibility to be insured (excluding a specially-insured day laborer) due to no longer being employed at an applicable place of business or falling under the proviso to paragraph (1), had been continuously insured for two months or longer by the day immediately before the day on which the person lost eligibility (excluding a specially-insured day laborer or an insured person who is a member of a mutual aid association), and, by submitting a request to the insurer, continues to be insured by the insurer; however, this does not apply to an insured person covered by Seamen's Insurance or a person with late-stage elderly medical care insurance.
- (5) The term "remuneration" as used in this Act means the wage, salary, pay, allowance, bonus, and all other payments which the worker receives as compensation for labor under whatever name the compensation is known; however, this does not apply to extraordinary wages and wages received periodically for a period exceeding three months.
- (6) The term "bonus" as used in this Act means the wage, salary, pay, allowance, bonus, and all other payments which the worker receives as compensation for labor periodically for a period exceeding three months under whatever name the compensation is known.
- (7) The term "dependent" as used in this Act means the persons listed below; however, this does not apply to persons with late-stage elderly medical care insurance:
- (i) a relative of the insured person (including a former specially-insured day laborer; hereinafter in this paragraph) that is the insured person's parent, spouse (including a person who has not made a notification of marriage but is in a de facto marital relationship with the insured person; the same applies hereinafter in this paragraph), child, grandchild or sibling who is financially supported mainly by the insured person;
 - (ii) any other relative of the insured person within the third degree of kinship who belongs to the same household as the insured person and who is financially supported mainly by the insured person;
 - (iii) if the insured person's spouse has not made a notification of marriage but

is in a de facto marital relationship with the insured person, the spouse's father, mother, or child who belongs to the same household as the insured person and who is financially supported mainly by the insured person; or
(iv) if the spouse referred to in the preceding paragraph has died, the spouse's father, mother, or child who continues to belong to the same household as the insured person and who is financially supported mainly by the insured person.

- (8) The term "day worker" as used in this Act means a person who falls under any of the following items:
- (i) a worker employed temporarily and listed below (in the same place of business, excluding cases of continuous employment which has exceeded one month if the person is listed in (a) or exceeded the prescribed period listed in (b) if the person is listed in (b) (except for cases of continuous employment at a place of business whose location is not fixed));
 - (a) a worker hired on a daily basis;
 - (b) a worker employed for a fixed period not longer than two months;
 - (ii) a worker employed in seasonal work (excluding cases of continuous employment exceeding four months); or
 - (iii) a worker employed at a place of temporary business (excluding cases of continuous employment exceeding six months).
- (9) The term "wage" as used in this Act means the wage, salary, allowance, bonus, and all other payments which a day worker receives as compensation for labor under whatever name the compensation is known; however, this does not apply to wages received periodically for a period exceeding three months.
- (10) The term "mutual aid association" as used in this Act means a mutual aid association organized pursuant to law.

Chapter II Insurers

Section 1 General Rules

(Insurers)

Article 4 The insurers providing insurance (excluding insurance for specially-insured day laborers) are Japan Health Insurance Association and health insurance societies.

(Health Insurance Administered by Japan Health Insurance Association)

Article 5 (1) Japan Health Insurance Association administers insurance for insured persons who are not members of a health insurance society (excluding specially-insured day laborers; the same applies hereinafter in the main provisions except for the following Section, Article 51-2, Article 63, paragraph (3), item (ii), Article 150, paragraph (1), Article 172, paragraph (3), and

Chapters X and XI).

(2) Of the services relating to health insurance businesses provided by Japan Health Insurance Association pursuant to the provisions of the preceding paragraph, the confirmation of acquisition and loss of eligibility to be insured, determination of standard monthly remuneration amount and standard bonus amount, collection of insurance premiums (excluding those from insured persons with optional and continued coverage), and operations incidental to these are conducted by the Minister of Health, Labour and Welfare.

(Health Insurance Administered by Societies)

Article 6 A health insurance society administers insurance of the insured persons who are its members.

(Insurers of Workers Employed at Two or More Places of Business)

Article 7 Persons who administers insurance for insured persons who are employed at two or more places of business at the same time are specified by Order of the Ministry of Health, Labour and Welfare, notwithstanding the provisions of Article 5, paragraph (1) and the preceding Article.

Section 2 Japan Health Insurance Association

(Establishment and Services)

Article 7-2 (1) In order to provide health insurance services to insured persons who are not members of a health insurance society (hereinafter simply referred to as "insured persons"), Japan Health Insurance Association (hereinafter referred to as "JHIA") is established.

(2) JHIA provides the services listed below:

(i) operations related to insurance benefits pursuant to the provisions of Chapter IV and insurance benefits pertaining to specially-insured day laborers pursuant to the provisions of Chapter V, Section 3;

(ii) operations related to healthcare services and welfare services pursuant to the provisions of Chapter VI;

(iii) beyond the services listed in the preceding two items, services related to a health insurance business administered by JHIA and other than services provided by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 5, paragraph (2);

(iv) beyond the services listed in items (i) and (ii), services related to insurance for specially-insured day laborers that are not administered by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 123, paragraph (2);

(v) operations related to affairs pertaining to the authority prescribed in

Article 204-7, paragraph (1); and
(vi) operations incidental to the operations listed in each of the preceding items.
(3) Beyond the operations listed in the items of the preceding paragraph, JHIA is responsible for operations related to Seamen's Insurance business pursuant to the provisions of the Seamen's Insurance Act (excluding those conducted by the Minister of Health, Labour and Welfare pursuant to the provisions of the same Act), and operations related to payments by persons in the early stage of elderly life, etc., pursuant to the provisions of the Act on Assurance of Medical Care for Elderly People (hereinafter referred to as "payments by the young-old"), aid allowance for persons in the later stage of elderly life, etc., pursuant to the provisions of the same Act (hereinafter referred to as "aid for the old-old"), and payments pursuant to the provisions of the Long-Term Care Insurance Act (Act No. 123 of 1997) (hereinafter referred to as "long-term care payments").

(Legal Personality)

Article 7-3 JHIA is a corporation.

(Offices)

Article 7-4 (1) JHIA establishes a principal office in Tokyo and secondary offices (hereinafter referred to as "branches") in each prefecture.

(2) JHIA's address is the location of its principal office.

(Stated Capital)

Article 7-5 The stated capital of JHIA is the amount contributed by the government pursuant to the provisions of Article 18, paragraph (2) of the Supplementary Provisions of the Act Partially Amending the Health Insurance Act, etc. (Act No. 83 of 2006; hereinafter referred to as "Amending Act").

(Articles of Incorporation)

Article 7-6 (1) JHIA must specify the particulars listed below in its articles of incorporation:

(i) its purpose;

(ii) its name;

(iii) the locations of its offices;

(iv) particulars relating to its officers;

(v) particulars relating to its management board;

(vi) particulars relating to its council;

(vii) particulars relating to healthcare services;

(viii) particulars relating to welfare services;

(ix) particulars relating to asset management and other finances; and

- (x) other important matters related to organization and operations as specified by Order of the Ministry of Health, Labour and Welfare.
- (2) No alternation to the articles of incorporation referred to in the preceding paragraph (except those pertaining to matters specified by Order of the Ministry of Health, Labour and Welfare) is effected without authorization by the Minister of Health, Labour and Welfare.
- (3) When JHIA makes any amendment to the articles of incorporation with regard to matters specified by Order of the Ministry of Health, Labour and Welfare referred to in the preceding paragraph, it must notify the Minister of Health, Labour and Welfare of the amendment without delay.
- (4) When JHIA is authorized for an amendment to the articles of incorporation referred to in paragraph (2) or makes any amendment to the articles of incorporation with regard to matters specified by Order of the Ministry of Health, Labour and Welfare referred to in the same paragraph, it must give publicly notice of the amendment without delay.

(Registration)

Article 7-7 (1) JHIA must complete its registration as specified by Cabinet Order.

- (2) The matters that must be registered pursuant to the provisions of the preceding paragraph cannot be asserted against a third party until after they are registered.

(Name)

Article 7-8 No person other than JHIA may use the name "Japan Health Insurance Association".

(Officers)

Article 7-9 JHIA has one president, not more than six directors, and two auditors as its officers.

(Duties of Officers)

Article 7-10 (1) The president of JHIA represents JHIA and executes its operations.

- (2) If the president is incapacitated or the position of president is vacant, another director appointed by the president in advance represents the president or performs the president's duties.
- (3) The directors may assist the president in executing the operations of JHIA as determined by the president.
- (4) An auditor audits the execution of business and the financial status of JHIA.

(Appointment of Officers)

Article 7-11 (1) The president and auditors are appointed by the Minister of Health, Labour and Welfare.

(2) The Minister of Health, Labour and Welfare, when intending to appoint the president pursuant to the provisions of the preceding paragraph, must hear the opinions of the Management Board in advance as provided for by Article 7-18, paragraph (1).

(3) The directors are appointed by the president.

(4) When the president appoints a director pursuant to the provisions of the preceding paragraph, the president must notify the Minister of Health, Labour and Welfare of the appointment and publicize it without delay.

(Terms of Office)

Article 7-12 (1) The term of office for an officer is three years; however, the term for a substitute officer is the remaining term of the predecessor.

(2) An officer may be reappointed.

(Ineligibility of Officers)

Article 7-13 A government official or an official of a local public entity (excluding a part-time official) is ineligible to be an officer.

(Dismissal of Officers)

Article 7-14 (1) When an officer appointed by the Minister of Health, Labour and Welfare or the president becomes a person who is ineligible to be an officer pursuant to the provisions of the preceding Article, the Minister of Health, Labour and Welfare or the president, respectively, must dismiss the officer.

(2) If an officer appointed by the Minister of Health, Labour and Welfare or the president falls under any of the following items or is otherwise found to be unfit to serve as an officer, the minister or the president, respectively, may dismiss the officer:

(i) the officer is incapable of performing official duties due to physical or mental disability; or

(ii) the officer committed a violation of obligation in the course of duties.

(3) If the president dismisses a director pursuant to the provisions of the preceding paragraph, the president must notify the Minister of Health, Labour and Welfare of the dismissal and publicize it without delay.

(Prohibition of Concurrent Holding of Positions by Officers)

Article 7-15 An officer (excluding a part-time officer) must not serve as an officer of an organization for profit or engage in a business for profit independently; however, this does not apply if the officer obtains approval from the Minister of Health, Labour and Welfare.

(Restrictions on Authority of Representation)

Article 7-16 Regarding any matter in which the president or the director has a conflict of interest with the JHIA, the president or the director have no authority of representation. In this case, an auditor represents JHIA.

(Appointment of Agents)

Article 7-17 The president may appoint an agent from among the directors or employees and authorize the agent to conduct all judicial or extra-judicial acts concerning a part of the operations of JHIA.

(Management Board)

Article 7-18 (1) In order to reflect opinions of employers (meaning employers of an applicable place of business at which insured persons are employed; the same applies hereinafter in this section) and insured persons, and to ensure that JHIA's operations are appropriate, JHIA has a management board.

(2) The management board has nine or less members who are appointed by the Minister of Health, Labor and Welfare from among employers, insured persons, and persons with relevant knowledge and experience for properly operating JHIA.

(3) The term of the members in the preceding paragraph is two years.

(4) The proviso to Article 7-12, paragraph (1) and the provisions of paragraph (2) of the same Article apply mutatis mutandis to members of the management board.

(Duties of the Management Board)

Article 7-19 (1) With regard to the particulars listed below, the president must obtain a resolution at the management board in advance:

(i) amendments to the articles of incorporation;

(ii) changes to the operation rules referred to in Article 7-22, paragraph (2);

(iii) JHIA's business plan as well as budget and settlement in each fiscal year;

(iv) disposition of important property or burden of significant debt;

(v) changes to the standards for payment of remuneration and retirement allowance for officers prescribed in Article 7-35, paragraph (2); and

(vi) other important matters related to the organization and operations of JHIA as specified by Order of the Ministry of Health, Labour and Welfare.

(2) Beyond the matters prescribed in the preceding paragraph, the management board may consult with the president and make proposals to the president when it finds it necessary.

(3) Beyond the matters covered by the preceding two paragraphs, other matters relating to the organization and operation of the management board are

specified by Order of the Ministry of Health, Labour and Welfare.

(Position of Members)

Article 7-20 A member of the management board is deemed to be an official engaged in public service under acts and regulations, with respect to the application of the Penal Code (Act No. 45 of 1907) and other penal provisions.

(Council)

Article 7-21 (1) In order to contribute to proper operations that meet prefectural demands, JHIA establishes a council for each branch and hears the opinions of each council about the operation status at its branch.

(2) The council members are commissioned by the head of their branch (hereinafter referred to as "branch head") pursuant to the articles of incorporation from among employers and insured persons at an applicable place of business (including an applicable place of business prescribed in Article 34, paragraph (1); the same applies hereinafter) located in the prefecture in which the council is established as well as persons with relevant knowledge and experience for properly operating the branch.

(Operation Rules)

Article 7-22 (1) JHIA is to determine operation rules with regard to matters necessary for the execution of duties specified by Order of the Ministry of Health, Labour and Welfare.

(2) The president, when intending to make a change to the operation rules, must notify the Minister of Health, Labour and Welfare in advance.

(Appointment of Employees)

Article 7-23 JHIA's employees are appointed by the president.

(Status of Officers and Officials as Public Employees)

Article 7-24 The provisions of Article 7-20 apply mutatis mutandis to JHIA's officers and officials.

(Business Year)

Article 7-25 JHIA's business year begins on April 1 each year and ends on March 31 of the following year.

(Corporate Accounting Principles)

Article 7-26 JHIA's accounting is to be conducted pursuant to corporate accounting principles, as a general rule, pursuant to Order of the Ministry of Health, Labour and Welfare.

(Authorization of Business Plans)

Article 7-27 JHIA must prepare a business plan and budget for every business year and obtain authorization from the Minister of Health, Labour, and Welfare prior to the beginning of the relevant business year. The same applies when JHIA intends to make a change to the business plan or budget.

(Financial Statements)

Article 7-28 (1) JHIA must complete the settlement for each business year by May 31 in the following business year.

- (2) For each business year, JHIA must prepare a balance sheet, a profit and loss statement, documents concerning the appropriation of profits and the disposal of losses, other documents specified by Order of the Minister of Health, Labour and Welfare, and any annex statements thereof (hereinafter collectively referred to as "financial statements"), accompanied by the business report and statement of accounts for the relevant business year (referred to as "business reports" hereinafter in this Article and Article 217-2, item (iv)) and with statements by the auditor and the accounting auditor selected pursuant to the provisions of paragraph (2) of the following Article attached, and submit them to the Minister of Health, Labour and Welfare within two months after completion of the settlement to obtain approval from the minister.
- (3) Financial statements and business reports must contain required information to show the financial and business status of each branch as specified by Order of the Ministry of Health, Labour and Welfare.
- (4) When JHIA obtains the approval from the Minister of Health, Labour, and Welfare pursuant to the provisions of paragraph (2), it must provide public notice of the financial statements published in an official gazette without delay, maintain those financial statements and business reports as well as written statements by the auditor and accounting auditor referred to in the same paragraph at each office, and provide public access to them for a period specified by Order of the Ministry of Health, Labour, and Welfare.

(Audit by Accounting Auditor)

Article 7-29 (1) JHIA must be audited by an accounting auditor, beyond being audited by an auditor, with regard to the financial statements, the business report (limited to the portion related to accounting), and the statement of accounts.

- (2) An accounting auditor is appointed by the Minister of Health, Labour and Welfare.
- (3) An accounting auditor must be a certified public accountant (including a foreign certified public accountant provided for in Article 16-2, paragraph (5) of

the Certified Public Accountants Act (Act No. 103 of 1948)) or auditing corporation.

- (4) A person who is ineligible to audit financial statements pursuant to the provisions of the Certified Public Accountant Act is ineligible to become an accounting auditor.
- (5) The term of office of an accounting auditor is until the Minister of Health, Labour and Welfare gives approval under paragraph (2) of the preceding Article for financial statements for the first business year that ends after the date of the appointment.
- (6) If an accounting auditor falls under any of the following items, the Minister of Health, Labour and Welfare may dismiss the accounting auditor:
 - (i) the accounting auditor has violated the obligations of the accounting auditor's duties or has been negligent in the performance thereof;
 - (ii) the accounting auditor has committed a conduct unbecoming of an accounting auditor; or
 - (iii) due to a mental or physical disorder, the accounting auditor is unable to perform the accounting auditor's duties or is incapable of bearing the demands of the duties.

(Evaluation on Operational Performance in Each Business Year)

- Article 7-30 (1) The Minister of Health, Labour and Welfare must evaluate JHIA's operational performance in each business year.
- (2) When the Minister of Health, Labour and Welfare conducts the evaluation referred to in the preceding paragraph, the Minister must give notice of the results to JHIA and provide public notice thereof without delay.

(Debt)

- Article 7-31 (1) JHIA may incur short-term debt with authorization from the Minister of Health, Labour and Welfare if it is necessary for the allocation of expenses for its operations.
- (2) Short-term debt pursuant to the provisions of the preceding paragraph must be repaid within the relevant business year; provided, however that if the short-term debt fails to be repaid due to a lack of funds, only the amount of funds lacking may be refinanced, after obtaining authorization from the Minister of Health, Labour, and Welfare.
 - (3) Short-term debt that is refinanced pursuant to the proviso to the preceding paragraph must be repaid within one year.

(Obligation Guarantee)

- Article 7-32 Notwithstanding the provisions of Article 3 of the Act on Limitations of Government Financial Assistance to Corporations (Act No. 24 of

1946), when the national government determines it necessary for the smooth operation of its services, it may provide guarantees within the limit of an amount approved by the Diet and within the period determined to be necessary with regard to liabilities pertaining to short-term debt incurred by JHIA pursuant to the provisions of the preceding Article.

(Investment of Funds)

Article 7-33 JHIA's operational surplus funds must be safely and efficiently operated according to the purpose and nature of the funds as specified by Cabinet Order.

(Disposition of Important Property)

Article 7-34 When intending to transfer or provide as collateral important property specified by Order of the Ministry of Health, Labour and Welfare, JHIA must obtain authorization from the Minister of Health, Labour and Welfare.

(Remuneration of Officers)

Article 7-35 (1) The remuneration and retirement allowance for JHIA's officers must take into consideration the officers' performance.

(2) JHIA must specify standards for the payment of the remuneration and retirement allowance for its officers, notify the Minister of Health, Labour and Welfare of the standards, and publicize them. The same applies when JHIA revises the standards.

(Salaries of Employees)

Article 7-36 (1) The salaries of JHIA's employees must take into consideration the employees' work performance.

(2) JHIA must specify standards for the payment of salaries and retirement allowance for its employees, notify the Minister of Health, Labour and Welfare of the standards, and publicize them. The same applies when JHIA revises the standards.

(Security Obligation)

Article 7-37 (1) A current or former officer or official of JHIA must not divulge confidential information concerning the health insurance business learned in the course of duty without justifiable reasons.

(2) The provisions of the preceding paragraph apply mutatis mutandis to a person who is, or has been, a member of JHIA's management board.

(Collection of Reports)

- Article 7-38 (1) When the Minister of Health, Labour and Welfare finds it necessary in relation to JHIA, the Minister may collect reports on the status of its business or property, or have the ministry's officials enter JHIA's office to ask persons concerned questions or to inspect that status.
- (2) The relevant official who asks questions or conducts inspections pursuant to the provisions of the preceding paragraph must carry an identification card and present it at the request of any person concerned.
- (3) The authority under paragraph (1) must not be construed as being granted for criminal investigation.

(Supervision)

- Article 7-39 (1) If the Minister of Health, Labour and Welfare finds that JHIA's management or execution of its business or assets violates any law or regulation, its articles of incorporation, or any disposition of the Minister of Health, Labour and Welfare, or that JHIA has unjustly failed to secure income that it should have secured, has unjustly incurred expenses, has unjustly disposed of its assets or has otherwise significantly failed to appropriately manage or execute its business or assets, or that the officers of JHIA have evidently failed to manage or execute its business or assets, then the Minister may order JHIA or its officers to take measures necessary to rectify the violation or improve the management or performance of its business or assets within a specified period.
- (2) If JHIA or its officers violate an order referred to in the preceding paragraph, the Minister of Health, Labour and Welfare may order JHIA to dismiss all or some of its officers involved in the violation after a certain period.
- (3) If JHIA violates an order referred to in the preceding paragraph, the Minister of Health, Labour and Welfare may dismiss the officers to which the order pertained.

(Dissolution)

Article 7-40 The rules for the dissolution of JHIA are provided separately by law.

(Delegation to Order of the Ministry of Health, Labour and Welfare)

Article 7-41 Beyond what is provided for in this Act and any Cabinet Order based on this Act, matters concerning the finance and accounting of JHIA, and other necessary matters are specified by Order of the Ministry of Health, Labour and Welfare.

(Consultation with the Minister of Finance)

Article 7-42 The Minister of Health, Labour, and Welfare must consult with the Minister of Finance in advance, in the following cases:

- (i) when intending to grant authorization pursuant to the provisions of Article 7-27, Article 7-31, paragraph (1), the proviso to Article 7-31, paragraph (2), or the Article 7-34; and
- (ii) when intending to issue an Order of the Ministry of Health, Labour and Welfare pursuant to the provisions of the preceding Article;

Section 3 Health Insurance Societies

(Organization)

Article 8 A health insurance society is composed of employers of applicable places of business, insured persons employed at the applicable places of business, and insured persons with optional and continued coverage.

(Legal Personality)

Article 9 (1) A health insurance society is a corporation.

(2) The address of a health insurance society is at the location of its principal office.

(Name)

Article 10 (1) A health insurance society must use the characters "健康保険組合" (pronounced "kenko hoken kumiai" and literally meaning "health insurance society") in its name.

(2) No person other than a health insurance society may use the name "健康保険組合".

(Establishment)

Article 11 (1) An employer who has one or more applicable places of business regularly employing a total number of insured persons equal to or above a figure specified by Cabinet Order may establish a health insurance society for those applicable places of business.

(2) Employers of applicable places of business may jointly establish a health insurance society. In this case, the total number of insured persons must always be no less than the number specified by Cabinet Order.

Article 12 (1) When intending to establish a health insurance society, the employer of an applicable place of business must prepare a constitution with the consent of half or more of the insured persons employed at the applicable place of business for which the health insurance society is to be established, and obtain authorization from the Minister of Health, Labour and Welfare.

(2) When intending to establish a health insurance society for two or more applicable places of business, the consent in the preceding paragraph must be

obtained for each of those places of business.

Article 13 If an application for the establishment of a health insurance society is submitted at the same time as an application pursuant to the provisions of Article 31, paragraph (1), the phrase "applicable place of business" in the preceding two Articles is replaced with "place that will be an applicable place of business" and "insured persons" with "persons to be insured".

Article 14 (1) The Minister of Health, Labour and Welfare may order an employer who has one or more applicable places of business (excluding those pursuant to Article 31, paragraph (1)) regularly employing a total number of insured persons equal to or above the figure specified by Cabinet Order to establish a health insurance society.

(2) An employer who has been ordered to establish a health insurance society pursuant to the provisions of the preceding paragraph must prepare a constitution for the society and obtain authorization from the Minister of Health, Labour and Welfare for the establishment.

(Time of Establishment)

Article 15 A health insurance society is incorporated when it receives authorization for its establishment.

(Constitution)

Article 16 (1) A health insurance society must specify the particulars listed below in its constitution:

- (i) its name;
- (ii) the location of its office;
- (iii) the name and location of the applicable place of business related to the establishment of the health insurance society;
- (iv) particulars relating to its meetings;
- (v) particulars relating to officers;
- (vi) particulars relating to its members;
- (vii) particulars relating to insurance premiums;
- (viii) particulars relating to reserves and other particulars related to property management;
- (ix) particulars relating to giving public notice; and
- (x) beyond the particulars listed in each of the preceding items, particulars specified by Order of the Ministry of Health, Labour and Welfare.

(2) No change to the health insurance society's constitution referred to in the preceding paragraph (except those pertaining to matters specified by Order of the Ministry of Health, Labour and Welfare) has effect without the

authorization of the Minister of Health, Labour and Welfare.

- (3) If a health insurance society makes an amendment to its constitution with regard to matters specified by Order of the Ministry of Health, Labour and Welfare referred to in paragraph (1), it must notify the Minister of Health, Labour and Welfare of the amendment without delay.

(Society Members)

Article 17 (1) The employer of an applicable place of business for which a health insurance society is established (hereinafter referred to as the "establishment") and insured persons who are employed at the establishment are members of the health insurance society.

- (2) An insured person referred to in the preceding paragraph who has optional and continued coverage is a member of the health insurance society even if the person is no longer employed at the establishment.

(Society Meetings)

Article 18 (1) A health insurance society has society meetings.

- (2) A society meeting is comprised of society meeting members.
- (3) The fixed number of society meeting members is an even number; half of the members are selected from among employers of establishments (including their agents) and workers employed at establishments, and the other half are elected by vote from among society members who are insured persons.

(Matters to be Decided by Society Meeting)

Article 19 The matters listed below must be determined by a society meeting:

- (i) changes to the health insurance society's constitution;
- (ii) budget for income and expenditure;
- (iii) business reports and settlement; and
- (iv) other particulars specified in the constitution.

(Authority of Society Meetings)

Article 20 (1) A society meeting may inspect documents concerning the health insurance society's affairs, request reports from directors or auditors, or inspect the management of affairs, execution of decisions, or revenue and expenditure of the society.

- (2) A society meeting may have a person appointed from among the society meeting members carry out any of the matters under the authority of the society meeting as referred to in the preceding paragraph.

(Officers)

Article 21 (1) A health insurance society has directors and auditors as its officers.

- (2) The fixed number of directors is an even number; half of them are elected by votes cast by society meeting members selected by the employer of the establishment, and the other half are elected by votes cast by the society meeting members elected by vote from among society members who are insured persons.
- (3) The president is elected by the directors from among the directors who are society meeting members selected by the employer of the establishment.
- (4) At a society meeting, one auditor is elected by votes from among the society meeting members selected by the employers of the establishment, and the other auditor is elected from among society meeting members elected by vote from among society members who are insured persons.
- (5) An auditor may not act concurrently as a director or official of a health insurance society.

(Duties of Officers)

- Article 22 (1) The president of a health insurance society represents the health insurance society and executes its operations. If the president is incapacitated or the position of president is vacant, another director who is a society meeting member selected by the employer of the establishment and appointed by the president in advance represents or performs the president's duties.
- (2) Unless otherwise specified in the constitution, the operations of the health insurance society are determined by the majority of the directors, and by the president in the event of a tie.
 - (3) The directors may assist the president in executing the operations of the health insurance society as determined by the president.
 - (4) An auditor audits the execution of business and the status of the property of the health insurance society.

(Provisions Applied Mutatis Mutandis to Officers and Officials of JHIA)

Article 22-2 The provisions of Article 7-37, paragraph (1) apply mutatis mutandis to officers and officials of the health insurance societies.

(Mergers)

- Article 23 (1) A merger of a health insurance society must be adopted through a resolution by a three-quarter majority of the fixed number of society meeting members in a society meeting and authorization therefore must be obtained from the Minister of Health, Labour and Welfare.
- (2) In order to establish a health insurance society by a merger, committee members selected by each health insurance society to be merged from among officers or society meeting members in each of the society meetings must jointly prepare the constitution and take other actions necessary for the

establishment.

- (3) A health insurance society established by a merger or that remains after a merger succeeds to the rights and obligations of a health insurance society extinguished due to the merger.

(Split)

Article 24 (1) Any split of a health insurance society must be adopted through a resolution by a three-quarter majority of the fixed number of society meeting members in a society meeting and authorization therefor must be obtained from the Minister of Health, Labour and Welfare.

- (2) A split of a health insurance society cannot be applied to a part of an establishment.
- (3) In performing a split, the number of insured persons who are to be society members of a health insurance society established by the split or insured persons who are society members of a health insurance society that remains after the split must be no less than the number specified by Cabinet Order under Article 11, paragraph (1) (paragraph (2) of the same Article if the health insurance society is jointly established).
- (4) In order to establish a health insurance society by a split, employers of applicable places of business that are to be an establishment must prepare the constitution and take other actions necessary for the establishment.
- (5) A health insurance society established by a split succeeds to some of the rights and obligations of a health insurance society extinguished due to the split or of a health insurance society that remains after the split.
- (6) The limit to the rights and obligations succeeded to pursuant to the provisions of the preceding paragraph must be decided as a part of the resolution on the split and authorization therefor must be obtained from the Minister of Health, Labour and Welfare.

(Increase or Decrease in Establishments)

Article 25 (1) When intending to increase or decrease its number of establishments, a health insurance society must obtain consent from all employers of applicable places of business to which the increase or decrease pertains and from half or more of the insured persons employed at the applicable places of business.

- (2) In the case of an application to make changes to the constitution relating to an increase in the number of establishments of a health insurance society which has applied for the authorization pursuant to the provisions of Article 31, paragraph (1), the phrase "insured persons" in the preceding paragraph is replaced with "persons to be insured".
- (3) When a health insurance society decreases its number of establishments

pursuant to the provisions of paragraph (1), the number of members who are insured persons of the health insurance society must be no less than the number specified by Cabinet Order under Article 11, paragraph (1) (paragraph (2) of the same Article if the health insurance society is jointly established) even after the number of establishments has been decreased.

(4) The provisions of Article 12, paragraph (2) apply mutatis mutandis when consent from insured persons is obtained under paragraph (1).

(Dissolution)

Article 26 (1) A health insurance society is dissolved for any of the reasons listed below:

(i) a resolution by a three-quarter majority of the fixed number of society meeting members in a society meeting;

(ii) the impossibility of the continuation of the business of the health insurance society; or

(iii) a dissolution order pursuant to the provisions of Article 29, paragraph (2).

(2) Authorization must be obtained from the Minister of Health, Labour and Welfare for the dissolution of a health insurance society for a reason listed in item (i) or (ii) of the preceding paragraph.

(3) If a health insurance society is dissolved and it is unable to pay its debts in full with its property, the health insurance society may request the employers of the establishments to bear all or part of the expenses required to pay its debts in full as specified by Cabinet Order.

(4) JHIA succeeds to the rights and obligations of a health insurance society extinguished due to dissolution.

Article 27 Deleted

(Formulation of a Plan to Improve Soundness by a Designated Health Insurance Society)

Article 28 (1) A health insurance society whose income and expenditure for health insurance services is imbalanced and which is designated by the Minister of Health, Labour and Welfare as meeting the requirements specified by Cabinet Order (hereinafter referred to as a "designated health insurance society" in this and the following Articles) must formulate a plan to improve its soundness (hereinafter referred to as "soundness improvement plan" in this Article) and obtain approval therefor from the Minister of Health, Labour and Welfare, as specified by Cabinet Order. The same applies when a health insurance society revises a soundness improvement plan.

(2) A designated health insurance society that receives the approval referred to in the provisions of the preceding paragraph must provide health insurance

services in accordance with the approved soundness improvement plan.

- (3) If the Minister of Health, Labour and Welfare finds it necessary to change a soundness improvement plan due to the status of business and property of a designated health insurance society that has received the approval referred to in paragraph (1), the Minister may request the designated health insurance society to change the soundness improvement plan within a specified period.

(Collection of Reports)

Article 29 (1) The provisions of Articles 7-38 and 7-39 apply mutatis mutandis to health insurance societies. In this case, the phrase "Minister of Health, Labour and Welfare" in Article 7-39, paragraph (1) is to be replaced with "Minister of Health, Labour and Welfare, when collecting reports, asking questions, or conducting inspections pursuant to the provisions of the preceding Article as applied mutatis mutandis to Article 29, paragraph (1)", and the phrase "articles of incorporation" is to be replaced with "constitution".

- (2) If a health insurance society violates an order pursuant to the provisions of Article 7-39, paragraph (1) as applied mutatis mutandis to the preceding paragraph, or if it is found that the continuation of business of a designated health insurance society which has violated the provisions of paragraph (2) of the preceding Article, of a designated health insurance society which fails to follow the request referred to in paragraph (3) of the same Article, or of another designated health insurance society as specified by Cabinet Order is difficult due to the status of services or property or other reasons, the Minister of Health, Labour and Welfare may order the dissolution of the health insurance society.

(Delegation to Cabinet Order)

Article 30 Beyond what is provided for in this Chapter, the management of health insurance societies, the retention of their assets, and other necessary matters concerning health insurance societies are specified by Cabinet Order.

Chapter III Insured Persons

Section 1 Eligibility

(Applicable Places of Business)

Article 31 (1) An employer of a non-applicable place of business may operate the place of business as an applicable place of business with authorization from the Minister of Health, Labour and Welfare.

- (2) When intending to obtain the authorization referred to in the preceding paragraph, the employer of a place of business must, with the consent of half or more of the workers employed at the place of business (limited to those to be

insured persons), apply to the Minister of Health, Labour and Welfare for the authorization.

Article 32 If an applicable place of business no longer falls under the items of Article 3, paragraph (3), it is deemed to be authorized under paragraph (1) of the preceding Article.

Article 33 (1) An employer of a place of business under Article 31, paragraph (1) may make the place of business a non-applicable place of business with authorization from the Minister of Health, Labour and Welfare.

(2) When intending to obtain the authorization referred to in the preceding paragraph, the employer of the place of business must, with the consent of three-quarters or more of the workers employed at the place of business (limited to insured persons), apply to the Minister of Health, Labour and Welfare for the authorization.

Article 34 (1) When the employer of two or more applicable places of business is the same, the employer may merge the two or more places of business into one applicable place of business with approval from the Minister of Health, Labour and Welfare.

(2) When the approval referred to in the preceding paragraph is obtained, the relevant two or more places for business are no longer deemed to be applicable places for business.

(Time of Acquisition of Eligibility)

Article 35 An insured person (excluding insured persons with optional and continued coverage; the same applies hereinafter from this Article through Article 38) obtains eligibility as an insured person from the day on which the person has become an employee of an applicable place of business, the day on which the place of business employing the person has become an applicable place of business, or the day on which the provisions of the proviso to Article 3, paragraph (1) are no longer applicable.

(Time of Loss of Eligibility)

Article 36 An insured person loses eligibility as an insured person from the day immediately after the day on which the person falls under any of the following items (or the day on which the respective fact arises if the person also falls under the preceding Article):

(i) the person dies;

(ii) the person is no longer employed at the place of business;

(iii) the person falls under the proviso to Article 3, paragraph (1); or

(iv) authorization under Article 33, paragraph (1) is obtained.

(Insured Person with Optional and Continued Coverage)

Article 37 (1) A request referred to in Article 3, paragraph (4) must be made within 20 days after the date on which eligibility as an insured person is lost; however, when finding a justifiable reason, the insurer may accept a request even after the day on which that period expires.

(2) If the person who made a request referred to in Article 3, paragraph (4) fails to pay the first insurance premium by the due date, the person is deemed to not have become an insured person with optional and continued coverage, notwithstanding the provisions of the same paragraph; however, this does not apply if the insurer finds a justifiable reason for the delay in payment.

(Loss of Eligibility as an Insured Person with Optional and Continued Payment)

Article 38 An insured person with optional and continued payment loses eligibility from the day immediately after the day on which the person fell under any of the following items (in the case any of the items (iv) through (vi) from the day on which the person fell under the item):

- (i) two years have elapsed since the day on which the person became an insured person with optional and continued coverage;
- (ii) the person dies;
- (iii) insurance premiums (excluding the first insurance premium) are not paid by the due date (excluding when the insurer finds a justifiable reason for the delay in payment);
- (iv) the person becomes an insured person;
- (v) the person becomes an insured person covered by Seamen's Insurance; or
- (vi) the person becomes a person with late-stage elderly medical care insurance.

(Confirmation of Acquisition or Loss of Eligibility)

Article 39 (1) The acquisition or loss of eligibility as an insured person takes effect through confirmation by an insurer (meaning the Minister of Health, Labour and Welfare if the person is an insured person with optional and continued coverage under the health insurance program administered by JHIA; a health insurance society if the insured person is under the health insurance program administered by the health insurance society; or otherwise, the Minister of Health, Labour and Welfare; the same applies hereinafter excluding in Article 164, paragraphs (2) and (3), Article 180, paragraph (1), paragraph (2) and paragraph (4), and Article 181, paragraph (1)); however, this does not apply to the loss of eligibility as an insured person due to falling under Article 36, item (iv) or the acquisition or loss of eligibility as an insured

person with optional continued coverage.

- (2) The confirmation referred to in the preceding paragraph is to be made by a notification pursuant to the provisions of Article 48, a request pursuant to the provisions of Article 51, paragraph (1), or sua sponte.
- (3) With regard to the confirmation referred to in paragraph (1), the provisions of Chapter III (excluding Articles 12 and 14) of the Administrative Procedure Act (Act No. 88 of 1993) do not apply.

Section 2 Standard Monthly Remuneration Amount and Standard Bonus

(Standard Monthly Remuneration Amount)

Article 40 (1) The standard monthly remuneration amount is determined based on the insured person's monthly remuneration amount according to the following grading (if the grading has been revised pursuant to the provisions of the following paragraph, the revised grading).

Standard Monthly Remuneration Amount Grade	Standard monthly remuneration amount	Standard monthly remuneration amount
Level 1	58,000 yen	Less than 63,000 yen
Level 2	68,000 yen	Not less than 63,000 yen but less than 73,000 yen
Level 3	78,000 yen	Not less than 73,000 yen but less than 83,000 yen
Level 4	88,000 yen	Not less than 83,000 yen but less than 93,000 yen
Level 5	98,000 yen	Not less than 93,000 yen but less than 101,000 yen
Level 6	104,000 yen	Not less than 101,000 yen but less than 107,000 yen
Level 7	110,000 yen	Not less than 107,000 yen but less than 114,000 yen
Level 8	118,000 yen	Not less than 114,000 yen but less than 122,000 yen
Level 9	126,000 yen	Not less than 122,000 yen but less than 130,000 yen
Level 10	134,000 yen	Not less than 130,000 yen but less than 138,000 yen
Level 11	142,000 yen	Not less than 138,000 yen but less than 146,000 yen
Level 12	150,000 yen	Not less than 146,000 yen but less than 155,000 yen
Level 13	160,000 yen	Not less than 155,000 yen but less than 165,000 yen
Level 14	170,000 yen	Not less than 165,000 yen but less than 175,000 yen

Level 15	180,000 yen	Not less than 175,000 yen but less than 185,000 yen
Level 16	190,000 yen	Not less than 185,000 yen but less than 195,000 yen
Level 17	200,000 yen	Not less than 195,000 yen but less than 210,000 yen
Level 18	220,000 yen	Not less than 210,000 yen but less than 230,000 yen
Level 19	240,000 yen	Not less than 230,000 yen but less than 250,000 yen
Level 20	260,000 yen	Not less than 250,000 yen but less than 270,000 yen
Level 21	280,000 yen	Not less than 270,000 yen but less than 290,000 yen
Level 22	300,000 yen	Not less than 290,000 yen but less than 310,000 yen
Level 23	320,000 yen	Not less than 310,000 yen but less than 330,000 yen
Level 24	340,000 yen	Not less than 330,000 yen but less than 350,000 yen
Level 25	360,000 yen	Not less than 350,000 yen but less than 370,000 yen
Level 26	380,000 yen	Not less than 370,000 yen but less than 395,000 yen
Level 27	410,000 yen	Not less than 395,000 yen but less than 425,000 yen
Level 28	440,000 yen	Not less than 425,000 yen but less than 455,000 yen
Level 29	470,000 yen	Not less than 455,000 yen but less than 485,000 yen
Level 30	500,000 yen	Not less than 485,000 yen but less than 515,000 yen
Level 31	530,000 yen	Not less than 515,000 yen but less than 545,000 yen
Level 32	560,000 yen	Not less than 545,000 yen but less than 575,000 yen
Level 33	590,000 yen	Not less than 575,000 yen but less than 605,000 yen
Level 34	620,000 yen	Not less than 605,000 yen but less than 635,000 yen
Level 35	650,000 yen	Not less than 635,000 yen but less than 665,000 yen
Level 36	680,000 yen	Not less than 665,000 yen but less than 695,000 yen
Level 37	710,000 yen	Not less than 695,000 yen but less than 730,000 yen
Level 38	750,000 yen	Not less than 730,000 yen but less than 770,000 yen

Level 39	790,000 yen	Not less than 770,000 yen but less than 810,000 yen
Level 40	830,000 yen	Not less than 810,000 yen but less than 855,000 yen
Level 41	880,000 yen	Not less than 855,000 yen but less than 905,000 yen
Level 42	930,000 yen	Not less than 905,000 yen but less than 955,000 yen
Level 43	980,000 yen	Not less than 955,000 yen but less than 1,005,000 yen
Level 44	1,030,000 yen	Not less than 1,005,000 yen but less than 1,055,000 yen
Level 45	1,090,000 yen	Not less than 1,055,000 yen but less than 1,115,000 yen
Level 46	1,150,000 yen	Not less than 1,115,000 yen but less than 1,175,000 yen
Level 47	1,210,000 yen	Not less than 1,175,000 yen but less than 1,235,000 yen
Level 48	1,270,000 yen	Not less than 1,235,000 yen but less than 1,295,000 yen
Level 49	1,330,000 yen	Not less than 1,295,000 yen but less than 1,355,000 yen
Level 50	1,390,000 yen	Not less than 1,355,000 yen

- (2) If the ratio of the number of insured persons with the highest grade of standard monthly remuneration amount to the total number of insured persons on March 31 in a year exceeds 0.015 and that status is found to continue, the grading of the standard monthly remuneration amount may be revised by adding another grade to that highest grade by Cabinet Order from September 1 in the same year; provided, however, that the ratio of the number of insured persons with the highest grade of the revised standard monthly remuneration amount to the total number of insured persons must not be less than 0.005 on March 31 in the same year.
- (3) When planning the establishment or amendment of Cabinet Order referred to in the preceding paragraph, the Minister of Health, Labour and Welfare is to hear the opinions of the Social Security Council.

(Scheduled Decision)

Article 41 (1) An insurer determines the standard monthly remuneration amount based on the monthly remuneration amount which is obtained by dividing the total amount of remuneration received by the insured person at the place of business at which the person is employed as of July 1 each year for the preceding three-month period (limited to a period of consecutive employment at the place of business, and excluding any month in which the number of days based on which remuneration is paid is less than 17 days (11

days for persons specified by Order of the Ministry of Health, Labour and Welfare; the same applies in Article 43, paragraph (1), Article 43-2, paragraph (1) and Article 43-3, paragraph (1))) by three.

- (2) A standard monthly remuneration amount determined pursuant to the provisions of the preceding paragraph is the standard monthly remuneration amount of each month from September in the relevant year until August in the following year.
- (3) Regarding persons who obtained eligibility as an insured person during the period between June 1 and July 1 or insured persons whose standard monthly remuneration amount has been or is to be revised in any month from July through September pursuant to the provisions of Articles 43, 43-2 or 43-3, the provisions of paragraph (1) do not apply during that year.

(Determination upon Acquisition of Eligibility as an Insured Person)

Article 42 (1) When a person who obtains eligibility as an insured person, the insurer determines the standard monthly remuneration amount with the amounts listed below as the monthly remuneration amount:

- (i) if the wages are determined on the basis of a monthly, weekly or other fixed period, the amount equivalent to thirty times the amount obtained by dividing the amount of the remuneration as of the day on which eligibility as an insured person is obtained by the total number of days in that period;
 - (ii) if the remuneration is determined on the basis of working days or hours, or in accordance with a piece rate or other contract price, the average of the amounts of remuneration received by persons engaged in similar work at the place of business for one month preceding the month in which eligibility as an insured person is obtained and who receive similar remuneration;
 - (iii) if it is difficult to calculate pursuant to the provisions of the preceding two items, the amount of remuneration received by a person engaged in similar work in the region for one month preceding the month in which eligibility as an insured person is obtained and who receives similar remuneration; or
 - (iv) in the case of receiving remuneration corresponding to two or more of the preceding three items, the total sum of the amounts calculated for each pursuant to the provisions of the preceding three items.
- (2) A standard monthly remuneration amount determined pursuant to the provisions of the preceding paragraph is the standard monthly remuneration amount of each month since the day on which the person obtained eligibility as an insured person until August in that year (August in the following year if the person obtained eligibility as an insured person between July 1 to December 31).

(Revision)

Article 43 (1) If the amount obtained by dividing the total amount of remuneration received for three consecutive months at the place of business employing an insured person (in each month, the number of days based on which remuneration is paid must be no less than 17 days) by three is significantly higher or lower than the person's monthly remuneration that is the basis of the standard monthly remuneration amount and the insurer finds it necessary, the insurer may revise the standard monthly remuneration amount by setting the first-mentioned amount as the monthly remuneration amount starting from the month following the months in which the monthly remuneration amount was significantly high or low.

(2) A standard monthly remuneration amount revised pursuant to the provisions of the preceding paragraph is the standard monthly remuneration amount for each month until August in that year (until August in the following year for a revision in any month from July to December).

(Amount Revised When Childcare Leave Ends)

Article 43-2 (1) If childcare leave prescribed in Article 2, item (i) of the Act on the Welfare of Workers Taking Child Care or Family Care Leave to Care for Children or Other Family Members (Act No. 76 of 1991), leave through a measure equivalent to the system for childcare leave prescribed in Article 23, paragraph (2) of the same Act or a measure taken in the same manner as the system for childcare leave prescribed in item (ii) of the same paragraph pursuant to the provisions of Article 24, paragraph (1) of the same Act, or childcare leave based on laws and regulations specified by Cabinet Order (hereinafter referred to as "childcare leave") taken by an insured person ends and the person is taking care of a child less than three years of age to which the childcare leave pertains on the last day of the childcare leave (referred to as "last day of childcare leave" hereinafter in this Article) after submitting a request to the insurer via the employer of the place of business employing the person as specified by Order of the Ministry of Health, Labour and Welfare, the standard monthly remuneration amount is revised by setting the amount obtained by dividing the total amount of remuneration received for the three months (limited to a period of consecutive employment at the place of business employing the person on the day following the last day of childcare leave; and excluding any month in which the number of days based on which remuneration is paid is less than 17 days) following the month which includes the day following the last day of childcare leave by three as the monthly remuneration amount, notwithstanding the provisions of Article 41; provided, however, that this does not apply to an insured person who commences the maternity leave prescribed in paragraph (1) of the following Article on the day following the last day of childcare leave.

(2) A standard monthly remuneration amount revised pursuant to the provisions of the preceding paragraph is the standard monthly remuneration amount for each month since the month following the month which includes the day on which two years have elapsed since the day following the last day of childcare leave until August in that year (August in the following year if that following month is any of September to December).

(Amount Revised after End of Maternity Leave)

Article 43-3 (1) If maternity leave (meaning not engaging in labor for the period from 42 days (98 days in the case of multiple fetuses) before the day of childbirth (the due date of childbirth if the day of childbirth is after the due date of childbirth); hereinafter the same applies) to 56 days after the day of childbirth) taken by an insured person ends and the person is taking care of a child less than three years of age to which the maternity leave pertains on the last day of the maternity leave (referred to as "last day of maternity leave" hereinafter in this Article) after submitting a request to the insurer via the employer of the place of business employing the person as specified by Order of the Ministry of Health, Labour and Welfare, the standard monthly remuneration amount is revised by setting the amount obtained by dividing the total amount of remuneration received for the three months (limited to a period of consecutive employment at the place of business employing the person on the day following the last day of maternity leave; and excluding any month in which the number of days based on which remuneration is paid is less than 17 days) following the month which includes the day following the last day of maternity leave by three as the monthly remuneration amount, notwithstanding the provisions Article 41; provided, however, that this does not apply to an insured person who commences childcare leave on the day following the last day of maternity leave.

(2) A standard monthly remuneration amount revised pursuant to the provisions of the preceding paragraph is the standard monthly remuneration amount for each month since the month following the month which includes the day on which two years have elapsed since the day following the last day of maternity leave until August in that year (August in the following year if that following month is any of September to December).

(Special Provisions for Calculation of Monthly Remuneration)

Article 44 (1) If it is difficult to calculate an insured person's monthly remuneration amount pursuant to the provisions of Article 41, paragraph (1), Article 42, paragraph (1), Article 43-2, paragraph (1) or paragraph (1) of the preceding Article, or if the amount calculated pursuant to the provisions of Article 41, paragraph (1), Article 42, paragraph (1), Article 43, paragraph (1),

Article 43-2, paragraph (1) or paragraph (1) of the preceding Article is found to be significantly unjustifiable, notwithstanding these provisions, the insured person's monthly remuneration amount is an amount determined by the insurer.

- (2) In the case of the preceding paragraph, if the insurer is a health insurance society, the calculation method in the same paragraph must be specified by the constitution.
- (3) In calculating the monthly remuneration amount for an insured person who receives remuneration at two or more places of business at the same time, the total sum of the amounts calculated pursuant to the provisions of Article 41, paragraph (1), Article 42, paragraph (1), Article 43, paragraph (1), Article 43-2, paragraph (1), or paragraph (1) of the preceding Article or paragraph (1) is the person's monthly remuneration amount.

(Determination of the Amount of Standard Bonus)

Article 45 (1) An insurer determines the standard bonus amount in a month based on the amount of bonus received by the insured in the month in which the person received the bonus by rounding the amount down to the nearest 1,000 yen; provided, however, that if the cumulative amount of standard bonus during that fiscal year (from April 1 to the following March 31; the same applies hereinafter) exceeds 5,730,000 yen (an amount specified by Cabinet Order if the standard monthly remuneration amount grading has been revised pursuant to the provisions of Article 40, paragraph (2); the same applies in this paragraph) due to the bonus received by the insured person in that month, the standard bonus amount for the month is determined so that the cumulative amount is 5,730,000 yen and the standard amount of bonus received after the following month in the fiscal year is zero.

- (2) The provisions of Article 40, paragraph (3) apply mutatis mutandis to the establishment or amendment of Cabinet Order referred to in the preceding paragraph and the provisions of the preceding Article apply mutatis mutandis to the calculation of the amount of standard bonus.

(Value of Allowance in Kind)

Article 46 (1) When all or part of remuneration or bonus should be paid other than in currency, the amount is specified by the Minister of Health, Labour and Welfare based on the local market price.

- (2) A health insurance society may establish different standards in its constitution notwithstanding the provisions of the preceding paragraph.

(Standard Monthly Remuneration Amount of Insured Persons With Optional and Continued Coverage)

Article 47 Notwithstanding the provisions of Articles 41 through 44, with respect to the standard monthly remuneration amount of an insured person with optional and continued coverage, the smaller amount between the amounts listed in the following items is the person's standard monthly remuneration amount:

- (i) the standard monthly remuneration amount to be paid when the insured person with optional and continued coverage has lost eligibility as an insured person; or
- (ii) the standard monthly remuneration amount calculated when the average standard monthly remuneration amount of all insured persons administered by the insurer (if the health insurance association has any amount specified in its constitution within the range of the average amount, that amount) that provided insurance to the insured person with optional and continued coverage on September 30 in the preceding year (for the standard monthly remuneration amount from January to March, the year prior to the preceding year) is deemed to be the monthly remuneration amount that is the basis of the standard monthly remuneration amount.

Section 3 Notification

(Notification)

Article 48 The employer of an applicable place of business must notify the insurer of particulars relating to the acquisition and loss of eligibility as an insured person as well as the monthly remuneration amount and bonus amount pursuant to Order of the Ministry of Health, Labour and Welfare.

(Notice)

Article 49 (1) When the Minister of Health, Labour and Welfare gives authorization pursuant to the provisions of Article 33, paragraph (1), the Minister must notify the employer to that effect, and the insurer, upon performing confirmation pursuant to Article 39, paragraph (1), or determining or revising the standard remuneration amount (meaning the standard monthly remuneration amount and standard monthly bonus amount; the same applies hereinafter), must notify the employer to that effect.

- (2) When a notice referred to in the preceding item is given, the employer must promptly notify the person who is or was insured.
- (3) When an insured person loses eligibility as an insured person and a notice referred to in the preceding paragraph cannot be given since the whereabouts of the person are unknown, the employer must notify the Minister of Health, Labour and Welfare and the insurer to that effect.
- (4) When the notification referred to in the preceding paragraph is given, the

Minister of Health, Labour and Welfare and the insurer must give public notice of the matters stated in the notification given to the employer pursuant to the provisions of paragraph (1) about the person whose whereabouts are unknown.

- (5) If the Minister of Health, Labour and Welfare and the insurer fail to give a notice referred to in paragraph (1) due to abolishment of the place of business or other unavoidable circumstances, they must make a public notice of the matters to be notified in lieu of the notice referred to in paragraph (1).

Article 50 (1) When a notification is given pursuant to the provisions of Article 48, if no fact pertaining the notice is found, the insurer must give notify to that effect the employer who gave the notification.

- (2) The provisions of paragraphs (2) through (5) of the preceding Article apply mutatis mutandis to the notice referred to the preceding paragraph.

(Request for Confirmation)

Article 51 (1) A person who is or was an insured person may at any time demand confirmation pursuant to the provisions of Article 39, paragraph (1).

- (2) When an insurer receives a request referred to in the provisions of Article 48, the insurer must dismiss the request if no fact pertaining to it is found.

(Provision of Information)

Article 51-2 The Minister of Health, Labour and Welfare provides information to JHIA on matters concerning the eligibility of insured persons and standard remuneration, and necessary information concerning the provision of JHIA's services, pursuant to Order of the Ministry of Health, Labour and Welfare.

Chapter IV Insurance Benefits

Section 1 General Rules

(Types of Insurance Benefits)

Article 52 Insurance benefits for an insured person provided by this Act are as follows:

- (i) benefits for medical treatment, as well as payment of dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, and transport expenses;
- (ii) payment of injury and sickness allowance;
- (iii) payment of burial charges;
- (iv) payment of lump-sum allowance for childbirth and childcare;
- (v) payment of childbirth allowance;
- (vi) payment of dependent's medical expenses, dependent's medical expenses

- for home-nursing, and dependent's transport expenses;
- (vii) payment of dependent's burial charges;
- (viii) lump-sum allowance for dependent's childbirth and childcare; and
- (ix) payment of high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care;

(Fringe Benefits of Health Insurance Societies)

Article 53 If the insurer is a health insurance society, other benefits may be made as insurance benefits beyond the insurance benefits listed in the items of the preceding Article, as prescribed in the constitution.

(Special Provisions for Insurance Benefits Pertaining to Officers of a Corporation Who are Insured Persons or Dependents Thereof)

Article 53-2 If an insured person or a dependent thereof is an officer of a corporation (meaning an employee, director, executive officer who executes business, or person in an equivalent position, including those recognized as having the same or greater influence over a corporation as employees who execute business, directors, corporate officers, or person in an equivalent position, regardless of their titles, such as counselor, consultant, etc.; the same applies hereinafter in this Article), insurance benefits are not paid for sickness, injury or death resulting from the duty of the insured person or the person's dependent as an officer of the corporation (excluding duties as an officer of a corporation that is used as an applicable place of business in which the number of insured persons is less than five and is specified by Order of the Ministry of Health, Labor and Welfare).

(Coordination with Insurance Benefits Pertaining to Specially-Insured Day Laborers)

Article 54 Dependent's medical expenses (including medical expenses paid pursuant to the provisions of Article 87, paragraph (1) as applied mutatis mutandis to Article 110, paragraph (7)), dependent's medical expenses for home-nursing, dependent's transport expenses, dependent's burial charges, or lump-sum allowance for dependent's childbirth and childcare in relation to an insured person are not paid to that extent if the insured person received medical benefits or dietary treatment expense for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, burial charges, or lump-sum allowance for childbirth and childcare for the same sickness, injury, death, or child birth pursuant to the provisions of the following Article.

(Coordination with Insurance Benefit Pursuant to Other Laws and Regulations)

Article 55 (1) Benefits for medical treatment, or dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, injury and sickness allowance, burial charges, dependent's medical expenses, dependent's medical expenses for home-nursing, dependent's transport expenses, or dependent's burial charges in relation to an insured person are not paid if the insured person may receive payment corresponding to those for the same sickness, injury, or death pursuant to the provisions of the Worker Disaster Compensation Insurance Act, the National Public Employees Accident Compensation Act (Act No. 191 of 1951; including when this is applied mutatis mutandis to other laws and the same rule governs), the Local Public Servants Accident Compensation Act (Act No. 121 of 1967), or order based on the same Act.

(2) Benefits for medical treatment, or expenses for dietary treatment for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, or dependent's medical expenses for home-nursing in relation to an insured person are not be paid if the insured person is eligible for benefits equivalent thereto for the same illness or injury pursuant to the provisions of the Long-Term Care Insurance Act.

(3) Benefits for medical treatment, or expenses for dietary treatment for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, dependent's medical expenses, dependent's medical expenses for home-nursing, or dependent's transport expenses in relation to an insured person are not paid made to that extent in cases if the insured person received medical treatment or medical expenses for the same sickness or injury from the national government or local government pursuant to the provisions of other laws and regulations.

(Insurance Benefit Method)

Article 56 (1) Dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, injury and sickness allowance, burial charges, lump-sum allowance for childbirth and childcare, childbirth allowance, dependent's medical expenses, dependent's medical expenses for home-nursing, dependent's transport expenses, dependent's burial charges, and lump-sum allowance for

dependent's childbirth and childcare must be paid on each occasion. This also applies to the payment of an amount equivalent to the cost of burial charges pursuant to the provisions of Article 100, paragraph (2) (including when applied mutatis mutandis to Article 105, paragraph (2)).

- (2) Injury and sickness allowance and childbirth allowance may be paid by a fixed date in every month notwithstanding the provisions of the preceding paragraph.

(Right to Claim Compensation for Damages)

Article 57 (1) When the grounds for an expense claim is caused consist of an act by a third party and an insurer provides insurance benefits, the insurer obtains the right to claim compensation for damages held by the person entitled to receive the benefits (if the grounds for an expense claim lie with a dependent of the insured person, the dependent is included; the same applies hereinafter in the following paragraph) against the third party, to the extent of the amount of the benefits (when the insurance benefits are benefits for medical treatment, the amount calculated by deducting, from the cost of the benefits for medical treatment, the amount of co-payment to be borne by the person with respect to the benefits for medical treatment; the same applies hereinafter in paragraph (1) of the following Article).

- (2) In the case referred to in the preceding paragraph, if the person entitled to receive the insurance benefits receives compensation for damages on the same ground from the third party, the insurer is exempt from the responsibility to pay the insurance benefit to the extent of the amount of the compensation.

(Collection of Fraudulent Gains)

Article 58 (1) When a person receives an insurance benefit by means of deception or other wrongful conduct, the insurer may collect all or part of the amount of the benefit from the person.

- (2) In the case referred to in the preceding paragraph, if the insurance benefit is granted because the employer made a false report or certificate, or because a physician providing health insurance treatment as prescribed in Article 64 at a medical institution providing services covered by health insurance as prescribed in Article 63, paragraph (3), item (i) or an attending physician as prescribed in Article 88, paragraph (1) has made a false entry on the medical certificate to be submitted to the insurer, the insurer may order the employer, physician providing health insurance treatment, or attending physician to pay the money to be collected pursuant to the preceding paragraph jointly and severally with the person who received the insurance benefit.
- (3) If a medical institution providing services covered by health insurance or a pharmacy providing services covered by health insurance as prescribed in

Article 63, paragraph (3), item (i) or a designated home-nursing provider as prescribed in Article 88, paragraph (1) receives, by means of deception or other wrongful conduct, any payment of expenses relating to benefits for medical treatment or any payment pursuant to the provisions of Article 85, paragraph (5) (including when applied mutatis mutandis to Article 85-2, paragraph (5) or Article 86, paragraph (4)), Article 88, paragraph (6) (including when applied mutatis mutandis to Article 111, paragraph (3)) or Article 110, paragraph (4), the relevant insurer may cause the medical institution, pharmacy, or designated home-nursing provider to refund the amount so paid and to pay, in addition, an amount obtained by multiplying the amount to be refunded by four-tenths.

(Submission of Documents)

Article 59 When finding it necessary in relation to insurance benefits, an insurer may order a person who is to receive insurance benefits (including a dependent if the insurance benefits pertain to a dependent; the same applies in Article 121) to submit or present a document or other objects or may have the insurer's official question or diagnose the person.

(Presentation of medical records)

Article 60 (1) If the Minister of Health, Labour and Welfare finds it necessary in relation to the payment of insurance benefits, the Minister may order a physician, dentist, pharmacist or person who provided medical care or a person who employs any of these to make a report or to present medical records, record books, and other documents or other objects concerning the provided medical care, provision of drugs, or medical treatment, or may order the ministry's official to ask the person questions.

(2) If the Minister of Health, Labour and Welfare finds it necessary, the Minister may order a person who is or was an insured person and who received payment of benefits for medical treatment, or expenses for dietary treatment for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, or dependent's medical expenses for home-nursing to make a report on or have the Ministry's official ask questions about the medical care or prescription pertaining to the insurance benefits, or designated home-nursing as prescribed in Article 88. paragraph (1).

(3) The provisions of Article 7-38, paragraph (2) apply mutatis mutandis to questions pursuant to the provisions of the preceding two paragraphs, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding two paragraphs.

(Protection of Rights for Benefits)

Article 61 The right to receive an insurance benefit may not be transferred, pledged as collateral, or levied.

(Prohibition of Taxation and Other Public Charges)

Article 62 Taxes and other public charges may not be imposed on the basis of money and goods received as payment of insurance benefits.

Section 2 Benefits for Medical Treatment and Payment of Dietary

Treatment Expenses for Inpatients

Subsection 1 Payment of benefits for medical treatment, as well as payment of dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, and medical expenses

(Benefits for Medical Treatment)

Article 63 (1) With regard to sickness and injury of insured persons, benefits for medical treatment are paid as listed below:

- (i) medical examinations;
- (ii) provision of medication or materials for medical treatment;
- (iii) treatment, operations or any other medical treatment;
- (iv) in-home medical care management as well as care and any other nursing involved in in-home medical care; and
- (v) hospitalization or visiting a clinic, and care and other nursing involved in medical treatment provided there.

(2) Benefits for the following types of medical treatment are not included in the benefits referred to in the preceding paragraph:

- (i) medical treatment consisting of the provision of meals and given in combination with the type of medical treatment listed in item (v) of the preceding paragraph (excluding hospitalization in a sanatorium ward (hereinafter referred to as "sanatorium ward") as prescribed in Article 7, paragraph (2), item (iv) of the Medical Care Act (Act No. 205 of 1948), and care and other nursing involved in the medical treatment there which is provided to an insured person whose 65th birthday is in any month before the month in which the person receives the relevant medical treatment (hereinafter referred to as "insured person undergoing special long-term hospitalization"); hereinafter referred to as "dietary treatment");
- (ii) the following types of medical treatment given in combination with the type of medical treatment listed in item (v) of the preceding paragraph (limited to medical treatment provided to an insured person undergoing special long-

- term hospitalization; hereinafter referred to as "living support"):
- (a) medical treatment consisting of the provision of meals;
 - (b) medical treatment consisting of the creation of an appropriate environment for medical treatment in terms of temperature, lighting and water supply;
 - (iii) medical treatment using advanced medical care techniques specified by the Minister of Health, Labour and Welfare and other medical treatment which are specified by the Minister of Health, Labour and Welfare as treatment that requires evaluation to determine whether it should be subject to benefits referred to in the preceding paragraph from the viewpoint of efficiently providing appropriate medical care (excluding patient-requested treatment in the following paragraph; hereinafter referred to as "evaluation treatment");
 - (iv) medical treatment using advanced medical care techniques and specified by the Minister of Health, Labour and Welfare as treatment that requires evaluation to determine whether it should be subject to benefits referred to in the preceding paragraph, based on a request by the person who intends to receive the medical treatment, from the viewpoint of efficiently providing appropriate medical care (hereinafter referred to as "patient-requested treatment"); and
 - (v) the provision of a special ward pertaining to the selection of insured persons and other medical treatment prescribed by the Minister of Health, Labour and Welfare (hereinafter referred to as "selective treatment").
- (3) A person who intends to receive benefits under paragraph (1) is to receive the benefits from a hospital, clinic, or pharmacy that the person selects from those listed below, pursuant to Order of the Ministry of Health, Labour and Welfare:
- (i) a hospital or clinic designated by the Minister of Health, Labour and Welfare (if the hospital or clinic has received a designation excluding all or some of its beds pursuant to the provisions of Article 65, excluding those beds; hereinafter referred to as "medical institution providing services covered by health insurance") or a pharmacy designated by the Minister of Health, Labour and Welfare (hereinafter referred to as "pharmacy providing services covered by health insurance");
 - (ii) a hospital, clinic, or pharmacy which provides medical care or prescriptions to an insured person administered by a specific insurer and which is specified by the insurer; and
 - (iii) a hospital, clinic, or pharmacy established by an insurer which is a health insurance society.
- (4) A request referred to in paragraph (2), item (iv), as prescribed by the Minister of Health, Labour and Welfare, is to be made to the Minister of Health, Labour and Welfare and accompanied by statements by the establisher of the core

clinical research hospital provided for by Article 4-3 of the Medical Care Act (limited to a medical institution providing services covered by health insurance) which provides the medical treatment to which the request pertains and other necessary documents.

- (5) When the Minister of Health, Labour and Welfare receives a request under paragraph (2), item (iv), the Minister of Health, Labour and Welfare is to promptly examine the request and specify the medical treatment pertaining to the request as patient-requested treatment if it is found to require the evaluation provided for in that item.
- (6) If Minister of Health, Labour and Welfare determines that the medical treatment to which the application referred to in paragraph (2), item (iv) pertains pursuant to the provisions of the preceding paragraph is patient-requested treatment, the Minister is to promptly notify the applicant to that effect.
- (7) If the Minister of Health, Labour and Welfare examines the application referred to in paragraph (2), item (iv) pursuant to the provisions of paragraph (5) and determines that the medical treatment pertaining to the application is not to be specified as patient-requested treatment, the Minister is to promptly notify the applicant to that effect and the reason therefor.

(Physicians Providing Health Insurance Treatment or Pharmacists Filling Health Insurance Prescriptions)

Article 64 A physician or dentist engaged in medical treatment covered by health insurance at a medical institution providing services covered by health insurance or a pharmacist engaged in prescription covered by health insurance at a pharmacy providing services covered by health insurance must be a physician or dentist registered by the Minister of Health, Labour and Welfare (hereinafter collectively referred to as a "physician providing health insurance treatment") or a pharmacist registered by the Minister (hereinafter referred to as a "pharmacist filling health insurance prescriptions").

(Designation of Medical Institutions and Pharmacies Providing Services Covered by Health Insurance)

- Article 65 (1) A designation referred to in Article 63, paragraph (3), item (i) is provided upon an application by the establisher who opened a hospital, clinic, or pharmacy, as specified by Cabinet Order.
- (2) In the case of the preceding paragraph, if the application pertains to a hospital or to a clinic that has beds, the application is to be made by specifying the number of beds for each classification of bed prescribed in Article 7, paragraph (2) of the Medical Care Act (simply referred to as "bed classification" in paragraph (4), item (ii), and item (i) of the following Article).

- (3) When an application referred to in paragraph (1) is filed and the application falls under any of the following items, the Minister of Health, Labour and Welfare may determine not to make the designation referred to in Article 63, paragraph (3), item (i):
- (i) the hospital, clinic, or pharmacy pertaining to the application is a place of business or facility whose designation under Article 63, paragraph (3), item (i) pertaining to a medical institution providing services covered by health insurance providing services covered by health insurance or a pharmacy providing services covered by health insurance has been rescinded pursuant to the provisions of this Act and five years have not elapsed from the date of the rescission;
 - (ii) the hospital, clinic or pharmacy pertaining to the relevant application has received repeated guidance due to a likelihood of inappropriate medical care or prescriptions with respect to insurance benefits pursuant to Article 73, paragraph (1) (including when applied mutatis mutandis to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149);
 - (iii) the establisher or administrator of the hospital, clinic or pharmacy pertaining to the application has been sentenced to a fine pursuant to the provisions of this Act or other laws pertaining to citizen's health and medical care which are specified by Cabinet Order and the execution of the sentence has not yet been completed or the execution of the sentence still applies;
 - (iv) the establisher or administrator of a hospital, clinic or pharmacy pertaining to the application has been sentenced to imprisonment or a more severe penalty and the execution of the sentence has not been completed or the execution of the sentence still applies;
 - (v) the establisher or administrator of the hospital, clinic, or pharmacy pertaining to the application has received a disposition of delinquency pursuant to this Act, the Seamen's Insurance Act, National Health Insurance Act (Act No. 192 of 1958), Act on Assurance of Medical Care for Elderly People, Local Public Employees Mutual Aid Association Act (Act No. 152 of 1962), Private School Personnel Mutual Aid Association Act (Act No. 245 of 1953), National Health Insurance Act (Act No. 115 of 1954), or National Pension Act (Act No. 141 of 1959) (referred to as "the social insurance laws" in Article 89, paragraph (4), item (vii)) with regard to the insurance premiums, contribution charges, or premiums (including national insurance tax pursuant to the provisions of the Local Tax Act (Act No. 226 of 1950); referred to as "social insurance premiums" hereinafter in this item, Article 89, paragraph (4), item (vii) and Article 99, paragraph (2)) which the establisher or administrator is obliged to pay pursuant to the provisions of those Acts, before the application was filed, and has continued to be

- delinquent, without justifiable grounds, for three months or more from the date on which the establisher or administrator received the disposition with respect to all social insurance premiums the due dates of which came after the date on which the establisher or administrator received the disposition (limited to social insurance premiums which the person who received the disposition is obliged to pay pursuant to laws specifying the obligation to pay social insurance premiums to which the disposition pertains; the same applies in Article 89, paragraph (4), item (vii)); or
- (vi) beyond what is provided for in the preceding items, hospitals, clinics, or pharmacies to which the application pertains are deemed to be extremely inappropriate as a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance.
- (4) When an application referred to in paragraph (1) is filed pertaining to a hospital or clinic referred to in paragraph (2) and the application falls under any of the following items, the Minister of Health, Labour and Welfare may make the designation prescribed in Article 63, paragraph (3), item (i) excluding all or some of the beds pertaining to the application:
- (i) the number of physicians, dentists, nurses and other employees at the hospital or clinic does not meet the requirements for the number specified by Order of the Ministry of Health, Labour prescribed in Article 21, paragraph (1), item (i) or paragraph (2), item (i) of the Medical Care Act or the number calculated based on the standards specified by the Minister of Health, Labour and Welfare in consideration of the standards specified by Order of the Ministry of Health, Labour and Welfare prescribed in paragraph (3) of the same Article;
- (ii) it is found that the number of beds, according to the bed classifications related to the application, at a medical institution providing services covered by health insurance in a region prescribed by Article 7-2, paragraph (1) of the Medical Care Act will exceed (or does exceed) the number of beds specified by Minister of Health, Labour and Welfare in consideration of the target number of beds specified in the medical care plan prescribed in Article 30-4, paragraph (1) of the same Act in accordance with the designation, and the establisher or administrator of the hospital or clinic has received a recommendation from the prefectural governor pursuant to the provisions of Article 30-11 of the same Act but did not act in compliance with the recommendation; or
- (iii) it is found that the use of beds at the hospital or clinic is significantly inappropriate for a medical institution providing services covered by health insurance from the viewpoint of efficiently providing appropriate medical care.

(Change of Designation of Medical Institutions Providing Services Covered by Health Insurance)

Article 66 (1) When intending to increase the number of beds or to alter bed classifications related to the designation pursuant to Article 63, paragraph (3), item (i), the establisher of the hospital or clinic referred to in paragraph (2) of the preceding Article must apply for a change of designation referred to in the same item pertaining to the hospital or clinic pursuant to Order of the Ministry of Health, Labour, and Welfare.

(2) The provisions of paragraph (4) of the preceding Article apply mutatis mutandis to an application for alteration of designation referred to in the preceding paragraph.

(Advisory to Local Social Insurance Medical Councils)

Article 67 When the Minister of Health, Labour and Welfare determines to not make a designation referred to in Article 63, paragraph (3), item (i) pertaining to a medical institution providing services covered by health insurance, determines to make a designation excluding all or some of the beds pertaining to that medical institution's application (including an alternation of such a designation), or determines to make a designation referred to in Article 63, paragraph (3), item (i) pertaining to a pharmacy providing services covered by health insurance, the Minister must undergo discussion at the relevant local social insurance medical council.

(Renewal of Designation of Medical Institutions Providing Services Covered by Health Insurance or Pharmacies Providing Services Covered by Health Insurance)

Article 68 (1) A designation as referred to in Article 63, paragraph (3), item (i) expires when six years have elapsed after the day of designation.

(2) With regard to a medical institution providing services covered by health insurance (excluding hospitals and clinics referred to in Article 65, paragraph (2)) or a pharmacy providing services covered by health insurance that are specified by Order of the Ministry of Health, Labour and Welfare, unless otherwise notified during the period from since six months before the expiration date of the designation pursuant to the provisions of the preceding paragraph until three months before that date, the application under Article 65, paragraph (1) is deemed to have been made.

(Deemed Designation of Medical Institutions Providing Services Covered by Health Insurance or Pharmacies Providing Services Covered by Health Insurance)

Article 69 When a clinic or pharmacy has been established by a physician,

dentist or a pharmacist who is the only person engaged in medical care or prescription there, and a registration under Article 64 has been made with respect to the physician, dentist or pharmacist, it is deemed that a designation referred to in Article 63, paragraph (3), item (i) has been made with regard to the clinic or pharmacy; provided, however, this does not apply when the clinic or pharmacy meets the requirements prescribed in Article 65, paragraphs (3) or (4) but the Minister of Health, Labour and Welfare finds it inappropriate to deem that the designation referred to in Article 63, paragraph (3), item (i) has been made.

(Responsibilities of Medical Institutions Providing Services Covered by Health Insurance or Pharmacies Providing Services Covered by Health Insurance)

Article 70 (1) A medical institution providing services covered by health insurance or a pharmacy providing services covered by health insurance must put physicians providing health insurance treatment who are engaging in medical care at the institution or pharmacists filling health insurance prescriptions who are engaging in prescription at the pharmacy in charge of medical care or prescription pursuant to Order of the Ministry of Health, Labour and Welfare referred to in Article 72, paragraph (1) and must be responsible for benefits for medical treatment pursuant to Order of the Ministry of Health, Labour and Welfare.

(2) Beyond the provisions of the preceding item (including when applied *mutatis mutandis* to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149), a medical institution providing services covered by health insurance or a pharmacy providing services covered by health insurance is responsible for benefits for medical treatment pursuant to the provisions of the Seamen's Insurance Act, National Health Insurance Act, National Public Employees Mutual Aid Association Act (Act No. 128 of 1958; including when this is applied *mutatis mutandis* to other laws and the same rule governs), or Local Public Employees Mutual Aid Association Act (hereinafter referred to as "medical insurance laws other than this act") as well as medical treatment for insured persons and dependents, benefits for medical treatment pursuant to the provisions of the Act on Assurance of Medical Care for Elderly People, and treatment pertaining to dietary treatment expenses for inpatients, living support expenses for inpatients, and medical expenses combined with treatment outside insurance coverage.

(3) A medical institution providing services covered by health insurance which is an advanced treatment hospital prescribed by Article 4-2 of the Medical Care Act or otherwise specified by Order of the Ministry of Health, Labour and Welfare is to take measures specified by Order of the Ministry of Health,

Labour and Welfare as measures for sharing functions and for operational cooperation between medical institutions providing services covered by health insurance, for instance, by referring patients to medical institutions providing services covered by health insurance appropriate for the patients' symptoms or other circumstances.

(Registration of Physicians Providing Health Insurance Treatment or Pharmacists Providing Health Insurance Prescriptions)

Article 71 (1) Registration under Article 64 is made upon an application by a physician, dentist or pharmacist.

(2) If an application referred to in the preceding paragraph that corresponds to any of the following items is filed, the Minister of Health, Labour and Welfare may not make a registration under Article 64:

(i) the applicant is a person whose registration under Article 64 pertaining to physicians providing health insurance treatment or pharmacists filling health insurance prescriptions pursuant to the provisions of this Act has been rescinded and five years have not elapsed from the date of rescission;

(ii) the applicant has been sentenced to a fine pursuant to the provisions of this Act or other laws pertaining to citizen's health and medical care which are specified by Cabinet Order, and the execution of the sentence has not yet been completed or the execution of the sentence still applies;

(iii) the applicant has been sentenced to imprisonment or a more severe penalty and the execution of the sentence has not been completed or the execution of the sentence still applies; or

(iv) beyond what is provided in the preceding three items, the applicant is deemed extremely inappropriate as a physician providing health insurance treatment or a pharmacist filling health insurance prescriptions.

(3) If the Minister of Health, Labour and Welfare determines not to make a registration referred to in Article 64 pertaining to a physician providing health insurance treatment or a pharmacist filling health insurance prescriptions, the Minister must undergo discussion at the relevant local social insurance medical council.

(4) Beyond what is provided for in paragraphs (1) and (2), necessary matters concerning registration referred to in Article 64 pertaining to physicians providing insurance treatment and pharmacists filling insurance prescriptions are specified by Cabinet Order.

(Responsibilities of Physicians Providing Health Insurance Treatment or Pharmacists Filling Health Insurance Prescriptions)

Article 72 (1) A physician providing health insurance treatment at a medical institution providing services covered by health insurance or a pharmacist

filling health insurance prescriptions at a pharmacy providing services covered by health insurance must provide medical care or prescription services covered by health insurance pursuant to Order of the Ministry of Health, Labour and Welfare.

- (2) A physician providing health insurance treatment at a medical institution providing services covered by health insurance or a pharmacist filling health insurance prescriptions at a pharmacy providing services covered by health insurance is to be in charge of medical care or prescription pursuant to the provisions of the preceding paragraph (including when applied *mutatis mutandis* pursuant to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149) and pursuant to medical insurance laws other than this act and the Act on Assurance of Medical Care for Elderly People.

(Guidance by the Minister of Health, Labour and Welfare)

Article 73 (1) A medical institution providing services covered by health insurance or a pharmacy providing services covered by health insurance, and the physician providing health insurance treatment or the pharmacist filling health insurance prescriptions, must receive guidance from the Minister of Health, Labour and Welfare with respect to benefits for medical treatment and with respect to medical care or prescription services provided under a national health insurance program, respectively.

- (2) When the guidance referred to in the preceding paragraph is provided, and the Minister of Health, Labour and Welfare finds it necessary, the Minister is to have persons with knowledge and experience concerning medical care or prescription services attend during the guidance pursuant to designation by related organizations; provided, however, that this does not apply if related organizations make no designation or the designated persons do not attend.

(Amount of Co-Payment)

Article 74 (1) A person who receives benefits for medical treatment from a medical institution providing services covered by health insurance or a pharmacy providing services covered by health insurance pursuant to the provisions of Article 63, paragraph (3) must pay, in accordance with the classifications listed in the following items, an amount obtained by multiplying the amount calculated pursuant to the provisions of Article 76, paragraph (2) or (3) with respect to the benefit by the ratio specified in the relevant item below, as the person's co-payment to the medical institution or the pharmacy when receiving the benefit:

- (i) if the month in which the person's 70th birthday falls has not yet begun:
0.30;

- (ii) if the month in which the person's 70th birthday falls has elapsed (excluding the case listed in the following item): 0.20; and
 - (iii) if the month in which the person's 70th birthday falls has elapsed and the amount of remuneration calculated as specified by Cabinet Order is not less than the amount specified by Cabinet Order: 0.30.
- (2) A medical institution providing services covered by health insurance or a pharmacy providing services covered by health insurance is to receive the co-payment referred to in the preceding paragraph (if the reduction referred to in Article 75-2, paragraph (1), item (i) is made, the co-payment after the reduction) and, when a person who received the relevant benefit for medical treatment fails to make all or part of the co-payment despite the efforts of the medical institution or pharmacy to receive the payment with the same level of care as the due care of a prudent manager, the insurer may impose a disposition on the person pursuant to the same rules as those for the money to be collected pursuant to the provisions of this Act, at the request of the medical institution or pharmacy.

Article 75 When co-payment is made pursuant to the provisions of paragraph (1) of the preceding Article, if the amount of co-payment referred to in the same paragraph is a figure with less than five, it is to be rounded down to the nearest ten yen, whereas if it is a figure with at least five yen but less than ten yen, it is to be rounded up to the nearest ten yen.

(Special Provisions for the Amount of Co-payment)

Article 75-2 (1) An insurer may take any of the following measures with respect to an insured person who is in a disaster or other special circumstances specified by Order of the Ministry of Health, Labour and Welfare and regarding whom it is found difficult to make co-payment to a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance pursuant to the provisions of Article 74, paragraph (1):

- (i) to reduce the amount of co-payment;
 - (ii) to exempt the insured person from making co-payment; or
 - (iii) to decide to collect co-payment directly from the insured person in lieu of co-payment to the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance or to postpone the collection.
- (2) Notwithstanding the provisions of Article 74, paragraph (1), if the measure referred to in item (i) of the preceding paragraph has been taken with respect to an insured person, it is sufficient for the person to pay the amount of co-payment so reduced to the relevant medical institution or pharmacy providing

services covered by health insurance, and if the measure referred to in item (ii) or (iii) has been taken with respect to an insured person, the person is not required to make co-payment to the relevant medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance.

(3) The provisions of the preceding Article apply mutatis mutandis to co-payment in the case referred to in the preceding paragraph.

(Expenses for Benefits for Medical Treatment)

Article 76 (1) Insurers is to pay expenses related to benefits for medical treatment to medical institutions providing services covered by health insurance and pharmacies providing services covered by health insurance. The amount of expenses which a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance may claim to an insurer in relation to benefits for medical treatment is calculated by deducting the amount of co-payment payable to the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance by the insured person in relation to the benefits for medical treatment from the amount of expenses incurred in providing the benefits for medical treatment.

(2) The amount of expenses for benefits for medical treatment referred to in the preceding paragraph is to be calculated as specified by the Minister of Health, Labour and Welfare.

(3) An insurer may, with the authorization of the Minister of Health, Labour and Welfare, specify otherwise in a contract with a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance with respect to the amount of expenses incurred in providing the benefits for medical treatment referred to in paragraph (1) to be provided at the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance within the range of the amount calculated pursuant to the provisions of the preceding paragraph.

(4) When receiving a claim for expenses incurred in providing medical services from a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance, the insurer is to make payment after conducting an examination in light of the provisions of Order of the Ministry of Health, Labour and Welfare referred to in Article 70, paragraph (1) and Article 72, paragraph (1) and the provisions of the preceding two paragraphs.

(5) An insurer may delegate affairs concerning the examination and payment pursuant to the provisions of the preceding paragraph to the Social Insurance Medical Fee Payment Fund (hereinafter referred to as the "Social Insurance

Fund") established pursuant to the Social Insurance Medical Fee Payment Fund Act (Act No. 129 of 1948) or a federation of national health insurance associations (hereinafter referred to as an "NHI federation") prescribed in Article 45, paragraph (5) of the National Health Insurance Act.

(6) Beyond what is provided for in the preceding paragraphs, necessary matters concerning claims for expenses incurred in providing medical services at a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance are specified by Order of the Ministry of Health, Labour and Welfare.

(Authority of the Minister of Health, Labour and Welfare for the Drug Price Survey)

Article 77 The Minister of Health, Labour and Welfare may conduct a necessary survey to ensure the appropriateness of the provisions for chemicals among the provisions of paragraph (2) of the preceding Article and other provisions specified by the Minister of Health, Labour and Welfare.

(Reports by Medical Institutions Providing Services Covered by Health Insurance or Pharmacies Providing Services Covered by Health Insurance)

Article 78 (1) When the Minister of Health, Labour and Welfare finds it necessary in relation to benefits for medical treatment, the minister or governor may order a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance, or a person who was an establisher or manager, physician who provided health insurance treatment, pharmacist who filled health insurance prescriptions, or another employee of a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance (hereinafter referred to as "former establisher, etc." in this paragraph) to make a report or submit or present medical records or other books and other documents, may request an establisher, manager, physician providing health insurance treatment, pharmacist filling health insurance prescriptions or another employee of a medical institution or pharmacy providing services covered by health insurance (including former establishers, etc.) to appear, or may have an official question persons involved or inspect any equipment or medical records, record books and documents or other objects of the medical institution or pharmacy providing services covered by health insurance.

(2) The provisions of Article 7-38, paragraph (2) and Article 73, paragraph (2) apply mutatis mutandis to questions or inspections pursuant to the provisions of the preceding paragraph, and the provisions of Article 7-38, paragraph (3) apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(Decline of Designation as a Medical Institution Providing Services Covered by Health Insurance, or Unregistration of a Physician Providing Health Insurance Treatments)

- Article 79 (1) A medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance may decline its designation by giving notice not less than one month in advance.
- (2) A physician providing health insurance treatment or pharmacist filling health insurance prescriptions may request deregistration by giving notice not less than one month in advance.

(Recession of Designation as a Medical Institution Providing Services Covered by Health Insurance or Pharmacy Providing Services Covered by Health Insurance)

Article 80 The Minister of Health, Labour and Welfare may rescind the designation referred to in Article 63, paragraph (3), item (i) pertaining to a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance if the medical institution or pharmacy falls under any of the following items:

- (i) a physician providing health insurance treatment at a medical institution providing services covered by health insurance or a pharmacist filling health insurance prescriptions at a pharmacy providing services covered by health insurance has violated the prescription of Article 72, paragraph (1) (including when applied mutatis mutandis pursuant to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149; excluding when the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance had made efforts to provide reasonable care and supervision so as to prevent that violation);
- (ii) beyond the preceding item, a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance has violated the provisions of Article 70, paragraph (1) (including when applied mutatis mutandis to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149);
- (iii) wrongdoing is found with regard to a claim for expenses incurred in providing medical services, or a claim for payment pursuant to the provisions of Article 85, paragraph (5) (including when these provisions are applied mutatis mutandis to Article 85-2, paragraph (5), and Article 86, paragraph (4)) or Article 110, paragraph (4) (including when applied mutatis mutandis to Article 149);

- (iv) the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance is requested to make a report, or to submit or present medical records, record books and other documents pursuant to the provisions of Article 78, paragraph (1) (including the cases where the same provision is applied mutatis mutandis pursuant to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149; the same applies in the following item) but fails to comply with the order or submits a false report;
- (v) the establisher or an employee of the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance has been requested to appear pursuant to the provision of Article 78, paragraph (1) but failed to comply with the order or answer questions pursuant to the provisions of the same paragraph, answered untruthfully, or refused, obstructed, or evaded an inspection pursuant to the same paragraph (except if the medical institution or pharmacy had made efforts to provide reasonable care and supervision so as to prevent that conduct);
- (vi) there are grounds that correspond to any of the preceding items with respect to benefits for medical treatment pursuant to medical insurance laws other than this act, benefits for medical treatment pursuant to the Act on Assurance of Medical Treatment for Insured Persons or Dependents or Medical Care for Elderly People, or medical treatment pertaining to dietary treatment expenses for inpatients, to living support expenses for inpatients or to medical expenses combined with treatment outside insurance coverage;
- (vii) the establisher or administrator of the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance has been sentenced to a fine pursuant to the provisions of this Act or medical insurance laws other than this act which are specified by Cabinet Order, and the execution of the sentence has not yet been completed or the execution of the sentence still applies;
- (viii) the establisher or administrator of a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance has been sentenced to imprisonment or a severer punishment, and the execution of the sentence has not yet been completed or the execution of the sentence still applies; or
- (ix) beyond what is provided for in the preceding items, the establisher of the medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance has violated the provisions of this Act or other medical insurance laws which are specified by Cabinet Order, or an order or disposition based thereon;

(Deregistration of a Physician Providing Health Insurance Treatment or Pharmacist Filling Health Insurance Prescriptions)

Article 81 The Minister of Health, Labour and Welfare may cancel the registration pertaining to a physician providing health insurance treatment or pharmacist filling health insurance prescriptions under Article 64 who falls under any of the following items:

- (i) the physician providing health insurance treatment or pharmacist filling health insurance prescriptions has violated the provisions of Article 72, paragraph (1) (including when applied mutatis mutandis to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149);
- (ii) the physician providing health insurance treatment or pharmacist filling health insurance prescriptions had been requested to appear pursuant to the provisions of Article 78, paragraph (1) (including when applied mutatis mutandis pursuant to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149; the same applies hereinafter in this item) but failed to respond or to reply to questions pursuant to the provisions of Article 78, paragraph (1), or answered untruthfully, or refused, obstructed, or evaded an inspection pursuant to the provisions of the same paragraph;
- (iii) there are grounds that correspond to any of the preceding two items with respect to medical care or prescription services based on medical insurance laws other than this act or the Act on Assurance of Medical Care for Elderly People;
- (iv) the physician providing health insurance treatment or pharmacist filling health insurance prescriptions has been sentenced to a fine pursuant to the provisions of this Act and other laws concerning citizens' health and medical care which are specified by Cabinet Order, and the execution of the sentence has not yet been completed or the execution of the sentence still applies;
- (v) the physician providing health insurance treatment or pharmacist filling health insurance prescriptions has been sentenced to imprisonment or a severer punishment, and the execution of the sentence has not yet been completed or the execution of the sentence still applies ; or
- (vi) beyond the cases listed in the preceding items, the physician providing health insurance treatment or pharmacist filling health insurance prescriptions violates this Act, medical insurance laws other than this act which are specified by Cabinet Order, or an order or disposition based on these Acts.

(Advisory to Social Insurance Medical Councils)

Article 82 (1) When intending to issue Order of the Ministry of Health, Labour and Welfare referred to in Article 70, paragraph (1) (including when applied mutatis mutandis to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149) or paragraph (3), or Article 72, paragraph (1) (including when applied mutatis mutandis to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 110, paragraph (7), and Article 149), or intending to specify matters prescribed in Article 63, paragraph (2), item (iii) or (v), or Article 76, paragraph (2) (including when these provisions are applied mutatis mutandis in Article 149), the Minister of Health, Labour and Welfare is to consult with the Central Social Insurance Medical Council; provided, however, that this does not apply to Orders of matters pertaining to advanced medical care techniques among the provisions of Article 63, paragraph (2), item (iii).

(2) When intending to make or rescind a designation referred to in Article 63, paragraph (3), item (i) pertaining to a medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance, or to rescind a registration referred to in Article 64 pertaining to a physician providing health insurance covered treatment or pharmacist filling health insurance prescriptions, the Minister of Health, Labour and Welfare is to consult with the relevant Local Social Medical Insurance Council as specified by Cabinet Order.

(Granting Opportunities to Explain Dispositions)

Article 83 When the Minister of Health, Labour and Welfare determines not to make a designation referred to in Article 63, paragraph (3), item (i) pertaining to a medical institution providing services covered by health insurance, determines to make a designation excluding all or some of the beds pertaining to that medical institution's application (including an alternation of such a designation), or determines not to make a designation referred to in the same item pertaining to a pharmacy providing services covered by health insurance, or a registration referred to in Article 64 pertaining to a physician providing health insurance treatment or pharmacist filling health insurance prescriptions, the Minister must grant the establisher of the medical institution or pharmacy, or the physician or pharmacist, an opportunity to hear an explanation. In this case, the Minister must give notification of the date, time, and place for the explanation and the circumstances thereof in writing, in advance.

(Benefits for Medical Treatment at Hospitals Designated by Insurers)

Article 84 (1) Rules on benefits for medical treatment, and on medical care and prescription services covered by health insurance and provided by hospitals,

clinics, and pharmacies listed in Article 63, paragraph (3), items (ii) and (iii) are governed by Order of the Ministry of Health, Labour and Welfare referred to in Article 70, paragraph (1) and Article 72, paragraph (1).

- (2) A person who receives benefits for medical care from a hospital, clinic, or pharmacy listed in Article 63, paragraph (3), item (ii) must pay the amount calculated pursuant to the provisions of Article 74 as co-payment to the hospital, clinic, or pharmacy upon receiving the benefits; provided, however, that if the insurer is a health insurance society, the amount of the co-payment may be decreased or payment thereof may not be required, pursuant to the insurer's constitution.
- (3) A health insurance society may, pursuant to its constitution, have a person who receives benefits for medical treatment from a hospital, clinic, or pharmacy listed in Article 63, paragraph (3), item (iii) pay the amount of co-payment within the extent of the amount calculated pursuant to the provisions of Article 74.

(Dietary Treatment Expenses for Inpatients)

Article 85 (1) Dietary treatment expenses for inpatients are paid to an insured person (excluding insured persons undergoing special long-term hospitalization; the same applies hereinafter in this article) for expenses required for dietary treatment that the person received along with benefits for medical treatment listed in Article 63, paragraph (1), item (v) from a hospital or clinic that the person selected from those listed in the items of Article 63, paragraph (3), pursuant to Order of the Ministry of Health, Labour and Welfare.

- (2) The amount of dietary treatment expenses for inpatients is the amount obtained by deducting the amount specified by the Minister of Health, Labor and Welfare taking into consideration the status of food expenses for an average household budget and the average amount of expenses required to provide meals at a specified facility for insured long-term care (meaning the specified facilities for insured long-term care prescribed in Article 51-3, paragraph (1) of the Long-Term Care Insurance Act) from the amount calculated based on standards specified by the Minister of Health, Labour and Welfare taking into account the average amount of expenses required for the dietary treatment (if the calculated amount exceeds the amount of expenses actually incurred in the dietary treatment, the amount of expenses actually incurred in the dietary treatment) (for a person specified by Order of Health, Labor and Welfare in consideration of income status and other circumstances, a separately determined amount; hereinafter referred to as "standard co-payment for dietary treatment").
- (3) When intending to specify the standards referred to in the preceding

paragraph, the Minister of Health, Labour, and Welfare is to consult with the Central Social Insurance Medical Council.

- (4) If the circumstances to be taken into consideration have changed significantly since the Minister of Health, Labour, and Welfare determines the amount of standard co-payment for dietary treatment, the Minister must promptly revise the amount.
- (5) When an insured person has received dietary treatment at or from a hospital or clinic listed in Article 63, paragraph (3), item (i) or (ii), the insurer may, on behalf of the insured person, pay to the hospital or clinic the expenses incurred for the dietary treatment payable by the insured person to the hospital or clinic within the limit of the amount payable to the insured person as expenses for dietary treatment for inpatients.
- (6) When a payment pursuant to the provisions of the preceding paragraph is paid, it is deemed that the relevant dietary treatment expenses for inpatients are paid to the insured person.
- (7) When an insured person receives dietary treatment from a hospital or clinic listed in Article 63, paragraph (3), item (iii), if the insurer exempts the insured person from payment of an amount equivalent to the amount to be paid as dietary treatment expenses for inpatients among the expenses required for dietary treatment to be paid by the insured person, it is deemed that dietary treatment expenses for inpatients are paid to the insured person.
- (8) Upon acceptance of a payment of expenses incurred for dietary treatment, the hospital or clinic listed in the items of Article 63, paragraph (3) must issue a receipt therefor to the relevant insured person who makes the payment, pursuant to Ordinance of the Ministry of Health, Labour and Welfare.
- (9) The provisions of Article 64, Article 70, paragraph (1), Article 72, paragraph (1), Article 73, Article 76, paragraphs (3) through (6), Article 78, and paragraph (1) of the preceding Article apply mutatis mutandis to payment of dietary treatment received at or from a hospital or clinic listed in the items of Article 63, paragraph (3) and dietary treatment expenses for inpatients associated with that dietary treatment.

(Living Support Expenses for Inpatients)

- Article 85-2 (1) Living support expenses for inpatients are paid to an insured person undergoing special long-term hospitalization for expenses required for living support that the person received along with benefits for medical treatment listed in Article 63, paragraph (1), item (v) from a hospital or clinic that the person selected from those listed in the items of Article 63, paragraph (3) pursuant to Order of the Ministry of Health, Labour and Welfare.
- (2) The amount of living support expenses for inpatients is the amount obtained by deducting the amount specified by the Minister of Health, Labor and

Welfare taking into consideration an amount equivalent to the amount of base cost for meal expenses prescribed in Article 51-3, paragraph (2), item (i) of the Long-Term Care Insurance Act and the amount of base cost for residence expenses prescribed in item (ii) of the same paragraph with regard to the status of food expenses for an average household budget and fuel, lighting and water charges as well as expenses required for living support at hospitals and clinics from the amount calculated based on standards specified by the Minister of Health, Labour and Welfare taking into account the average amount of expenses required for the living support (when the calculated amount exceeds the amount of expenses actually incurred in the living support, the amount of expenses actually incurred in the living support) (for a person specified by Order of the Ministry of Health, Labor and Welfare in consideration of income status, extent of symptoms, contents of medical treatment, and other circumstances, a separately determined amount; hereinafter referred to as "standard co-payment for living support").

- (3) When intending to specify the standards referred to in the preceding paragraph, the Minister of Health, Labour, and Welfare is to consult with the Central Social Insurance Medical Council.
- (4) If the circumstances to be taken into consideration have changed significantly since the Minister of Health, Labour, and Welfare determined the amount of standard co-payment for living support, the minister must promptly revise the amount.
- (5) The provisions of Article 64, Article 70, paragraph (1), Article 72, paragraph (1), Article 73, Article 76, paragraphs (3) through (6), Article 78, Article 84, paragraph (1), and paragraphs (5) through (8) of the preceding Article apply mutatis mutandis to payment of living support received at or from a hospital or clinic listed in the items of Article 63, paragraph (3) and living support expenses for inpatients associated with the living support.

(Medical Expenses Combined with Treatment Outside Insurance Coverage)

Article 86 (1) When an insured person receives evaluation treatment, patient-requested treatment, or selective treatment pursuant to Order of the Ministry of Health, Labour and Welfare from a hospital, clinic, or pharmacy (hereinafter collectively referred to as s "medical institution providing services covered by health insurance") that the insured person selected from those listed in the items of Article 63, paragraph (3), medical expenses combined with treatment outside insurance coverage are paid for expenses required for the received treatment.

- (2) The amount of medical expenses combined with treatment outside insurance coverage is the amount listed in item (i) below (the aggregate of that amount and the amount listed in item (ii) if the medical treatment includes dietary

treatment, or the aggregate of that amount and the amount listed in item (iii) if the medical treatment includes living support):

- (i) the amount calculated by deducting, from the amount of expenses calculated for the medical treatment (excluding dietary treatment and living support) pursuant to the rules prescribed by the Minister of Health, Labour and Welfare taking into account the provisions of Article 76, paragraph (2) (when the calculated amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred in the medical treatment), the amount obtained by multiplying that amount by the applicable ratio specified in the items of Article 74, paragraph (1) (if any of the measures listed in the items of Article 75, paragraph (1) need to be taken with respect to the co-payment referred to in the same paragraph for benefits for medical treatment, the amount calculated as if the relevant measures were taken), in accordance with the classifications listed in the in the same items;
 - (ii) the amount calculated by deducting the amount of standard co-payment for dietary treatment from the amount calculated for the dietary treatment pursuant to the standards set by the Minister of Health, Labour and Welfare prescribed in the provisions of Article 85, paragraph (2) (when the calculated amount exceeds the amount of expenses actually incurred for the dietary treatment, the amount of expenses actually incurred for the dietary treatment); and
 - (iii) the amount calculated by deducting the amount of standard co-payment for living support from the amount calculated for the living support pursuant to the standards set by the Minister of Health, Labour and Welfare prescribed in the provisions of paragraph (2) of the preceding Article (when the amount exceeds the amount of expenses actually incurred in the living support, the amount of expenses actually incurred in the living support).
- (3) When intending to specify the matters as prescribed in item (i), the Minister of Health, Labour, and Welfare is to consult with the Central Social Insurance Medical Council.
 - (4) The provisions of Article 64, Article 70, paragraph (1), Article 72, paragraph (1), Article 73, Article 76, paragraphs (3) through (6), Article 77, Article 78, Article 84, paragraph (1), Article 85, paragraphs (5) through (8) apply *mutatis mutandis* to the payment of evaluation treatment, patient-requested treatment, and selective treatment received at or from a medical institution providing services covered by health insurance, as well as medical expenses combined with treatment outside insurance coverage associated with the received treatment.
 - (5) The provisions of Article 75 apply *mutatis mutandis* to payment of the amount calculated by deducting the amount payable as medical expenses

combined with treatment outside insurance coverage with respect to expenses incurred in the relevant medical treatment from the amount of expenses calculated pursuant to the provisions of paragraph (2) in the case referred to in Article 85, paragraph (5) as applied mutatis mutandis pursuant to the preceding paragraph (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred in the medical treatment).

(Medical Expenses)

- Article 87 (1) When an insurer finds it difficult to pay benefits for medical treatment, expenses for dietary treatment for inpatients, living support expenses for inpatients, or medical expenses combined with treatment outside insurance coverage (hereinafter referred to as "benefits for medical treatment" in this paragraph) or finds it unavoidable in cases where an insured person has received any medical care, medication or treatment at or from a hospital, clinic, pharmacy or any other person other than a medical institution providing services covered by health insurance, it may pay medical expenses in lieu of benefits for medical treatment.
- (2) The amount of medical expenses is determined by the insurer based on: (a) the amount calculated by deducting, from the amount calculated for the medical treatment (excluding dietary treatment and living support), the amount calculated by multiplying the amount by the applicable ratio specified in the items of Article 74, paragraph (1) in accordance with the classifications listed in the items of the same paragraph; and (b) the amount calculated by deducting, from the amount of expenses calculated for the dietary treatment or living support, the amount of standard co-payment for dietary treatment or standard co-payment for living support, respectively.
- (3) The amount of expenses referred to in the preceding paragraph is calculated as the amount referred to in Article 76, paragraph (2) when a benefit for medical treatment is to be received, the amount referred to in Article 52, paragraph (2) when expenses for dietary treatment for inpatients are to be received, the amount referred to in Article 85-2, paragraph (2) when expenses for living support for inpatients are to be received, and the amount referred to in paragraph (2) of the preceding Article when medical expenses combined with treatment outside insurance coverage are to be received; however, the amount must not exceed the amount of expenses actually required for medical treatment.

Subsection 2 Payment of Medical Expenses for Home-Nursing

(Medical Expenses for Home-Nursing)

Article 88 (1) When an insured person receives home-nursing services (services to provide medical care or necessary assistance (excluding those provided by a medical institution providing services covered by health insurance or long-term care health facilities prescribed in Article 8, paragraph (28) of the Long-Term Care Insurance Act; hereinafter referred to as "home-nursing") for medical treatment by a nurse or other person specified by Order of the Ministry of Health, Labor and Welfare to a person who needs to continue to receive medical treatment at the person's home due to sickness or injury (limited to those who are found by an attending physician to be a person requiring medical treatment to an extent that conforms to standards as specified by Order of the Ministry of Health, Labour, and Welfare)) from a provider designated by the Minister of Health, Labor and Welfare (hereinafter referred to as "designated home-nursing provider") at a place of business providing home-nursing services to which the designation pertains (hereinafter referred to as "designated home nursing"), the expenses required for designated home-nursing services are paid to the insured person.

- (2) The medical expenses for home-nursing referred to in the preceding paragraph are paid only if the insurer finds it necessary pursuant to Order of the Ministry of Health, Labour and Welfare.
- (3) A person who intends to receive designated home-nursing services is to receive the services from a designated home-nursing provider personally selected by the person pursuant to Order of the Ministry of Health, Labour and Welfare.
- (4) The amount of expenses for home nursing is calculated by deducting, from the amount specified by the Minister of Health, Labour and Welfare for the home nursing taking into account the average expenses required for home-nursing, the amount obtained by multiplying the specified amount by the applicable ratio specified in an item of Article 74, paragraph (1) (if any of the measures listed in the items of Article 75, paragraph (1) need to be taken with respect to the co-payment referred to in the same paragraph for benefits for medical treatment, the amount calculated as if the relevant measures were taken), in accordance with the classifications listed in the items of the same paragraph.
- (5) When intending to specify the matters referred to in the preceding paragraph, the Minister of Health, Labour, and Welfare is to consult with the Central Social Insurance Medical Council.
- (6) When an insured person has received designated home-nursing from a designated home-nursing provider, the insurer may, on behalf of the relevant insured person, pay to the designated home-nursing provider expenses incurred in the designated home-nursing payable by the insured person to the designated home-nursing provider, within the limit of the amount payable to the insured person as medical expenses for home-nursing.

- (7) When a payment pursuant to the provisions of the preceding paragraph is made, it is deemed that medical expenses for home-nursing are paid to the insured person.
- (8) The provisions of Article 75 apply mutatis mutandis to the payment of the amount calculated by deducting, from the amount of expenses calculated pursuant to the provisions of paragraph (4) in the case referred to in paragraph (6), the amount payable as medical expenses for home-nursing with respect to expenses incurred in the relevant designated home-nursing.
- (9) Upon acceptance of the payment of expenses incurred in designated home-nursing, the designated home-nursing provider must issue a receipt therefor to the insured person who made the payment, pursuant to Order of the Ministry of Health, Labour and Welfare.
- (10) When requested to pay medical expenses for home-nursing expenses by a designated home-nursing provider, an insurer is to conduct an examination in light of the matters prescribed in paragraph (4) and standards for operations in home-nursing prescribed in Article 92, paragraph (2) (limited to the part regarding the handling of designated home-nursing).
- (11) An insurer may delegate an examination and payment affairs pursuant to the provisions of the preceding paragraph to the Social Insurance Fund or an NHI federation.
- (12) No designated home-nursing is to be included in any of the types of medical treatment listed in the items of Article 63, paragraph (1).
- (13) Beyond what is provided for in the provisions of the preceding paragraphs, necessary matters concerning requests for medical expenses for home-nursing by a designated home-nursing provider are specified by Order of the Ministry of Health, Labour and Welfare.

(Designation of Home-Nursing Providers)

- Article 89 (1) The designation referred to in paragraph (1) of the preceding Article is determined pursuant to Order of the Ministry of Health, Labour, and Welfare, upon application by a person that operates a home-nursing business, for each place of business that operates home-nursing business (hereinafter referred to as "home-nursing provider office").
- (2) With respect to a provider of home-nursing services other than a designated home-nursing provider, when a designation of an in-home service provider pursuant to the main clause of Article 41, paragraph (1) of the Long-Term Care Insurance Act (limited to a provider of home-nursing services which meets the standards specified by Order of the Ministry of Health, Labor and Welfare; the same applies in the following paragraph), a designation of a community-based service provider pursuant to the provisions of the main clause of Article 42-2, paragraph (1) of the same Act (limited to a provider of home-nursing services

which satisfies the standards specified by Order of the Ministry of Health, Labor and Welfare; the same applies in the following paragraph), or a designation of a provider of services to prevent long-term care pursuant to the provisions of the main clause of Article 53, paragraph (1) of the same Act (limited to a provider of home-nursing services which meets the standards specified by Order of the Ministry of Health, Labor and Welfare; the same applies in the following paragraph) has been made, the designation referred to in paragraph (1) of the preceding Article is deemed to have been made for the relevant provider of home-nursing services; provided, however, that this does not apply if the provider of home-nursing services gives a different notification pursuant to Order of the Ministry of Health, Labour, and Welfare.

- (3) An expiration of the designation of a designated in-home service provider pursuant to the provisions of Article 70-2, paragraph (1) of the Long-Term Care Insurance Act or a rescission or suspension of validity of the designation of a designated in-home service provider pursuant to Article 77, paragraph (1) or Article 115-35, paragraph (6) of the same Act, a rescission or suspension of validity of the designation of a designated community-based service provider referred to in Article 78-10 of the same Act (including when applied by replacing terms pursuant to the provisions of Article 78-17 of the same Act), expiration of the designation of a designated community-based service provider referred to in Article 70-2, paragraph (1) of the same Act or Article 78-15, paragraph (1) or (3) of the same Act as applied mutatis mutandis to Article 78-12 of the same Act (including when applied mutatis mutandis to paragraph (5) of the same Act), rescission or expiration of the designation of a designated provider of services to prevent long-term care pursuant to Article 115-9, paragraph (1) of the same Act or Article 115-35, paragraph (6), or expiration of the designation of a designated provider of services to prevent long-term care service pursuant to Article 70-2, paragraph (1) of the same Act as applied mutatis mutandis to Article 115-11 of the same Act does not have any effect on the validity of a designation referred to in paragraph (1) of the preceding Article which is deemed to have been made pursuant to the provision of the main clause of the preceding paragraph.
- (4) When an application referred to in paragraph (1) corresponds to any of the following items, the Minister of Health, Labour and Welfare must not make a designation referred to in the main clause of paragraph (1) of the preceding Article:
- (i) the applicant is not a local government, a medical corporation, a social welfare corporation, or other person specified by the Minister of Health, Labour, and Welfare;
 - (ii) the knowledge and skills of the nurses and other employees at the home-nursing provider office to which the application pertains, and the number

thereof, do not meet standards and number specified by Order of the Ministry of Health, Labour, and Welfare referred to in Article 92, paragraph (1);

- (iii) it is determined that the applicant is unable to provide designated home-nursing services appropriately in accordance with standards for operations in home-nursing prescribed in Article 92, paragraph (2) (including when applied mutatis mutandis to Article 111, paragraph (3) and Article 149);
- (iv) the applicant is a person whose designation referred to in paragraph (1) of the preceding Article pertaining to a designated home-nursing provider has been rescinded pursuant to the provisions of this Act and five years have not elapsed from the date of the rescission;
- (v) the applicant has been sentenced to a fine pursuant to the provisions of this Act or medical insurance laws other than this act which are specified by Cabinet Order, and the payment of the fine has not been completed or the fine still applies;
- (vi) the applicant is sentenced to imprisonment or a more severe penalty and the sentence has not been completed or has not yet expired;
- (vii) with respect to social insurance premiums, the applicant has received a disposition of delinquency based on the provisions of social insurance laws or the Local Tax Act by the day preceding the day on which the application was filed, and has continued to be delinquent, without justifiable grounds, for three months or more from the date on which the applicant received the disposition with respect to all social insurance premiums the due dates of which came after the date on which the applicant received the disposition; or
- (viii) beyond what is provided for in the preceding items, the applicant is deemed significantly inappropriate as a designated home-nursing provider.

(Responsibilities of Designated Home-Nursing Provider)

Article 90 (1) A home-nursing provider is to provide appropriate designated home-nursing itself according to the physical and mental conditions of the person receiving home-nursing, in accordance with the standards for operations in home-nursing prescribed in Article 92, paragraph (2).

(2) Beyond what is provided for in the provisions of the preceding paragraph (including when applied mutatis mutandis to Article 111, paragraph (3) and Article 149), a home-nursing provider is to provide insured persons and their dependents with designated home-nursing under medical insurance laws other than this act as well as the Act on Assurance of Medical Care for Elderly People.

(Guidance by the Minister of Health, Labour and Welfare)

Article 91 A designated home-nursing provider, and the nurses and other

employees at the home-nursing provider's office to which the designation pertains must receive guidance from the Minister of Health, Labour and Welfare concerning designated home-nursing.

(Standards for Operations in Designated Home-Nursing Services)

Article 92 (1) A designated home-nursing provider must employ the number of employees, including nurses, specified by Order of the Ministry of Health, Labour, and Welfare in accordance with standards specified by Order of the Ministry of Health, Labour, and Welfare, at each home-nursing provider office to which the designation pertains.

(2) Beyond what is provided for in the preceding paragraph, standards for operations of a designated home-nursing business are provided for by the Minister of Health, Labour, and Welfare.

(3) When specifying matters concerning the standards for operations of a designated home-nursing business prescribed in the preceding paragraph (limited to the part concerning the handling of designated home-nursing), the Minister of Health, Labour, and Welfare is to hear the opinions of the Central Social Insurance Medical Council.

(Notification of Change)

Article 93 When the name or location of a home-nursing provider office to which the designation of a designated home-nursing provider pertains or other matters specified by Order of the Ministry of Health, Labour and Welfare are changed, or when the home-nursing business is abolished, suspended, or recommenced, the designated home-nursing provider must provide notification of the change to the Minister of Health, Labour and Welfare within ten days pursuant to Order of the Ministry of Health, Labour and Welfare.

(Reports of Designated Home-Nursing Providers)

Article 94 (1) If the Minister of Health, Labour and Welfare finds it necessary in relation to the payment of medical expenses for home-nursing, the Minister may order a designated home-nursing provider or an entity which was a designated home-nursing provider, or a person who was a nurse or other employee at the home-nursing provider office to which the designation pertains (hereinafter referred to as a "former designated home-nursing business, etc." in this paragraph) to make a report, or submit or present the books and other documents, may request a designated home-nursing provider, or a nurse or other employee at the home-nursing provider office to which the designation pertains (including a former designated home-nursing businesses, etc.) to appear, or may have the ministry's official question the persons involved, or inspect the books and other documents or other articles of the designated

home-nursing provider at the home-nursing provider office to which the designation pertains.

- (2) The provisions of Article 7-38, paragraph (2) apply mutatis mutandis to questions or inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority pursuant to the provisions of the preceding paragraph.

(Recession of Designation of Designated Home-Nursing Provider)

Article 95 The Minister of Health, Labour and Welfare may rescind the designation referred to in Article 88, paragraph (1) pertaining to a designated home-nursing provider that falls under any of the following items:

- (i) the designated home-nursing provider has become unable to meet the standards and number of employees specified by Order of the Ministry of Health, Labour, and Welfare referred to in Article 92, paragraph (1) with regard to nurses and other employees at a home-nursing provider office to which the designation pertains;
- (ii) the designated home-nursing provider is no longer able to appropriately operate designated home-nursing services in accordance with standards for operations of designated home-nursing services prescribed in Article 92, paragraph (2) (including when applied mutatis mutandis to Article 111, paragraph (3) and Article 149);
- (iii) there was a wrongful claim for payment pursuant to the provisions of Article 88, paragraph (6) (including when applied mutatis mutandis to Article 111, paragraph (3) and Article 149);
- (iv) the designated home-nursing provider has been ordered to make a report, or submit or present record books or documents pursuant to the provisions of paragraph (1) of the preceding Article (including when applied mutatis mutandis to Article 111, paragraph (3) and Article 149; the same applies hereinafter in this Article), but fails to comply with the order or submits a false report;
- (v) the designated home-nursing provider, or a nurse or employee at the home-nursing service office to which the designation pertains has been requested to appear pursuant to the provisions of paragraph (1) of the preceding Article but failed to respond or reply to questions pursuant to the provisions of the same paragraph, answered untruthfully, or refused, obstructed, or evaded an inspection pursuant to the provisions of the same paragraph (except when a nurse or employee at the home-nursing service office to which the designation pertains performed that conduct but the designated home-nursing provider had made efforts to provide reasonable care and supervision so as to prevent the conduct);
- (vi) there are grounds that correspond to any of item (ii) through the preceding

- item with respect to designated home-nursing for insured persons and their dependents pursuant to medical insurance laws other than this act or for insured persons pursuant to the Act on Assurance of Medical Care for Elderly People;
- (vii) the designated home-nursing provider received its designation by wrongful means;
 - (viii) the designated home-nursing provider has been sentenced to a fine pursuant to the provisions of this Act or other medical insurance laws which are specified by Cabinet Order and the payment of the fine has not yet been completed or the fine still applies;
 - (ix) the designated home-nursing provider has been sentenced to imprisonment or a severer punishment, and the execution of the sentence has not been completed or the execution of the sentence still applies; or
 - (x) beyond what is provided for in the preceding items, the designated home nursing service provider violates this Act, other medical insurance laws which are specified by Cabinet Order, or an order or disposition based thereon.

(Public Notice)

Article 96 The Minister of Health, Labour and Welfare must make public notice of the cases listed below in those cases:

- (i) a home-nursing provider is designated;
- (ii) there is a notification pursuant to the provisions of Article 93 (except for a change of matters specified by Order of the Ministry of Health, Labour, and Welfare referred to in the same Article and matters pertaining to suspension or recommencement of business provided by the same Article); or
- (iii) the designation of a designated home-nursing provider is rescinded pursuant to the provisions of the preceding Article.

Subsection 3 Payment of Transport Expenses

Article 97 (1) When an insured person has been transported to a hospital or clinic in order to receive medical treatment (including medical treatment covered by medical expenses combined with treatment outside insurance coverage), the insurer pays, as transport expenses, an amount calculated pursuant to Order of the Ministry of Health, Labour and Welfare to the insured person.

(2) The transport expenses referred to in the preceding paragraph are to be paid only if the insurer finds it necessary pursuant to Order of Ministry of Health, Labour and Welfare.

Subsection 4 Auxiliary Provisions

(Insured Persons Who Have Become a Day Worker and Their Dependents)

Article 98 (1) If an insured person has lost eligibility and become a specially-insured day laborer or a dependent thereof, and, at the time of loss of the eligibility, the person receives a benefit for medical treatment equivalent to medical treatment covered by expenses for dietary treatment for inpatients, medical treatment covered by expenses for living support for inpatients, medical treatment covered by expenses for medical treatment combined with treatment outside insurance coverage, medical treatment covered by medical expenses, or medical treatment covered by medical expenses for home-nursing, or equivalent to a designated in-home service covered by expenses for in-home long-term care service pursuant to the provisions of the Long-Term Care Insurance Act (meaning designated in-home service prescribed in Article 41, paragraph (1) of the same Act; the same applies in Article 129, paragraph (2), item (ii)), or an in-home service covered by an exceptional allowance for in-home long-term care service (meaning in-home service prescribed in Article 8, paragraph (1) of the same Act; the same applies in Article 129, paragraph (2), item (ii) and Article 135, paragraph (1)), a service equivalent thereto, a designated community-based service covered by expenses for community-based long-term care service (meaning designated community-based service prescribed in Article 42-2, paragraph (1) of the same Act; the same applies in Article 129, paragraph (2), item (ii)), a community-based service covered by an exceptional allowance for community-based long-term care service (meaning community-based service prescribed in Article 8, paragraph (14) of the same Act; the same applies in Article 129, paragraph (2), item (ii) and Article 135, paragraph (1)), a service equivalent thereto, a designated facility service, etc. covered by expenses for long-term care facility service (meaning designated facility service, etc. prescribed in Article 48, paragraph (1) of the same Act; the same applies in Article 129, paragraph (2), item (ii)), a facility service covered by an exceptional allowance for long-term care facility service (meaning facility service prescribed in Article 8, paragraph (26) of the same Act; the same applies in Article 129, paragraph (2), item (ii) and Article 135, paragraph (1)), a designated service to prevent long-term care covered by expenses for service to prevent long-term care (meaning designated service to prevent long-term care prescribed in Article 53, paragraph (1) of the same Act; the same applies in Article 129, paragraph (2), item (ii)), a service to prevent long-term care covered by exceptional allowance for service to prevent long-term care (meaning service to prevent long-term care prescribed in Article 8-2, paragraph (1) of the same Act; the same applies in Article 129, paragraph (2), item (ii) and Article 135, paragraph (1)), or a service equivalent thereto, pursuant to the

provisions of the same Act, then the person may receive from the relevant insurer benefits for medical treatment, expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, or transport expenses with respect to the relevant illness or injury, and any illness arising therefrom.

(2) Benefits for medical treatment, or expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, or transportation expenses pursuant to the provisions of the preceding paragraph are not paid when any of the events listed in the following items has occurred:

(i) the relevant person has become eligible for payment of benefits for medical treatment, expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, dependent's medical expenses, dependent's medical expenses for home-nursing, or dependent's transport expenses pursuant to the provisions of the next chapter with respect to the relevant illness or injury;

(ii) the person has become an insured person, insured person covered by Seamen's Insurance, a dependent thereof, an insured person covered by National Health Insurance, or a person with late-stage elderly medical care insurance; or

(iii) six months have elapsed since the day on which the relevant person lost eligibility as an insured person.

(3) Benefits for medical treatment, or expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, or transport expenses pursuant to the provisions of paragraph (1) are not paid during the period in which the relevant person is eligible for payment of special medical expenses (including medical expenses paid pursuant to the provisions of Article 132 as applied mutatis mutandis to Article 145, paragraph (6)), transport expenses, or dependent's transport expenses pursuant to the provisions of the next chapter with respect to the relevant illness or injury.

(4) Benefits for medical treatment, or expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, or medical expenses for home-nursing pursuant to the provisions of paragraph (1) are not paid if the relevant person is eligible for any benefit corresponding to

one of the above benefits pursuant to the provisions of the Long-Term Care Insurance Act with respect to the relevant illness or injury.

**Section 3 Payment of Injury and Sickness Allowance, Burial Charges,
Lump-Sum Allowance for Childbirth and Childcare Benefits, and
Childbirth Allowance**

(Injury and Sickness Allowance)

- Article 99 (1) When an insured person (excluding an insured person with optional and continued coverage; the same applies in Article 102, paragraph (1)) is unable to engage in labor due to medical treatment, the injury and sickness allowance is paid for the period during which the person is unable to engage in work, starting from the day on which three days elapsed after the day on which the person becomes unable to engage in work.
- (2) The amount of injury and sickness allowance per day is an amount equivalent to two-thirds of the amount equivalent to 1/30th of the average standard monthly remuneration amount (limited to the amount specified by the relevant insured person's insurer; the same applies hereinafter in this paragraph) of each month in the most recent 12 consecutive months before the month in which the payment of injury and sickness allowance starts (if the 1/30 amount is a figure with less than five yen in the ones place, it is to be rounded down, and if it is a figure with at least five yen but less than ten yen in the ones place, it is to be rounded up to the nearest ten yen; if the two-thirds amount is a figure with less than 0.5 yen in the ones place, it is rounded down, and if it is a figure with at least 0.5 yen but less than one yen in the ones place, it is to be rounded up to the nearest one yen); provided, however, that if the number of consecutive months for which the average standard monthly remuneration amount is determined is less than 12, an amount equivalent to two-thirds of an amount equivalent to smaller of the amounts listed in the following items (if the amount is a figure with less than 0.5 yen in the one place, it is to be rounded down, and if it is a figure with at least 0.5 yen but less than one yen in the ones place, it is to be rounded up to the nearest one yen).
- (i) an amount equivalent to 1/30th of the average standard monthly remuneration amount for each consecutive month before the month which includes the day on which the payment of injury and sickness allowance starts (if the amount is a figure with less than five, it is to be rounded down, and if it is a figure with at least five yen but less than ten yen, it is to be rounded up to the nearest ten yen); or
- (ii) an amount equivalent to 1/30th of the standard monthly remuneration amount calculated when the average standard monthly remuneration amount of all insured persons on September 30 in the year preceding the

fiscal year which includes the day on which payment of injury and sickness allowance starts is deemed as the monthly remuneration amount which is the basis of the standard monthly amount remuneration (if the amount is a figure with less than five yen, it is to be rounded down, and if it is a figure with at least five yen but less than ten yen, it is to be rounded up to the nearest 10 yen).

- (3) Beyond what is provided for in the preceding paragraph, necessary matters concerning calculation of the amount of injury and sickness allowance are specified by Order of the Ministry of Health, Labour, and Welfare.
- (4) The payment period for injury and sickness allowance is not to exceed one year and six months from the day on which the payment starts, with regard to the same sickness and injury as well as any sickness and injury caused thereby.

(Burial Charges)

- Article 100 (1) In the case of the death of an insured person, an amount specified by Cabinet Order is paid as burial charges to the person whose livelihood depends on the income of the insured person and who arranged the burial.
- (2) If there is no one to receive burial charges pursuant to the provisions of the preceding paragraph, an amount equivalent to the expenses required for the burial within the range of the amount in the same paragraph is paid to the person who arranged the burial.

(Lump-sum Allowance for Childbirth and Childcare)

- Article 101 When an insured person gives birth, the amount specified by Cabinet Order is paid as a lump-sum allowance for childbirth and childcare.

(Childbirth Allowance)

- Article 102 (1) When an insured person gives birth, childbirth allowance is paid in the period during which the person does not engage in work, including 42 days (98 days in the case of multiple fetuses) preceding the day of childbirth (the scheduled date of childbirth if the day of childbirth is after the scheduled date of childbirth) and 56 days following the day of childbirth.
- (2) The provisions of Article 99, paragraphs (2) and (3) apply mutatis mutandis to the payment of childbirth allowance.

(Coordination of Childbirth Allowance with Injury and Sickness Allowance)

- Article 103 (1) Injury and sickness allowance is not paid during the period in which childbirth allowance is paid (excluding cases falling under Article 108, paragraph (3) or (4)); provided, however, that if the amount of childbirth allowance to be received (in the case of the proviso to paragraph (2) of the same Article, the total sum of the amount of remuneration prescribed in the proviso

and the amount of childbirth allowance calculated pursuant to the proviso) is less than the amount calculated pursuant to the provisions of Article 99, paragraph (2), the difference between those amounts is paid.

- (2) If injury and sickness allowance is paid when childbirth allowance is to be paid, the injury and sickness allowance (excluding an allowance paid pursuant to the proviso to the preceding paragraph) is deemed as part payment of childbirth allowance.

(Continued Benefits for Injury and Sickness Allowance or Childbirth Allowance)

Article 104 A person who continued to have been an insured person for one year or more until the day preceding the day of loss of eligibility (in case of an insured person with optional and continued coverage, by the day of acquisition of eligibility) as an insured person (excluding insured persons with optional and continued coverage who are members of a mutual aid association) (referred to as a "person who was insured for one year or more" in Article 106) and who received payment of injury and sickness allowance or childbirth allowance at the time of loss of the eligibility may continue to receive the benefits from the same insurer for the period in which the person was eligible for the payment as an insured person.

(Payment of Benefits Concerning Death after Loss of Eligibility)

Article 105 (1) When a person receiving insurance benefits pursuant to the provisions of the preceding Article dies, a person who had been receiving insurance benefits pursuant to the provisions of the same Article dies within three days after the day of loss of the benefits, or a person who was an insured person dies within three days after the day of loss of a eligibility as an insured person, a person whose livelihood depends on the income of the insured person and who arranges the burial may receive burial charges from the last insurer of the insured person.

- (2) The provisions of Article 100 apply mutatis mutandis to a case in which no one is eligible to receive burial charges pursuant to the provisions of the preceding paragraph and to the amount of burial charges referred to in the same paragraph.

(Payment of Lump-sum Allowance for Childbirth and Childcare after Loss of Eligibility)

Article 106 A person who was an insured person for one year or more and gives birth within six months after the date of loss of the eligibility as an insured person may be paid the lump-sum allowance for childbirth and childcare that should have been received as an insured person from the person's last insurer.

(Cases where Persons have Become an Insured Person Covered by Seamen's Insurance)

Article 107 Notwithstanding the provisions of the preceding three Articles, when a person who was an insured person becomes an insured person covered by Seamen's Insurance, insurance benefits are not paid.

(Coordination of Injury and Sickness Allowance or Childbirth Allowance With Remuneration)

Article 108 (1) Injury and sickness allowance is not paid to a person who may receive all or part of the person's remuneration in case of sickness or injury during the period in which the person may receive the remuneration; provided, however, that if the amount of the remuneration to be received is less than the amount calculated pursuant to the provisions of Article 99, paragraph (2) (excluding the cases falling under Article 103, paragraph (1) or , paragraph (3) or (4)), the difference between those amounts is paid.

(2) Childbirth allowance is not paid to a person who may receive all or part of the person's remuneration in case of childbirth during the period in which the person may receive the remuneration; provided, however, that if the amount of the remuneration to be received is less than the amount of childbirth allowance, the difference between those amounts is paid.

(3) Injury and sickness allowance is not paid when the person to receive injury and sickness allowance is eligible for a disability welfare pension pursuant to the Employee's Pension Insurance Act due to the same sickness and injury, and diseases caused thereby; provided, however, that if the amount of the disability welfare pension to be received (when it is possible to receive the disability basic pension pursuant to the National Pension Act based on the same payment reason as that for the disability welfare pension, the total sum of the amount of the disability welfare pension and the amount of the disability basic pension) calculated pursuant to Order of the Ministry of Health, Labour and Welfare (hereinafter referred to as the "amount of disability pension" in this paragraph) is less than the amount calculated pursuant to the provisions of Article 99, paragraph (2), the difference between the calculated amount and an amount specified in accordance with the classification of each of the following items is paid:

- (i) if the person is ineligible for remuneration and ineligible to receive payment of childbirth allowance: the amount of disability pension;
- (ii) if the person is ineligible for remuneration and eligible for childbirth allowance: the amount of childbirth allowance (that amount if it exceeds the amount calculated pursuant to the provisions of Article 99, paragraph (2)) or the amount of disability pension, whichever is larger;

- (iii) if the person is entitled to all or part of the person's remuneration and not eligible for childbirth allowance: all or part of the remuneration (that amount if it exceeds the amount calculated pursuant to the provisions of Article 99, paragraph (2)) or the amount of disability pension, whichever is larger; or
- (iv) if the person is entitled to all or part of remuneration and eligible for childbirth allowance: the total sum of all or part of the remuneration and the amount of childbirth allowance calculated pursuant to the provision of the proviso to the preceding paragraph (that amount if it amount exceeds the amount calculated pursuant to the provisions of Article 99, paragraph (2)), or the amount of disability pension, whichever is larger.
- (4) When a person who is to receive injury and sickness allowance is eligible for disability allowance pursuant to the Employee's Pension Insurance Act due to the same sickness and injury, and diseases caused thereby, injury and sickness allowance is not paid during the period from day on which the person starts receiving the disability allowance until the day on which the total sum of the amounts calculated pursuant to the provisions of Article 99, paragraph (2) in the case where the person is to receive payment of injury and sickness allowance after that day reaches the amount of the disability allowance; provided, however, this does not apply to the difference between that total amount and the disability allowance or another difference specified by Cabinet Order if the person is entitled to all or some of remuneration or eligible for childbirth allowance, or in other cases specified by Cabinet Order on the day when the total amount reaches or exceeds the amount of the disability allowance.
- (5) When a person who is to receive injury and sickness allowance (limited to a person who is to receive it pursuant to the provisions of Article 104 and who meets the requirements specified by Cabinet Order) is eligible for payment of pension benefits specified by Cabinet Order pursuant to the National Pension Act or the Employee's Pension Insurance Act with aging or retirement as the grounds for payment (hereinafter referred to as "superannuation benefits" in this paragraph and the following paragraph), injury and sickness allowance is not paid; provided, however, that if the amount of the superannuation benefits (if there are two or more superannuation benefits, the total sum of the benefits) calculated pursuant to Order of the Ministry of Health, Labour and Welfare is less than the amount of injury and sickness allowance, the difference between those amounts is paid.
- (6) When finding it necessary for the payment of injury and sickness allowance pursuant to the provisions of the preceding three paragraphs, an insurer may request those who pay superannuation benefits (referred to as "pension insurers" in the next paragraph) to provide necessary materials about the status of payment of disability welfare pension or disability basic pension

referred to in paragraph (2), disability allowance referred to in paragraph (3), or superannuation benefits referred to in the preceding paragraph.

- (7) Pension insurers (except for the Minister of Health, Labour and Welfare), with the consent of the Minister of Health, Labour and Welfare, may delegate affairs related to the provision of documents pursuant to the provisions of the preceding paragraph to the Minister of Health, Labour and Welfare.

Article 109 (1) When a person prescribed in any of paragraphs (1) through (4) of the preceding Article becomes sick or injured, or gives birth, with respect to all of part of the remuneration to which the person is entitled, the entire amount of injury and sickness allowance or childbirth allowance is paid if the person is unable to receive all of the remuneration, and the difference between the amount of remuneration received and the amount of injury and sickness allowance or childbirth allowance is paid if the person is unable to receive part of the remuneration and the received amount is less than the amount of injury and sickness allowance or childbirth allowance; provided, however, that if a part of injury and sickness allowance or childbirth allowance is received pursuant to the provisions of the proviso to paragraph (1), paragraph (2), paragraph (3) or paragraph (4) of the preceding article, an amount equivalent to the allowance is deducted from the amount to be paid.

- (2) The amount paid by the insurer pursuant to the provisions of the preceding paragraph is collected from the employer.

Section 4 Payment of Dependent's Medical Expenses, Dependent's Medical Expenses for Home-Nursing, Dependent's Transport Expenses, Dependent's Burial Charges, and Lump-Sum Allowance for Dependent's Childbirth and Childcare

(Dependent's Medical Expenses)

Article 110 (1) When a dependent of an insured person receives medical treatment from a medical institution providing services covered by health insurance that is selected by the dependent, dependent's medical expenses are paid to the insured person for expenses required for the medical treatment.

- (2) The amount of dependent medical expenses is the amount specified in item (i) below (the aggregate of that amount and the amount specified in item (ii) or (iii) if the medical treatment includes dietary treatment or living support, respectively):

- (i) the amount obtained by multiplying the amount of expenses calculated for the medical support (excluding dietary treatment and living support) (if the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred) by the ratio prescribed

- in (a) through (d) listed below in accordance with the classifications in (a) through (d):
- (a) if the first March 31 after the dependent's 6th birthday has passed and the month which contains the dependent's 70th birthday has not yet began: 0.70;
 - (b) if the first March 31 after the dependent's 6th birthday has not yet passed: 0.80;
 - (c) if the month which contains the dependent's 70th birthday has elapsed (excluding dependents prescribed in (d)): 0.80;
 - (d) if the month which contains the 70th birthday of the dependent of an insured person listed in Article 74, paragraph (1), item (iii) or another insured person specified by Cabinet Order has elapsed (excluding the case listed in the following item): 0.70;
 - (ii) the amount calculated by deducting, from the amount calculated for the dietary treatment (when that amount exceeds the amount of expenses actually incurred in the dietary treatment, the amount of expenses actually incurred), the amount of standard co-payment for dietary treatment; or
 - (iii) the amount calculated by deducting, from the amount calculated for the living support (when the amount exceeds the amount of expenses actually incurred in the living support, the amount of expenses actually incurred), the amount of standard co-payment for living support.
- (3) The amount of expenses for medical treatment referred to in the preceding paragraph is calculated pursuant to the provisions of Article 76, paragraph (2) when medical treatment (excluding evaluation treatment, patient-requested treatment, and selective treatment) is received from a medical institution providing services covered by health insurance, and the provisions of Article 86, paragraph (2), item (i) when evaluation treatment, patient-requested treatment or selective treatment is received from a medical institution providing services covered by health insurance, the amount of expenses for dietary treatment for inpatients referred to in item (ii) of the preceding paragraph is calculated pursuant to the provisions of Article 85, paragraph (2), and the amount of expenses for living support for inpatients referred to in item (iii) of the preceding paragraph is calculated pursuant to the provisions of Article 85-2, paragraph (2).
- (4) When a dependent receives medical treatment at or from a hospital, clinic or pharmacy listed in Article 63, paragraph (3), item (i) or (ii), the insurer may, on behalf of the relevant insured person, pay to the hospital, clinic or pharmacy expenses incurred for the medical treatment payable by the dependent to the hospital, clinic or pharmacy within the limit of the amount payable to the insured person as expenses for dependent's medical treatment.
- (5) When a payment pursuant to the provisions of the preceding paragraph is

made, it is deemed that dependent's medical expenses are paid to the insured person.

- (6) When a dependent receives medical treatment from a hospital, clinic, or pharmacy listed in Article 63, paragraph (3), item (iii), and the insurer exempts the insured person from payment of an amount equivalent to the amount to be paid as dependent's medical expenses among the expenses required for medical treatment to be paid by the dependent, it is deemed that dependent's medical expenses are paid to the insured person.
- (7) The provisions of Article 63, Article 64, Article 70, paragraph (1), Article 72, paragraph (1), Article 73, Article 76, paragraphs (3) through (6), Article 78, Article 84, paragraph (1), Article 85, paragraph (8), Article 87, and Article 98 apply mutatis mutandis to the payment of dependent's medical expenses and to dependent's medical treatment.
- (8) The provisions of Article 75 apply mutatis mutandis to payment of the amount calculated by deducting, from the amount of expenses calculated for the relevant medical treatment pursuant to the provisions of paragraph (3) in the case referred to in paragraph (4) (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred), the amount payable as dependent's medical expenses with respect to expenses incurred in the medical treatment.

(Special Provisions for the Amount of Dependent's Medical Expenses)

Article 110-2 (1) With regard to the payment of dependent's medical expenses pertaining to a dependent of an insured person as prescribed in Article 75-2, paragraph (1), an insurer may take measures consisting of setting rates exceeding those specified in paragraph (2), item (i), sub-items (a) through (d) of the preceding Article but less than 100/100.

- (2) With regard to the application of the provisions of paragraph (4) of the preceding Article pertaining to the dependent prescribed in the preceding paragraph, the phrase "the amount payable to the insured person as expenses for dependent's medical treatment" in paragraph (4) is replaced with "the amount of expenses calculated for the medical treatment (if the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred).

In this case, the insurer may decide to collect an amount obtained by deducting the amount to be paid to the insured person as expenses for dependent's medical treatment from the amount that was paid directly from the insured person pertaining to the dependent or to postpone the collection.

(Dependent's Medical Expenses for Home-Nursing)

Article 111 (1) When a dependent of an insured person has received designated

home-nursing from a designated home-nursing provider, with regard to expenses incurred in the designated home-nursing, dependent's medical expenses for home-nursing are paid to the insured person.

- (2) The amount of dependent's medical expenses for home-nursing is obtained by multiplying the amount of expenses calculated pursuant to the provisions specified by the Minister of Health, Labor and Welfare referred to in Article 88, paragraph (4) pertaining to the designated home-nursing by the ratio specified in Article 110, paragraph (2), item (i), sub-items (a) through (d) in accordance with the classifications listed in the same items (if the provisions of paragraph (1) or (2) of the preceding Article are to be applied, the amount when the provisions are deemed to have been applied).
- (3) The provisions of Article 88, paragraphs (2), (3), (6) through (11), and (13), Article 90, paragraph (1), Article 91, Article 92, paragraphs (2) and (3), Article 94, and Article 98 apply mutatis mutandis to payment of dependent's medical expenses for home-nursing and to designated home-nursing for dependents.

(Dependent's Transport Expenses)

- Article 112 (1) When a dependent of an insured person is transported to a hospital or clinic in order to receive medical treatment, the insurer pays, as dependent's transport expenses, an amount calculated pursuant to Order of the Ministry of Health, Labour and Welfare referred to in Article 97, paragraph (1) to the insured person.
- (2) The provisions of Article 97, paragraphs (2) and Article 98 apply mutatis mutandis to the payment of dependent's transport expenses.

(Dependent's Burial Charges)

- Article 113 When a dependent of an insured person dies, the amount specified by Cabinet Order referred to in Article 100, paragraph (1) is paid to the insured person as dependent's burial charges.

(Lump-Sum Allowance for Dependent's Childbirth and Childcare)

- Article 114 When a dependent of an insured person gives birth, an amount specified by Cabinet Order referred to in Article 101 is paid to the insured person as lump-sum allowance for dependent's childbirth and childcare.

Section 5 Payment of High-Cost Medical Expenses and Expenses for High-Cost Medical Treatment Combined with Long-Term Care

(High-Cost Medical Expenses)

- Article 115 (1) When the amount of co-payment made in relation to benefits for medical treatment or the amount calculated by deducting, from the amount of

expenses incurred in medical treatment (excluding dietary treatment and living support; the same applies hereinafter in the following paragraph), an amount equivalent to the amount paid as medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, or dependent's medical expenses for home-nursing in relation to the medical treatment (referred to as the "amount of co-payment, etc." in paragraph (1) of the following Article) is extremely large, the insurer pays high-cost medical expenses to the person who received payment of the benefits for medical treatment, or medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing expenses, dependent's medical expenses, or dependent's medical expenses for home-nursing.

- (2) The requirements for payment of high-cost medical expenses, the amount thereof, and other necessary matters concerning the payment of high-cost medical expenses are specified by Cabinet Order by taking into consideration the impact of sharing of costs necessary for the relevant medical treatment on household finances and the amount of expenses incurred in the medical treatment.

(Expenses for High-Cost Medical Treatment Combined with Long-Term Care)
Article 115-2 (1) When the amount of co-payment, etc. (if high-cost medical expenses referred to in paragraph (1) of the preceding Article is to be paid, the amount obtained by deducting the amount so paid from the amount of co-payment, etc.), or the sum of the amount to be borne by a user of long-term care service prescribed in Article 51, paragraph (1) of the Long-Term Care Insurance Act (if expenses for high-cost long-term care service referred to in the same paragraph are paid, the amount obtained by deducting the amount so paid from the amount to be borne by the user of long-term care service), and the amount to be borne by a user of a service to prevent long-term care prescribed in Article 61, paragraph (1) of the same Act (if expenses for high-cost service to prevent long-term care referred to in the same paragraph are to be paid, the amount obtained by deducting the amount so paid from the amount to be borne by the user of the service to prevent long-term care) is extremely large, expenses for high-cost medical treatment combined with long-term care are paid to the person who received benefits for medical treatment to which the amount of the co-payment pertained, or payment of medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, or dependent's medical expenses for home-nursing.

- (2) The provisions of paragraph (2) of the preceding Article apply mutatis mutandis to the payment of expenses for high-cost medical treatment combined

with long-term care.

Section 6 Limitation of Insurance Benefits

Article 116 When the grounds for a benefit claim are caused by intentional criminal conduct committed by a person who is or was an insured person, or were intentionally caused thereby, no insurance benefits are paid based on those grounds.

Article 117 When the grounds for a benefit claim are caused by a conflict, state of drunkenness or significant misconduct by the insured person, the insurer may refrain from paying, in whole or in part, insurance benefits based on those grounds.

Article 118 (1) Insurance benefits are not provided for sickness, injury or childbirth for a period in which the relevant person who is or was an insured person falls under any of the following items (limited to cases specified by Order of the Ministry of Health, Labour and Welfare for payment of injury and sickness allowance or childbirth allowance):

- (i) the person is committed to a juvenile training school or any other institution equivalent thereto; or
- (ii) the person is confined to a penal institution, work facility, or any other facility equivalent thereto.

(2) An insurer may not prevent insurance benefits pertaining to a dependent of an insured person from being paid even if the person who is or was an insured person falls under any of the items of the preceding paragraph.

Article 119 When a person who is or was an insured person fails to follow instructions concerning medical treatment without a justifiable reason, the insurer may refrain from providing part of the applicable insurance benefits.

Article 120 An insurer may determine not to pay all or some of the injury and sickness allowance or childbirth allowance to a person who received or intended to receive insurance benefits by means of deception or other wrongful conduct for a specified period no longer than six months; however, this does not apply when one year or more has elapsed after the day of the deception or wrongful conduct.

Article 121 When a person who is to receive insurance benefits fails to comply with an order issued pursuant to the provisions of Article 59 or refuses to answer questions or to undergo a medical examination without a justifiable

reason, the insurer may refrain from providing all or part of the applicable insurance benefits.

Article 122 (1) The provisions of Article 116, Article 117, Article 118, paragraph (1) and Article 119 apply mutatis mutandis to dependents of an insured person. In this case, the phrase "insurance benefits" in those provisions is deemed to be replaced with "insurance benefits pertaining to the dependent".

Chapter V Special Provisions Concerning Specially-Insured Day Laborers
Section 1 Insurer Providing Insurance for Specially-Insured Day Laborers

Article 123 (1) The insurer providing insurance for specially-insured day laborers is JHIA.
 (2) Of the services imposed on insurers providing insurance for specially-insured day laborers, the issuance of an insurance book for a specifically insured day laborer, collection of insurance premiums pertaining to a specially-insured day laborer and collection of day laborer contributions, as well as services incidental to these are covered by the Minister of Health, Labour and Welfare.

Section 2 Standard Daily Wages

(Daily Amount of Standard Wages)

Article 124 (1) The standard daily wage amount is based on the relevant insured person's daily wage amount according to the following grading (if the grading has been revised pursuant to the provisions of the following paragraph, the revised grading).

Standard Daily Wage Grade	Standard daily wages	Daily Amount of Wages
Level 1	3,000 yen	Less than 3,500 yen
Level 2	4,400 yen	Not less than 3,500 yen but less than 5,000 yen
Level 3	5,750 yen	Not less than 5,000 yen but less than 6,500 yen
Level 4	7,250 yen	Not less than 6,500 yen but less than 8,000 yen
Level 5	8,750 yen	Not less than 8,000 yen but less than 9,500 yen
Level 6	10,750 yen	Not less than 9,500 yen but less than 12,000 yen
Level 7	13,250 yen	Not less than 12,000 yen but less than 14,500 yen

Level 8	15,750 yen	Not less than 14,500 yen but less than 17,000 yen
Level 9	18,250 yen	Not less than 17,000 yen but less than 19,500 yen
Level 10	21,250 yen	Not less than 19,500 yen but less than 23,000 yen
Level 11	24,750 yen	Not less than 23,000 yen

- (2) If the ratio of the total number of days of payment of insurance premiums pertaining to the standard daily wage amount corresponding to the highest grade of standard daily wage amount to the total number of days of payment of insurance premiums pertaining to specially-insured day laborers in one fiscal year exceeds 0.03, and it is found that the status will continue, the grading of standard daily wage amount may be revised by adding another grade above the highest grade from September 1 in the following fiscal year by Cabinet Order; however, the ratio of the total number of days of payment of insurance premiums pertaining to the standard daily wage amount corresponding to the highest grade of standard daily wage amount to the total number of days of payment of insurance premiums pertaining to specially-insured day laborers in that fiscal year must not fall below 0.01.
- (3) The provisions of Article 40, paragraph (3) apply mutatis mutandis to the establishment or amendment of Cabinet Order referred to in the preceding paragraph.

(Daily Amount of Wages)

Article 125 (1) The daily amount of wages is calculated pursuant to the following items:

- (i) if the wages are determined on the basis of working days or hours, or daily output, or it is otherwise possible to calculate the daily wages for a specially-insured day laborer, the determined or calculated amount;
- (ii) if the wages are determined in accordance with total output over a period of two days or more, or it is otherwise not possible to calculate the daily wages for a specially-insured day laborer (excluding cases that fall under the following item), the average amount of daily wages received on the preceding day (if no person received a similar wage for engaging in similar work on the preceding day, the most recent day on which any person does so) by persons who engaged in similar work at a the same place of business and receive similar wages;
- (iii) if the amount of wages is based on a period of two days or more, the amount obtained by dividing that amount by the number of days in the period concerned (30 days if the period is one month);
- (iv) if it is not possible to calculate pursuant to the provisions of the preceding

- three items, the amount of a wages received by persons who engaged in similar work and receive similar wages in a day in that region;
- (v) if the relevant person receives wages corresponding to two or more of each of the preceding items, the total sum of the amounts calculated for each of the wages in accordance with the preceding items; and
 - (vi) if the person is employed at two or more places of business in a day, the amount calculated pursuant to the preceding items for wages paid from the first place of business employing the person.
- (2) In the case of the preceding paragraph, with regard to a wage to be paid other than in currency, the amount is specified by the Minister of Health, Labour and Welfare based on the local market price.

(Specially-Insured Day Laborer's Insurance Book)

- Article 126 (1) A day worker who becomes a specially-insured day laborer must request the Minister of Health, Labour and Welfare to issue a specially-insured day laborer's insurance book within five days since the day on which the person becomes a specially-insured day laborer; however, this does not apply if the person already has a specially-insured day laborer's insurance book issued that contains a blank space for stamps for proof of health insurance.
- (2) When the Minister of Health, Labour, and Welfare receives a request referred to in the preceding paragraph, the Minister must issue a specially-insured day laborer's insurance book.
- (3) A person who has received a specially-insured day laborer's insurance book must return it to the Minister of Health, Labour and Welfare if it has become obvious that the person is unlikely to become a specially-insured day laborer within the period during which a blank space for stamps for proof of health insurance remains in the insurance book, or receives approved pursuant to the proviso to Article 3, paragraph (2).
- (4) The form, issuance and return of and other necessary matters concerning an specifically insured day laborer's insurance book are specified by Order of the Ministry of Health, Labour and Welfare.

Section 3 Insurance Benefits Pertaining to Specially-Insured Day Laborers

(Types of Insurance Benefits)

- Article 127 Insurance benefits pursuant to this Act pertaining to specially-insured day laborers (including former specially-insured day laborers; the same applies hereinafter in this Section) are as follows:
- (i) benefits for medical treatment, as well as payment of dietary treatment expenses for inpatients, living support expenses for inpatients, medical

- expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, and transport expenses;
- (ii) payment of injury and sickness allowance;
 - (iii) payment of burial charges;
 - (iv) payment of lump-sum allowance for childbirth and childcare;
 - (v) payment of childbirth allowance;
 - (vi) payment of dependent's medical expenses, dependent's medical expenses for home-nursing, and dependent's transport expenses;
 - (vii) payment of dependent's burial charges;
 - (viii) lump-sum allowance for dependent's childbirth and childcare;
 - (ix) payment of special medical expenses; and
 - (x) payment of high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care.

(Coordination with Benefits by Medical Insurance)

Article 128 (1) Benefits for medical treatment, or dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, injury and sickness allowance, burial charges, lump-sum allowance for childbirth and childcare, or childbirth allowance, pertaining to a specially-insured day laborer, are not paid if the specially-insured day laborer may receive payment equivalent to these for the same sickness, injury, or death pursuant to the provisions of the preceding Chapter, medical insurance laws other than this Act (excluding the National Health Insurance Act; the same applies hereinafter in this Article), Cabinet Order prescribed in Article 55, paragraph (1), or the Long-Term Care Insurance Act.

(2) Benefits for medical treatment, or expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, burial charges, or lump-sum allowance for childbirth and childcare, pertaining to a specially-insured day laborer, are not paid if the relevant person received a benefit equivalent to payment of dependent's medical treatment (including medical expenses paid pursuant to the provisions of Article 132 as applied mutatis mutandis to Article 140, paragraph (2)), dependent's medical expenses for home-nursing, dependent's transport expenses, dependent's burial charges, or lump-sum allowance for dependent's childbirth and childcare for the same sickness, injury, death or childbirth pursuant to the provisions of the preceding Chapter or the provisions of this Chapter pursuant to the provisions of medical insurance laws other than this act.

- (3) Dependent's medical expenses, dependent's medical expenses for home-nursing, transport expenses, dependent's burial charges, or dependent's lump-sum allowance for childbirth and childcare, pertaining to a specially-insured day laborer, are not paid if the relevant person received a benefit equivalent to payment of those expenses or allowances, or benefits for medical treatment, dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses for home-nursing, transport expenses, burial charges, or lump-sum allowance for dependent's childbirth and childcare for the same sickness, injury, death or childbirth pursuant to the provisions of the preceding Chapter, medical insurance laws other than this act, or the Long-Term Care Insurance Act.
- (4) Special medical expenses (including medical expenses paid pursuant to the provisions of Article 132 as applied mutatis mutandis to Article 145, paragraph (6)) are not paid if the relevant person received benefits equivalent to benefits for medical treatment, dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, or dependent's medical expenses for home-nursing for the same sickness or injury, death or childbirth pursuant to the provisions of the preceding Chapter, the provisions of medical insurance laws other than this act, Cabinet Order prescribed in Article 55, paragraph (1), or this Chapter pursuant to the provisions of the Long-Term Care Insurance Act.
- (5) Benefits for medical treatment, or expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, dependent's medical expenses, dependent's medical expenses for home-nursing, dependent's transport expenses, or special medical expenses, pertaining to a specially-insured day laborer, are not made to that extent if the specially-insured day laborer received medical treatment or medical expenses for the same sickness or injury borne by the national government or a local government pursuant to the provisions of other Acts.

(Benefits for Medical Treatment)

Article 129 (1) With regard to sickness and injury of a specially-insured day laborer, benefits for medical treatment listed in each item of Article 63, paragraph (1) are paid.

- (2) To receive benefits for medical treatment, a specially-insured day laborer must fall under any of the following items on the day on which the benefits are received; provided, however, that in the case of item (ii), benefits for medical

treatment are not provided for sickness or injury for which a benefit for medical treatment was provided under item (i) or any sickness or injury caused thereby:

- (i) insurance premiums have been paid for the specially-insured day laborer for 26 days or more in total in the two months preceding the month including the day on which the benefits are received or for 78 days or more in total in the six months preceding the month including that day; or
- (ii) one year (five years with regard to the sicknesses designated by the Minister of Health, Labour and Welfare) has not passed since the date of commencement of the benefit for medical treatment received for the relevant sickness or injury (including those that caused the sickness or injury; the same applies hereinafter in this paragraph) pursuant to the preceding item (if special medical expenses (including medical expenses paid pursuant to the provisions of Article 132 applied mutatis mutandis to Article 145, paragraph (6); the same applies hereinafter in this item), expenses for in-home long-term care services pursuant to the provisions of the Long-Term Care Insurance Act (limited to expenses for services equivalent to designated in-home services; the same applies hereinafter in this item, Article 135, paragraph (4), and Article 145, paragraph (1)), expenses for special in-home long-term care services (limited to expenses for services equivalent to in-home services or services equivalent thereto; the same applies hereinafter in Article 135, paragraph (4), and Article 145, paragraph (1)), expenses for community-based long-term care services (limited to expenses for services equivalent to designated community-based services; the same applies hereinafter in this Article, Article 135, paragraph (4), and Article 145, paragraph (1)), expenses for special community-based long-term care services (limited to the payment pertaining to services equivalent to community-based services or pertaining to services equivalent thereto; the same applies hereinafter in this item, Article 135, paragraph (4), and Article 145, paragraph (1)), expenses for long-term care facility services (limited to expenses for services equivalent to designated facility services; the same applies hereinafter in this item, Article 135, paragraph (4), and Article 145, paragraph (1)), expenses for special long-term care facility services (limited to expenses for services equivalent to facility services; the same applies hereinafter in this item, Article 135, paragraph (4), and Article 145, paragraph (1)), expenses for services to prevent long-term care (limited to expenses for services equivalent to designated services to prevent long-term care; the same applies hereinafter in this item, Article 135, paragraph (4), and Article 145, paragraph (1)), or expenses for special services to prevent long-term care (limited to expenses for services equivalent to services to prevent long-term care or services equivalent thereto; the same applies in

this paragraph, Article 135, paragraph (4), and Article 145, paragraph (1)) were paid for the relevant sickness or injury before that date of commencement, the date of commencement of payment of special medical expenses, or payment of expenses for in-home long-term care services, expenses for special in-home long-term care services, expenses for community-based long-term care services, expenses for special community-based long-term care services, expenses for long-term care facility services, expenses for special long-term care facility services, expenses for services to prevent long-term care, or expenses for special services to prevent long-term care, pursuant to the provisions of the Long-Term Care Insurance Act) (excluding cases that fall under the preceding item);

- (3) When a specially-insured day laborer proves that the laborer falls under item (i) of the preceding Article with a specially-insured day laborer's insurance book and applies, the insurer must issue a qualified recipient card which shows confirmation of the proof or add the confirmation to a qualified recipient card which has already been issued.
- (4) When intending to receive benefits for medical treatment listed in each item of Article 63, paragraph (1), a specially-insured day laborer is to select a hospital, clinic, or pharmacy from those listed in paragraph (3), item (i) or (ii) of the same Article, submit the laborer's qualified recipient card thereto, and receive the benefits therefrom.
- (5) The qualified recipient card referred to in the preceding paragraph must have been confirmed pursuant to the provisions of paragraph (3) and thereby prove that the recipient requirements for sickness and injury prescribed in paragraph (2) are met.
- (6) The form of a qualified recipient card, the confirmation pursuant to the provisions of paragraph (3), and other necessary matters concerning a qualified recipient card are specified by Order of the Ministry of Health, Labour and Welfare.

(Dietary Treatment Expenses for Inpatients)

- Article 130 (1) When a specially-insured day laborer (excluding a person who receives medical treatment consisting of hospitalization in a sanatorium ward and care and other nursing incidental to that medical treatment after the month which contains the person's 65th birthday (hereinafter referred to as a "specially-insured day laborer receiving specified long-term hospitalization")) submits the laborer's qualified recipient card to a hospital or clinic which the laborer selected from those listed in Article 63, paragraph (3), item (i) or (ii) and receives dietary treatment along with benefits for medical treatment listed in paragraph (1), item (v) of the same Article from the hospital or clinic, dietary treatment expenses for inpatients pertaining to the dietary treatment

are paid.

- (2) The provisions of Article 129, paragraphs (2), (4) and (5) apply mutatis mutandis to the payment of dietary treatment expenses for inpatients.

(Living Support Expenses for Inpatients)

Article 130-2 (1) When a specially-insured day laborer receiving specified long-term and hospitalization submits the laborer's qualified recipient card to a hospital or clinic which the laborer selected from those listed in Article 63, paragraph (3), item (i) or (ii) and receives living support along with benefits for medical treatment listed in paragraph (1), item (v) of the same Article from the hospital or clinic, living support expenses for inpatients pertaining to the living support are paid.

- (2) The provisions of Article 129, paragraphs (2), (4) and (5) apply mutatis mutandis to the payment of living support expenses for inpatients.

(Medical Expenses Combined with Treatment Outside Insurance Coverage)

Article 131 (1) When a specially insured day laborer submits the laborer's qualified recipient card and receives evaluation treatment, patient-requested treatment, or selective treatment from a hospital, clinic, or pharmacy that the laborer selected from those listed in Article 63, paragraph (3), item (i) or (ii), medical expenses combined with treatment outside insurance coverage are paid for expenses required for that treatment.

- (2) The provisions of Article 129, paragraphs (2), (4) and (5) apply mutatis mutandis to the payment of medical expenses combined with treatment outside insurance coverage.

(Medical Expenses)

Article 132 (1) When an insurer finds it difficult to pay benefits for medical treatment or expenses for dietary treatment for inpatients, living support expenses for inpatients, or medical expenses combined with treatment outside insurance coverage (hereinafter referred to as a "benefits for medical treatment, etc." in this paragraph) or finds it unavoidable in cases where a specially-insured day laborer has received any medical care, medication or treatment from a hospital, clinic, pharmacy or other person not listed in Article 63, paragraph (3), items (i) and (ii), it may pay medical expenses in lieu of benefits for medical treatment, etc.

- (2) The provisions of the preceding paragraph apply when a specially-insured day laborer receives medical care or medication from a hospital, clinic or pharmacy listed in Article 63, paragraph (3), item (i) or (ii) without the confirmation prescribed in Article 29 and the insurer finds that the lack of confirmation was due to urgent and unavoidable reasons.

(Medical Expenses for Home-Nursing)

- Article 133 (1) When a specially-insured day laborer submits the laborer's qualified recipient card to a designated home-nursing provider selected by the laborer, and receives designated home-nursing from the provider, with regard to expenses incurred in the designated home-nursing, medical expenses for home-nursing are paid.
- (2) The provisions of Article 129, paragraphs (2) and (5) apply *mutatis mutandis* to the payment of medical expenses for home-nursing.

(Transport Expenses)

- Article 134 When a specially-insured day laborer has been transported to a hospital or clinic in order to receive medical treatment (including medical treatment covered by medical expenses combined with treatment outside insurance coverage or by special medical expenses), an amount calculated pursuant to Order of the Ministry of Health, Labour and Welfare referred to in Article 97, paragraph (1) as transport expenses.

(Injury and Sickness Allowance)

- Article 135 (1) When a specially-insured day laborer receives benefits for medical treatment (including benefits in the form of medical expenses combined with treatment outside insurance coverage, medical expenses, and medical expenses for home nursing, as well as in-home long-term care service expenses, special in-home long-term care service expenses, community-based long-term care service expenses, special community-based long-term care service expenses, long-term care facility service expenses, exceptional allowance for long-term care facility services, expenses for services to prevent long-term care, and exceptional allowance for services to prevent long-term care, pursuant to the provisions of the Long-Term Care Insurance Act (limited to those equivalent to medical treatment pertaining to in-home services or equivalent services, community-based services or equivalent services, facility services, or services to prevent long-term care or equivalent services), paid to persons who have a qualified recipient card referred to in Article 129, paragraph (3) (limited to cards falling under the provisions of paragraph (5) of the same Article); the same applies in the following paragraph and following item) and is unable to engage in labor due to the medical treatment (including in-home services and services equivalent thereto, facility services, and long-term care preventive services equivalent to medical care, and services equivalent thereto), the injury and sickness allowance is paid for the period during which the specially-insured day laborer is unable to engage in work, starting from the day on which three days elapsed after the day on which the

laborer became unable to engage in work.

- (2) The amount of sickness and injury allowance per day is an amount prescribed in the following items, in accordance with the classifications in the following items; provided, however, that if both items are applicable, the larger of the amounts is paid:
 - (i) with respect to the relevant specially-insured day laborer, insurance premiums had been paid for 26 days or more in the two months before the month including the day on which the laborer received the relevant benefit for medical treatment for the first time: an amount equivalent to 1/45th of the largest of the monthly total of the laborer's standard daily wages pertaining the days for which insurance premiums were paid in the period; or
 - (ii) with respect to the specially-insured day laborer, insurance premiums had been paid for 78 days or more in the six months before the month including the day on which the laborer received the benefit for medical treatment for the first time: an amount equivalent to 1/45th of the largest of the monthly total of the laborer's standard daily wages pertaining to the days for which insurance premiums were paid in the period.
- (3) The payment period for injury and sickness allowance pertaining to a specially-insured day laborer is not to exceed six months (one year and six months for sickness and injury designated by the Minister of Health, Labour and Welfare) from the day on which the payment started, with regard to the same sickness and injury as well as any sickness and injury caused thereby.
- (4) If a specially-insured day laborer is, with regard to sickness or injury, unable to receive all of the benefits for medical treatment or all of the payment of medical expenses combined with treatment outside insurance coverage, medical expenses, or medical expenses for home nursing pursuant to the provisions of Article 128, or unable to receive all of the payment, pursuant to Article 20 of the Long-Term Care Insurance Act, of expenses for in-home long-term care services, expenses for special in-home long-term care services, expenses for community-based long-term care services, expenses for special community-based long-term care services, expenses for long-term facility care services, expenses for special long-term care facility services, expenses for services to prevent long-term care, or expenses for special services to prevent long-term care pursuant to the provisions of that Act (limited to payment made to those who have a qualified recipient card under Article 129, paragraph (3) (limited to cards falling under paragraph (5) of the same Article); the same applies hereinafter in this paragraph), then benefits for medical treatment or payment for medical expenses combined with treatment outside insurance coverage, medical expenses, or medical expenses for home nursing, and relevant benefits equivalent to payment of expenses for in-home long-term care

services, payment of expenses for special in-home long-term care services, payment of community-based long-term care services, payment of expenses for special community-based long-term care services, payment of long-term care facility service expenses, payment of expenses for special long-term care facility services, payment of expenses for services to prevent long-term care, or payment of expenses for special services to prevent long-term care, pursuant to the provisions of the Long-Term Care Insurance Act, as well as payment of expenses for the relevant medical treatment and other medical treatment are deemed to be benefits for medical treatment or payment of medical expenses combined with treatment outside insurance coverage, medical expenses, or medical expenses for home nursing pursuant to the provisions of this Chapter, or payment of expenses for in-home long-term care services, payment of expenses for special in-home long-term care services, payment of expenses for community-based long-term care services, payment of expenses for special community-based long-term care services, payment of expenses for long-term care services, payment of expenses for special long-term care facility services, payment of expenses for services to prevent long-term care, or payment of expenses for special services to prevent long-term care, pursuant to the provisions of the Long-Term Care Insurance Act, and the provisions of paragraphs (1) and (2) apply.

(Burial Charges)

- Article 136 (1) When a specially-insured day laborer dies, insurance premiums had been paid for the laborer for 26 days or more in total in the two months preceding the month including the day of death or for 78 days or more in total in the six months preceding that month, and the laborer received benefits for medical treatment, or payment of medical expenses combined with treatment outside insurance coverage, medical expenses, or medical expenses for home nursing at the time of death, or the death was within three days since the day of loss of benefits for medical treatment, or payment of medical expenses combined with treatment outside insurance coverage, medical expenses, or medical expenses for home nursing, the amount of burial charges specified by Cabinet Order referred to in Article 100, paragraph (1) is paid to the person whose livelihood depends on the income of the laborer and who arranged the burial.
- (2) If there is no one to receive burial charges pursuant to the provisions of the preceding paragraph, an amount equivalent to the expenses required for the burial within the range of amount of burial charges referred to in the preceding paragraph is paid to the person who arranged the burial.

(Lump-sum Allowance for Childbirth and Childcare)

Article 137 When a specially-insured day laborer gives birth and insurance premiums have been paid for the laborer for 26 days or more in total during the two months preceding the month including the day of childbirth, an amount specified by Cabinet Order referred to in Article 101 is paid as a lump-sum allowance for childbirth and childcare.

(Childbirth Allowance)

Article 138 (1) Childbirth allowance is paid to a specially-insured day laborer eligible for payment of lump-sum allowance for childbirth and childcare in the period during which the laborer does not engage in labor, starting 42 days (98 days in the case of multiple fetuses) preceding the day of childbirth (the scheduled date of childbirth if the day of childbirth is after the scheduled date of childbirth) and ending 56 days following the day of childbirth.

(2) The amount of childbirth allowance per day is an amount equivalent to 1/45th of the largest of the monthly total of the specially-insured laborer's standard daily wages pertaining to the days for which insurance premiums were paid in the four months preceding the month including the day of childbirth.

(Coordination of Childbirth Allowance with Injury and Sickness Allowance)

Article 139 Injury and sickness allowance is not paid to a specially-insured day laborer during the period in which the laborer receives childbirth allowance; provided, however, that if the amount of injury and sickness allowance exceeds the amount of childbirth allowance, this does not apply to the amount in excess.

(Dependent's Medical Expenses)

Article 140 (1) When a dependent of an insured person submits the dependent's qualified recipient card to a hospital, clinic, or pharmacy that the dependent selected from those listed in Article 63, paragraph (3), item (i) or (ii) and receives evaluation treatment, patient-requested treatment, or selective treatment from that hospital, clinic, or pharmacy, dependent's medical expenses are paid to the specially-insured day laborer for the expenses required for the treatment.

(2) The provisions of Article 129, paragraphs (2), (4) and (5) as well as Article 132 apply mutatis mutandis to the payment of dependent's medical expenses.

(3) The provisions of Article 87, paragraphs (2) and (3) apply mutatis mutandis to the calculation of the amount of medical expenses paid pursuant to the provisions of Article 132, paragraph (1) or (2) as applied mutatis mutandis pursuant to the preceding paragraph.

(Dependent Medical's Expenses for Home-Nursing)

Article 141 (1) When a dependent of a specially-insured day laborer submits the

dependent's qualified recipient card to a designated home-nursing provider selected by the dependent, and receives designated home-nursing from the provider, with regard to expenses incurred in the designated home-nursing, dependent's medical expenses for home-nursing are paid to the specially-insured day laborer.

- (2) The provisions of Article 129, paragraphs (2) and (5) apply mutatis mutandis to the payment of dependent's medical expenses for home-nursing.

(Dependent's Transport Expenses)

Article 142 When a dependent of a specially-insured day laborer is transported to a hospital or clinic in order to receive medical treatment to which expenses for dependent's medical treatment pertain (including medical treatment covered by special medical expenses), an amount calculated pursuant to Order of the Ministry of Health, Labour and Welfare referred to in Article 97, paragraph (1) is paid, as dependent's transport expenses, to the specially-insured day laborer.

(Dependent's Burial Charges)

- Article 143 (1) When a dependent of a specially-insured day laborer dies, dependent's burial charges are paid to the specially-insured day laborer.
- (2) In order for a specially-insured day laborer to receive dependent's burial charges, insurance premiums must have been paid for the specially-insured day laborer for 26 days or more in total during the two months preceding the month including the day of death or for 78 days or more in total during the six months preceding that month.
- (3) The amount of dependent's burial charges is an amount specified by Cabinet Order referred to in Article 113.

(Lump-sum Allowance for Dependent's Childbirth and Childcare)

- Article 144 (1) When a dependent of a specially-insured day laborer gives birth to a child, lump-sum allowance for dependent's childbirth and childcare is paid to the specially-insured day laborer.
- (2) In order for a specially-insured day laborer to receive lump-sum allowance for dependent's childbirth and childcare, insurance premiums must have been paid for the specially-insured day laborer for 26 days or more in total in the two months preceding the month including the day of childbirth or for 78 days or more in total in the six months preceding that month.
- (3) The amount of lump-sum allowance for dependent's childbirth and childcare is the amount specified by Cabinet Order referred to in Article 101.

(Special Medical Expenses)

Article 145 (1) If a specially-insured day laborer falls under any of the following items, and three months (two months if the day on which the laborer fell under the item is the first day of the month; the same applies in paragraph (5)) have not elapsed since the first day of the month including the day on which the laborer fell under the item, or the laborer's dependent submitted a special medical expense card for a hospital, clinic or pharmacy that the dependent selected from those listed in Article 63, paragraph (3), item (i) or (ii) and received medical treatment therefrom, or submitted the special medical expense card to a designated home-nursing provider that the dependent selected and received designated home-nursing, special medical expenses required for the medical treatment or designated home-nursing are paid to the specially-insured day laborer; provided, however, that this does not apply if, with respect to the relevant sickness or injury, the specially-insured day laborer is eligible for benefits for medical treatment, for payment of expenses for dietary treatment for inpatients, expenses for living support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, or dependent's medical expenses for home-nursing, or is eligible for payment of expenses for in-home long-term care services, expenses for special in-home long-term care services, expenses for community-based long-term care services, expenses for special community-based long-term care services, expenses for long-term care facility services, allowance for special long-term care facility service expenses, expenses for services to prevent long-term care, or expenses for special services to prevent long-term care pursuant to the provisions of the Long-Term Care Insurance Act:

- (i) the specially-insured day laborer receives a specially-insured day laborer's insurance book for the first time;
- (ii) the relevant specially insured day laborer's insurance book no longer contains blank space for stamps for proof of health insurance in the month in which insurance premiums for 26 days or more have been paid in total in the previous one month or two consecutive months or insurance premiums for 78 days or more have been paid in total in the previous three to six consecutive months, and was returned within the following month pursuant to the provisions of Article 126, paragraph (3), and the specially-insured day laborer then received a new specifically insured day laborer's insurance book;
- or
- (iii) the specially-insured day laborer receives a specially-insured day laborer's insurance book after one year or more has elapsed since the day on which the laborer's previous insurance book ceased to contain blank space for stamps for proof of health insurance or the day on which the laborer's previous insurance book was returned pursuant to the provisions of Article 126,

- paragraph (3) (the most recent specially-insured day laborer's insurance book if two or more insurance books have been issued).
- (2) The amount of special medical expenses is the amount stated in item (i) below for medical treatment provided by a hospital, clinic, or pharmacy listed in Article 63, paragraph (3), item (i) or (ii) (if dietary treatment is included in the treatment, the sum of the amount stated in item (i) below and the amount stated in item (ii); if living support is included in the treatment, the sum of the amount stated in item (i) below and the amount stated in item (iii)), or the amount listed in item (iv) for designated home-nursing provided by a designated home-nursing provider:
- (i) an amount equivalent to 0.70 of the amount of expenses calculated for the medical treatment (excluding dietary treatment and living support) (if the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred);
 - (ii) the amount calculated by deducting the amount of standard co-payment for dietary treatment from the amount calculated for the dietary treatment (when the amount exceeds the amount of expenses actually incurred in the dietary treatment, the amount of expenses actually incurred);
 - (iii) the amount calculated by deducting the amount of standard co-payment for living support from the amount calculated for the living support (when the amount exceeds the amount of expenses actually incurred in the living support, the amount of expenses actually incurred); and
 - (iv) an amount equivalent to 0.70 of the amount of expenses calculated for designated home-nursing.
- (3) When applying the provisions of the preceding paragraph to a person who receives medical treatment or designated home-nursing referred to in paragraph (1) before the first March 31 after the person's 6th birthday, "0.70" in items (i) and (iv) of the same paragraph is replaced with "0.80".
- (4) When applying the provisions of paragraph (2) to a person who receives medical treatment or designated home-nursing referred to in paragraph (1) (excluding insured persons who fall under the cases listed in Article 74, paragraph (1), item (iii) as applied mutatis mutandis to Article 149 and their dependents, and the dependents of insured persons specified by Cabinet Order) after the month following the month which included the person's 70th birthday, "0.70" in paragraph (2), items (i) and (iv) are replaced with "0.80".
- (5) An insurer issued a special medical expense card upon application by a specially-insured day laborer who falls under any of the items of paragraph (1) if three months have not elapsed since the first day of the month in which the laborer acquired the eligibility.
- (6) The provisions of Article 132 apply mutatis mutandis to the payment of special medical expenses.

In this case, the phrases "confirmation prescribed in Article 129, paragraph (3)" and "lack of confirmation" in Article 132, paragraph (2) are deemed to be replaced with "issuance of a special medical expense card" and "lack of issuance".

(7) The provisions of Article 87, paragraphs (2) and (3) apply mutatis mutandis to the calculation of the amount of medical expenses paid pursuant to the provisions of Article 132, paragraph (1) and (2) as applied mutatis mutandis pursuant to the preceding paragraph.

(8) The form and issuance of special medical expense cards and other necessary matters concerning them are specified by Order of the Ministry of Health, Labour and Welfare.

Article 146 Special medical expenses for a specially-insured day laborer who received approval pursuant to the proviso to Article 3, paragraph (2) are not paid from the day on which the laborer becomes no longer a specially-insured day laborer, and special medical expenses for a specially-insured day laborer who returns the relevant specially-insured day laborer's insurance book pursuant to the provisions of Article 126, paragraph (3) are not paid from the day following the day on which that insurance book was returned.

(High-Cost Medical Expenses)

Article 147 When the amount of co-payment made in relation to the payment of benefits for medical treatment or the amount calculated by deducting, from the amount of expenses incurred in medical treatment (excluding dietary treatment and living support), an amount equivalent to the amount paid as medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, dependent's medical expenses for home-nursing, or special medical expenses (in the following paragraph referred to as the "amount of co-payment pertaining to specially-insured day laborer") pertaining to a specially-insured day laborer is extremely large, high-cost medical expenses are paid to the specially-insured day laborer who received benefits for that medical treatment, or the payment of the medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing expenses, dependent's medical expenses, or dependent's medical expenses for home-nursing, or special medical expenses.

(Expenses for High-Cost Medical Treatment Combined with Long-Term Care)

Article 147-2 When the amount of co-payment, etc. pertaining to a specially-insured day laborer (when high-cost medical expenses referred to in the preceding Article are paid, the amount obtained by deducting an amount

equivalent to the amount so paid from the amount of co-payment, etc.) or the sum of the amount to be borne by a user of a long-term care service pursuant to the provisions of Article 51, paragraph (1) of the Long-Term Care Insurance Act (when expenses for high-cost long-term care service referred to in the same paragraph are paid, the amount obtained by deducting the amount so paid from the amount to be borne by the user of long-term care service) and the amount to be borne by a user of a service to prevent long-term care pursuant to the provisions of Article 61, paragraph (1) of the same Act (when expenses for high-cost preventive long-term care service referred to in the same paragraph are paid, the amount obtained by deducting the amount so paid from the amount to be borne by the user of preventive long-term care service) is extremely large, expenses for high-cost medical treatment combined with long-term care are paid to the specially-insured day laborer who received benefits for medical treatment pertaining to the amount of the co-payment, or payment of medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, dependent's medical expenses, dependent's medical expenses for home-nursing, or special medical expenses.

(Receiving Method)

Article 148 A person who intends to receive payment of dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, injury and sickness allowance, burial charges, lump-sum allowance for childbirth and childcare, childbirth allowance, dependent's medical expenses, dependent's medical expenses for home-nursing, dependent's transport expenses, dependent's burial charges, lump-sum allowance for dependent's childbirth and childcare, or special medical expenses pertaining to a specially-insured day laborers must submit an application for the payment with a specially-insured day laborer's insurance book, qualified recipient card, or other documents that prove that the person meets the recipient requirements pursuant to Order of the Ministry of Health, Labour and Welfare.

(Application Mutatis Mutandis)

Article 149 The provisions listed in the left-hand column of the following table apply mutatis mutandis to affairs pertaining to the specially-insured day laborers listed in the right-hand column of the same table.

Articles 56 through 62	Insurance benefits
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Article 63, paragraph (2), Article 64, Article 70, paragraph (1), Article 72, paragraph (1), Article 73, Article 76, paragraphs (3) through (6), Article 78, and Article 84, paragraph (1)	Benefits for medical treatment, as well as payment of Dietary Treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, dependent medical expenses and special medical expenses
Articles 74, 75-1, 75-2, Article 76, paragraphs 1 and 2, as well as Article 84, paragraph (2)	Benefits for Medical Treatment
Article 77	Benefits of Medical Treatment and Payment of Medical Expenses Combined with Treatment Outside Insurance Coverage
Article 85, paragraphs (2) and (4)	Payment of Dietary Treatment Expenses for Inpatients
Article 85, paragraphs (5) and (6)	Payment of dietary treatment expenses for inpatients, living support expenses for inpatients, and medical expenses combined with treatment outside insurance coverage
Article 85, paragraph (8)	Payment of Dietary Treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, dependent medical expenses and special medical expenses
Article 85-2, paragraphs (2) and (4)	Payment of Living Support Expenses for Inpatients
Article 86, paragraphs (2) and (5)	Payment of Medical Expenses Combined with Treatment Outside Insurance Coverage
Article 87, paragraphs (2) and (3)	Payment of medical expenses
Article 88, paragraphs (2), (3), (6) through (11) and (13), Article 90, paragraph (1), Article 91, Article 92, paragraphs (2) and (3), as well as Article 94	payment of medical expenses for home-nursing, dependent medical expenses for home-nursing, and special medical expenses
Article 88, paragraphs (4) and (12)	Payment of Medical Expenses for Home-Nursing
Article 97, paragraph (2)	Payment of transport expenses and dependent transport expenses
Article 103, paragraph (2), Article 108 paragraphs (1) through (3) and (5), as well as Article 109	Payment of injury and sickness allowance and childbirth allowance
Article 110, paragraph (2)	Payment of dependent medical expenses
Article 110, paragraphs (3) through (5) and (8), as well as Article 110-2	Payment of dependent medical expenses and special medical expenses

Article 101, paragraph (2)	Payment of Dependent Medical Expenses for Home-Nursing
Article 115, paragraph (2)	Payment of High-Cost Medical Expenses and Expenses for High-Cost Benefits for Medical Treatment Combined with Long-Term Care
Articles 116 through 121	Specially-insured day laborer or a dependent thereof

Chapter VI Healthcare Services and Welfare Services

Article 150 (1) An insurer must provide specified health checks pursuant to the provisions of Article 20 of the Act on Assurance of Medical Care for Elderly People and specified health guidance pursuant to the provisions of Article 24 of the same Act (referred to as "specified health checks" hereinafter in this paragraph and Article 154-2), and must endeavor to provide services other than specified health checks, such as health education, health consulting, and health checks, as well as health management and disease prevention to support the self-help efforts of insured persons and their dependents (hereinafter referred to as "insured persons, etc." in this Article), and other necessary services for the maintenance and promotion of insured persons' health.

(2) In providing the services referred to in the preceding paragraph, an insurer is to make use of the information referred to in Article 16, paragraph (2) of the Act on Assurance of Medical Care for Elderly People for the appropriate and effective provision of the services.

(3) An insurers may provide services such as the loaning of funds or equipment necessary for medical treatment for insured persons, etc. and funds necessary for improving medical treatment and the medical care environment for insured persons, etc. and childbirth for insured persons, etc. or other services for promoting the welfare of insured persons.

(4) An insurer may allow persons other than insured persons, etc. to use the services referred to in paragraph (1) and the preceding paragraph, only if the services will not be impeded.

In this case, the insurer may request a user of these services to pay a fee pursuant to Order of the Ministry of Health, Labour, and Welfare.

(5) The Minister of Health, Labour, and Welfare may order a health insurance society to provide the services referred to in paragraph (1) or (3) pursuant to Order of the Ministry of Health, Labour, and Welfare.

(6) The Minister of Health, Labour and Welfare is to publish guidelines, and provide information and other support services regarding services that

insurers provide pursuant to the provisions of paragraph (1) that are necessary for maintaining and promoting insured persons' health, in order for those services to be provided appropriately and effectively.

(7) The guidelines referred to in the preceding paragraph must be in harmony with health check guidelines prescribed by Article 9, paragraph (1) of the Health Promotion Act (Act No. 103 of 2002).

Chapter VII Sharing of Costs

(Share of National Treasury)

Article 151 The national treasury bears the expenses required for the exercise of affairs concerning health insurance services each fiscal year (including affairs concerning payments by the young-old, aid for the old-old, and contributions pursuant to the provisions of Article 173, as well as long-term care payments), within the scope of the budget.

Article 152 (1) The share of the national treasury delivered to a health insurance society is calculated by the Minister of Health, Labour and Welfare based on the number of insured persons in that health insurance society.

(2) The share of the national treasury referred to in the preceding paragraph may be paid based on an estimation.

(Government Subsidy)

Article 153 (1) Beyond the expenses prescribed in Article 151, the national treasury assists JHIA by providing the amount obtained by multiplying the sum of the following amounts (if there are any young-old subsidies pursuant to the provisions of the Act on Assurance of Medical Care for Elderly People (hereinafter referred to as "young-old subsidies"), the amount obtained after deducting the amount calculated by multiplying the amount of those young-old subsidies by the benefit expense ratio from the total sum) pertaining to insured persons, from among the expenses required for health insurance business administered by JHIA, by a rate specified by Cabinet Order within a range from 0.13 to 0.20: benefits for medical treatment (an amount equivalent to the amount of co-payment is to be deducted); the amount of expenses required for payment of dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, injury and sickness allowance, childbirth allowance, dependent's medical expenses, dependent's medical expenses for home-nursing, dependent's transport expenses, high-cost medical expenses, and expenses for high-cost medical treatment combined with long-term care; and the amount of expenses

required for young-old payments pursuant to the provisions of the same Act (hereinafter referred to as "young-old payments") multiplied by the benefit expense ratio (meaning the ratio of the amount listed in Article 34, paragraph (1), item (i) of the same Act to the sum of the amounts listed in items (i) and (ii) of the same paragraph; the same applies hereinafter in this and the following Articles).

- (2) Beyond the expenses prescribed in Article 151 and the preceding paragraph, the national treasury assists JHIA by providing the amount obtained by multiplying the amount of expenses required for long-term care payments to be contributed by JHIA (excluding those pertaining to specially-insured day laborers) by the rate specified by Cabinet Order referred to in the same paragraph.

Article 154 (1) Beyond the expenses prescribed in Article 151 and the preceding Article, the national treasury assists JHIA every fiscal year by providing the amount obtained by multiplying the sum of the following amounts (if there are any young-old subsidies, the amount obtained after deducting the amount calculated by multiplying the amount of those young old subsidies by the benefit expense ratio from the total sum) pertaining to specially-insured day laborers, from among the expenses required for health insurance business, by the ratio obtained by dividing the total number of payment days of insurance premiums paid relating to specially-insured day laborers in the relevant fiscal year from employers other than those who have established a health insurance association (including insurers of national health insurance who provide national health insurance for persons approved under Article 3, paragraph (1), item (viii); the same applies in Article 171, paragraphs (2) and (3)) by the total number of payment days of insurance premiums paid relating to specially-insured day laborers in the fiscal year, and then multiplying the resulting amount by the rate specified by Cabinet Order prescribed in paragraph (1) of the preceding Article: benefits for medical treatment (an amount equivalent to the amount of co-payment is to be deducted); expenses required for payment of dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, injury and sickness allowance, childbirth allowance, dependent's medical expenses, dependent's medical expenses for home-nursing, dependent's transport expenses, special medical expenses, high-cost medical expenses, and expenses for high-cost medical treatment combined with long-term care; and the amount of expenses required for young-old payments multiplied by the benefit expense ratio.

- (2) Beyond the expenses prescribed in Article 151, the preceding Article, and the

preceding paragraph, the national treasury assists JHIA by providing the amount obtained by multiplying the amount of expenses required for payment of long-term care payments to be contributed by JHIA pertaining to specially-insured day laborers by the rate prescribed in the preceding paragraph, and then multiplying the result by the rate specified by Cabinet Order prescribed in paragraph (1) of the preceding Article.

Article 154-2 Beyond the expenses prescribed in Article 151 and the preceding two Articles, the national treasury may assist by providing a portion of the expenses required for the provision of specific health checkups from among the expenses required for the execution of health insurance businesses, within the scope of the budget.

(Insurance Premiums)

Article 155 (1) An insurer collects insurance premiums to be allocated for the expenses required for health insurance services (including the expenses required for young-old payments, aid for the old-old, and long-term care payments, as well as expenses required for the payment of contributions pursuant to the provisions of Article 173 in the case of a health insurance society).

(2) Notwithstanding the provisions of the preceding paragraph, insurance premiums related to insured persons with optional and continued coverage administered by JHIA are collected by JHIA.

(Delivery of Insurance Premiums)

Article 155-2 The Government, as specified by Cabinet Order, delivers the amount obtained by deducting an amount equivalent to the expenses required for the execution of affairs concerning health insurance services administered by the Minister of Health, Labor and Welfare (excluding the amount of the national treasury benefits pertaining to expenses pursuant to the provisions of Article 151) from the sum of the amount of insurance premiums collected by the Minister of Health, Labor and Welfare, other amounts collected pursuant to this Act, and an amount equivalent to the payments pursuant to the provisions of the Act on Payment of Government Charges with Revenue Stamps (Act No. 142 of 1948) to JHIA in order to allocate that amount for expenses required for health insurance services provided by JHIA.

(Insured Person's Amount of Insurance Premiums)

Article 156 (1) The amount of insurance premium relating to an insured person is the amount per month prescribed respectively in the following items in accordance with the classification of persons listed in the items:

- (i) a person who is an insured person prescribed in Article 9, item (ii) of the Long-Term Care Insurance Act (hereinafter referred to as an "item (ii) insured person"): the sum of the amount of general insurance premium (meaning the amount obtained by multiplying the standard monthly remuneration amount and standard bonus amount of each insured person by the general insurance rate (the combined rate of the basic insurance rate and the specified insurance rate); hereinafter the same applies) and long-term care insurance premium (meaning the amount obtained by multiplying the standard monthly remuneration amount and standard bonus amount by the long-term care insurance rate; hereinafter the same applies); or
 - (ii) an insured person other than an item (ii) insured person: the amount of general insurance premiums.
- (2) Notwithstanding the provisions of the items of the preceding paragraph, when an item (ii) insured person becomes no longer an item (ii) insured person, the amount of insurance premium for that month is the amount of general insurance premium; provided, however, that this does not apply if the person becomes eligible to be an item (ii) insured person again within the same month or in cases specified by Cabinet Order.
- (3) Notwithstanding the provisions of the preceding two paragraphs, when a person who continues to be insured from the previous month loses the eligibility, the insurance premium for the month is not included in the calculation of premium amount.

(Insurance Premiums of Insured Persons with Optional and Continued Coverage)

- Article 157 (1) Insurance premiums related to an insured person with optional and continued coverage are calculated starting from the month in which the person became an insured person with optional and continued coverage.
- (2) In the case of the preceding paragraph, the method for calculating monthly insurance premiums is governed by the preceding Article.

(Special Provisions for Insurance Premium Collection)

Article 158 If a person who has continued to be an insured person from the preceding month (excluding an insured person with optional and continued coverage; hereinafter the same applies to the following Article and Article 159-3) or who becomes eligible to be an insured person falls under any of the items in Article 108, paragraph (1), insurance premiums are not be collected from the month in which the person first falls under the item until the month preceding the month in which the person no longer falls under any of the items of the same paragraph; however, this does not apply if the insured person falls under any of the items of the same paragraph and then no longer falls under any of

those items in the same month.

Article 159 When the employer of an insured person who is taking childcare leave (excluding insured persons to whom the provisions of Article 159-3 apply) makes a request to an insurer as specified by Order of the Ministry of Health, Labour and Welfare, insurance premiums relating to the insured person are not collected during the period from the month including the date on which the childcare leave begins until the month preceding the month including the day after the last day of the childcare leave.

Article 159-2 When the Minister of Health, Labour and Welfare, collects insurance premiums and the employer of an applicable place of business pays insurance premiums, insurance premiums prescribed in Article 81 of the Employee's Pension Insurance Act (hereinafter referred to as "welfare pension insurance premiums") and part of contributions prescribed in Article 69 of the Child and Childcare Support Act (Act No. 65 of 2012) (hereinafter referred to as "child and childcare contributions"), it is deemed that an amount of insurance premiums equivalent to an amount proportional to the amount of insurance premiums, welfare pension insurance premiums, and child and childcare contributions to be paid by the employer are paid.

Article 159-3 When the employer of an insured person who is taking maternity leave applies to an insurer as specified by Order of the Ministry of Health, Labour and Welfare, no insurance premiums relating to the insured person are collected during the period from the month including the date on which the maternity leave begins until the month preceding the month including the day after the last day of the maternity leave.

(Insurance Premium Rate)

Article 160 (1) The general insurance premium rate for insured persons covered by health insurance administered by JHIA is to be determined in the range from 0.03 to 0.13 by JHIA on the basis of a single branch-insured person (meaning insured persons employed at a place of business located in the same prefecture as the relevant branch office and insured persons with optional and continued coverage with a domicile or residence in the prefecture; the same applies hereinafter).

(2) The general insurance rate determined on the basis of a single branch-insured person pursuant to the provisions of the preceding paragraph (hereinafter referred to as "insurance premium rate for each prefecture") applies to the relevant branch-insured persons.

(3) The insurance premium rate for each prefecture is calculated on the basis of a

single branch-insured person in light of the amounts listed below in order to be able to maintain the fiscal balance of revenue and expenses as specified by Cabinet Order:

- (i) benefits for medical treatment listed in Article 52, item (i) and other insurance benefits specified by Order of the Ministry of Health, Labour and Welfare (referred to as "benefits for medical treatment" hereinafter in this and the following paragraphs) that are expected to be obtained by adjusting, based on the provisions of the following paragraph, the amount of expenses required for matters pertaining to the relevant branch-insured persons (excluding the amount of national subsidies pursuant to the provisions of Article 153, paragraph (1) with respect to benefits for medical treatment pertaining to branch-insured persons);
 - (ii) the amount obtained by multiplying the estimated amount of expenses required for insurance benefits (excluding benefits for medical treatment pertaining to branch insured persons), young-old payments, and aid for the old-old (excluding the amount of national subsidies pursuant to the provisions of Articles 153 and 154 (excluding the amount of national subsidies referred to in the preceding item) as well as the amount of allowance pursuant to the provisions of Article 173) by the total remuneration proportion ratio (the ratio obtained by dividing the total amount of the total remuneration of branch-insured persons in the relevant prefecture (meaning the total sum of the standard monthly remuneration amount and standard bonus amount; the same applies hereinafter) by the sum of total remuneration amounts for insured persons covered by health insurance administered by JHIA);
 - (iii) the amount of expenses required for healthcare and welfare business (excluding the amount of national subsidies pursuant to the provisions of Article 154-2) as well as expenses required for the execution of affairs concerning health insurance business and the estimated amount of reserve funds pursuant to the provisions of the following Article (excluding the amount of national treasury benefits pursuant to the provisions of Article 151) as determined by JHIA as the amount to be shared among branch insured persons.
- (4) JHIA is to adjust finances for health insurance on the basis of a single branch-insured person as specified by Cabinet Order in order to correct any imbalances in the share of the amount of expenses required for benefits for medical treatment, etc., caused by differences in distribution status by age group of branch-insured persons and their dependents and in distribution status by age of insured persons and their dependents administered by JHIA or any imbalances in financial capability caused by differences in the average amount of total remuneration of branch-insured persons and their dependents

and the average amount of total remuneration of insured persons and their dependents administered by JHIA.

- (5) JHIA is to create and publicize the scope of revenues and expenditures of health insurance services, including the estimated number of insured persons and total remuneration for health insurance administered by JHIA, the amount of expenses required for insurance benefits, and the amount of insurance premiums (including the level of insurance premium rate that would enable the fiscal balance of revenue and expenses in each business year to be maintained) every two years for a five-year period starting from the following business year.
- (6) When JHIA intends to alter the insurance premium rate for a prefecture, the president must in advance hear the opinion of the chief of the branch office located in that prefecture and then undergo discussion at the management board.
- (7) Other than when being asked for an opinion referred to in the preceding paragraph, when the chief of a branch office finds it necessary to change the insurance premium rate for a prefecture, the chief is to hear the opinion of the council established at the branch, and then offer an opinion about the insurance premium rate for the prefecture to the president of the JHIA.
- (8) When JHIA intends to make a change to the insurance premium rate for a prefecture, the president of JHIA must obtain authorization for the change from the Minister of Health, Labour and Welfare.
- (9) The Minister of Health, Labour, and Welfare gives the authorization referred to in the preceding paragraph, the Minister must make publicize that fact without delay.
- (10) When the Minister of Health, Labour and Welfare finds that the insurance premium rate for a prefecture is inappropriate from the viewpoint of balancing the revenue and expenditure of health insurance services or finds that there is a hindrance to the sound operation of health insurance business administered by JHIA, the Minister may order JHIA to apply for authorization to change the insurance premium rate for the prefecture within a specified reasonable period.
- (11) If JHIA does not apply as referred to in the preceding paragraph during the period referred to in the same paragraph, the Minister of Health, Labour and Welfare may change the insurance premium rate for the prefecture by undergoing discussion at the Social Security Council.
- (12) The provisions of paragraph (9) apply mutatis mutandis to changes in insurance premium rate for a prefecture made pursuant to the provisions of the preceding paragraph.
- (13) The provisions of paragraphs (1) and (8) apply mutatis mutandis to the general insurance premium rate for health insurance administered by a health insurance society.

In this case, the phrase "is determined in the range from 0.03 through 0.13 by JHIA on the basis of a single branch-insured person (meaning insured persons employed at a place of business located in the same prefecture as the relevant branch office and insured persons with optional and continued coverage with a domicile or residence in the prefecture; the same applies hereinafter)" in paragraph (1) is replaced with "is determined in the range from 0.03 through 0.13", "insurance premium rate for a prefecture" in paragraph (8) with "general insurance premium rate for health insurance administered by a health insurance society".

- (14) The insurer specifies the specific insurance rate based on the rate obtained by dividing the sum of the amounts of aid for the old-old (in the case of health insurance and insurance for specially-insured day laborers administered by JHIA, the amount remaining after deducting the amount of national subsidies pursuant to the provisions of Articles 153 and 154; if there are any young-old subsidies to be paid by the insurer each fiscal year, the amount remaining after deducting them) and of young-old payments by the estimated total amount of remuneration for insured persons administered by the insurer in the relevant fiscal year.
- (15) The insurer specifies a basic insurance rate based on the rate obtained by deducting the specific insurance rate from the general insurance rate.
- (16) The insurer determines a long-term care insurance rate based on the rate obtained by dividing the amount of long-term care payments to be paid by the insurer each fiscal year (excluding those pertaining to specially-insured day laborers) (in the case of health insurance administered by JHIA, the amount remaining after deducting the amount of national subsidies pursuant to the provisions of Articles 153, paragraph (2)) by the estimated total amount of remuneration for item (ii) insured persons administered by the insurer in the relevant fiscal year.
- (17) When JHIA specifies a basic insurance rate or specific insurance rate pursuant to the provisions of Articles 14 and 15, or a long-term care insurance rate pursuant to the provisions of the preceding paragraph, it must notify the Minister of Health, Labour and Welfare to that effect without delay.

(Reserves)

Article 160-2 An insurer must fund reserves to be spent for expenses for health insurance services at the end of each business year as specified by Cabinet Order.

(Share and Payment Obligation for Insurance Premiums)

Article 161 (1) Insured persons and their employers each bear half of the amount of insurance premiums; however, insured persons with optional and continued

coverage bear the entire amount.

- (2) An employer is obliged to pay the insurance premiums shared between itself and the insured persons it employs.
- (3) An insured person with optional and continued coverage is obliged to pay the insurance premiums the person shares.
- (4) The amount of insurance premiums to be borne by each employer and the payment obligation for insurance premiums when an insured person is employed at two or more places of business at the same time are specified by Cabinet Order.

(Special Provisions for Rate of Insurance Premiums Shared by Health Insurance Societies)

Article 162 Notwithstanding the provisions of paragraph (1) of the preceding Article, a health insurance society may increase the percentage of the shared amount of general insurance premiums or burden of long-term care insurance premiums to be borne by an employer, as prescribed in the society's constitution.

Article 163 Deleted

(Payment of Insurance Premiums)

Article 164 (1) Monthly insurance premiums related to insured persons must be paid by the last day of the following month; provided however, that insurance premiums relating to insured persons with optional and continued coverage must be made by the 10th day of the following (a day specified by the insurer for the first payment of an insurance premium).

- (2) When an insurer (meaning JHIA if the relevant insured person has optional and continued coverage under the health insurance program administered by JHIA; a health insurance society if the relevant insured person is covered by a health insurance program administered by a health insurance society; or otherwise, the Minister of Health, Labour and Welfare; the same applies in the following paragraph) finds that the notified amount of insurance premium exceeds the amount to be paid for the insurance premium after the notice of insurance premium payment concerning an insured person is given, or that an insured person has paid an amount of insurance premium that exceeds the amount to be paid for the insurance premium, the notice of payment or the payment of the excessive amount may be deemed as prepayment for the insurance premium to be paid before the due date within six months after the day of the notice or payment.
- (3) When a notice of payment or payment of an excessive amount may be deemed as prepayment, the insurer must notify the person obliged to pay to that effect.

(Prepaid Insurance Premiums for Insured Persons with Optional and Continued Coverage)

- Article 165 (1) An insured person with optional and conditional coverage may prepay insurance premiums for a certain period.
- (2) The amount of tax to be prepaid in the case of the preceding paragraph is the amount of monthly insurance premiums for the period after deducting the amount specified by Cabinet Order.
- (3) With respect to insurance premiums prepaid pursuant to the provisions of paragraph (1), the insurance premium for each month is deemed to have been paid on the first day of each month in the period pertaining to the prepayment.
- (4) Beyond what is provided for in the preceding three paragraphs, the procedure for prepaying insurance premiums, contribution refunds, and other necessary matters relating to prepaid insurance premiums are specified by Cabinet Order.

(Payment by Account Transfer)

Article 166 When the Minister of Health, Labour and Welfare receives a request, from a person obliged to pay, for deposits or savings be deposited and for the payment of insurance premiums with the money paid out to be delegated to a financial institution with which the related deposit or savings account is held, the Minister may approve the request only when the payment is ensured and the approval is found to be advantageous for the collection of insurance premiums.

(Deduction at Source of Insurance Premiums)

- Article 167 (1) When paying remuneration to an insured person in currency, an employer may deduct the insurance premium pertaining to the standard monthly remuneration amount to be borne by the insured person for the preceding month (insurance premiums pertaining to the standard monthly remuneration amount for the preceding month and the current month if the insured person is no longer employed at the place of business) from the remuneration.
- (2) When paying a bonus to an insured person in currency, an employer may deduct an amount equivalent to the insurance premium pertaining to the standard bonus to be borne by the insured person from the bonus.
- (3) In case of an insurance deduction pursuant to the provisions of the preceding two paragraphs, the employer must prepare financial statements on insurance premium deduction and notify the insured person of the amount of the deduction.

(Amount of Insurance Premium for Specially-Insured Day Laborers)

Article 168 (1) The amount of insurance premium per day relating to a specially-insured day laborer is the sum of the amounts listed below:

(i) the amount calculated as specified by Cabinet Order based on the sum of the amounts listed below according to the specially-insured day laborer's standard daily wage grade:

(a) the amount obtained by multiplying the standard daily wage amount by the combined rate of the average insurance rate (meaning the rate obtained by multiplying the insurance premium rate for the relevant prefecture by the sum of total remuneration amounts for branch-insured persons and then dividing the result by the sum of total remuneration amounts for insured persons covered by health insurance administered by JHIA; the same applies hereinafter) and the long-term care insurance rate (in the case of specially-insured day laborers who are not item (ii) insured persons, the amount obtained by multiplying the standard daily wage amount by the average insurance rate); and

(b) the amount obtained by multiplying the amount listed in (a) by 0.31; and

(ii) the amount obtained by multiplying the amount of bonus (the amount is to be rounded down to the nearest 1,000 yen; if the amount exceeds 400,000 yen (an amount specified by Cabinet Order if the grades of the standard daily wages have been altered pursuant to the provisions of Article 124, paragraph (2); the same applies hereinafter in this item) the amount is to be 400,000 yen) by the combined rate of the average insurance rate and the long-term care insurance rate (by the average insurance rate in the case of specially-insured day laborers who are not item (ii) insured persons);

(2) The provisions of Article 43, paragraph (3) apply mutatis mutandis to the establishment or amendment of Cabinet Order referred to in item (ii) of the preceding paragraph, the provisions of Article 48 apply mutatis mutandis to particulars relating to the amount of bonus for specially-insured day laborers, and the provisions of Article 125, paragraph (2) apply mutatis mutandis to the calculation of the amount of bonus in cases where all or part the bonus is to be paid by means other than currency.

(Share and Payment Obligation for Insurance Premiums Pertaining to Specially-Insured Day Laborers)

Article 169 (1) A specially-insured day laborer bears the sum of the amount calculated as specified by Cabinet Order as an amount equivalent to half the amount referred to in paragraph (1), item (i), sub-item (a) of the preceding Article and an amount which is half the amount referred to in item (ii) of the same paragraph, and an employer of specially-insured day laborers bears the sum of the calculated amount, the amount calculated as prescribed by Cabinet Order as an amount equivalent to half the amount referred to in paragraph (1),

item (i), (b) of the preceding Article and an amount which is half the amount referred to in item (ii) of the same paragraph;

- (2) An employer (if the specially-insured day laborer is employed at two or more places of business on the same day, the first employer employing the laborer; the same applies in paragraphs (4) through (6) of this Article, paragraphs (1) and (2) of the following Article, and Article 171) is obliged to pay insurance premiums to be borne by the employer and a specially-insured day laborer for each day on which the laborer is employed.
- (3) The payment of insurance premiums pursuant to the provisions of the preceding paragraph must be made by affixing a health insurance stamp to the specially insured day laborer's insurance book submitted by a specially-insured day laborer pursuant to the provisions of Article 44 of the Employment Insurance Act and apply a cancelation mark thereto.
- (4) A specially-insured day laborer who possesses a specially insured day laborer's insurance book must submit it to the employer every day of the laborer's employment at the applicable place of business.
- (5) An employer must request a specially-insured day laborer to submit the specially insured day laborer's insurance book that the laborer possesses every day of the laborer's employment.
- (6) When an insurance premium is paid pursuant to the provisions of paragraph (2), an employer may deduct an amount equivalent to the insurance premium to be borne by the specially-insured day laborer from the laborer's wages.
In this case, the employer must notify the specially-insured day laborer to that effect.
- (7) An employer is obliged to pay insurance premiums pertaining to the amount of bonus for a day to be borne by a specially-insured day laborer and the employer by the last day of the month following the month which includes the date on which the bonus is paid to the laborer.
- (8) The provisions of Article 164, paragraphs (2) and (3), and Article 166 apply mutatis mutandis to payment of insurance premiums pursuant to the provisions of the preceding paragraph, and the provisions of Article 167, paragraphs (2) and (3) apply to payment of a bonus to a specially-insured day laborer in currency.

(Notification of the Amount of Insurance Premiums Pertaining to Standard Daily Wages of Specially-Insured Day Laborers)

Article 170 (1) If an employer fails to pay insurance premiums pursuant to the provisions of paragraph (2) of the preceding Article, the Minister of Health, Labour and Welfare determines the amount of insurance premiums to be paid by the employer based on the Minister's investigation and notifies the employer of the amount.

- (2) If an employer fails to pay insurance premiums pursuant to the provisions of paragraph (2) of the preceding paragraph despite no justifiable grounds being found, the Minister of Health, Labour and Welfare collects penalty fees, as specified by Order of the Ministry of Health, Labour and Welfare, in an amount equal to one-quarter of the amount of the insurance premiums determined pursuant to the provisions of the preceding paragraph; however, this does not apply if the settled amount of insurance premium is less than 1,000 yen.
- (3) In calculations of the penalty fees, the amount of determined insurance premium is to be rounded down to the nearest 1,000 yen.
- (4) The penalty fees prescribed in paragraph (2) must be paid to the Minister of Health, Labour and Welfare within 14 days from the day on which they were determined.

(Report of Receipts and Payments of Health Insurance Stamps)

Article 171 (1) Employers must keep record books for each of their places of business relating to the receipt and payment of health insurance stamps and payment of insurance premiums to which the notification prescribed in paragraph (1) of the preceding Article pertains (referred to as "receipts and payments" hereinafter in this Article), state the status of all receipts and payments on each occasion of receipts and payments, and report the status to the Minister of Health, Labor and Welfare by the last day of the following month.

- (2) In the case of the preceding paragraph, an employer who has established a health insurance society must make a report referred to in the preceding paragraph to the health insurance society as well.
- (3) Each fiscal year, the health insurance society which received a report pursuant to the provisions of the preceding paragraph must report on the previous fiscal year's payments and receipts of the employer who established the health insurance society to the Minister of Health, Labour and Welfare, as specified by Order of the Ministry of Health, Labour and Welfare.

(Advance Collection of Insurance Premiums)

Article 172 Even before the due date, all insurance premiums may be collected in the following cases:

- (i) a person obliged to pay falls under any of the following:
 - (a) the person receives a disposition of delinquency due to delinquency in payment of national tax, local tax, or other public charges;
 - (b) compulsory execution is implemented;
 - (c) notice of a decision to commence bankruptcy proceedings has been given;
 - (d) the exercise of an enterprise mortgage has begun;
 - (e) an auction has begun;

- (ii) a corporation obliged to pay is dissolved; or
- (iii) the office at which an insured person is employed is abolished.

(Collection and Payment Obligation of Day Laborer Contributions)

Article 173 (1) Beyond collecting insurance premiums pursuant to the provisions of Article 155 to allocate for expenses required for health insurance services pertaining to specially-insured day laborers (including young-old payments, aid for the old-old, and long-term care payments; the same applies in Article 175), the Minister of Health, Labour and Welfare collects contributions from health insurance societies established by employers of specially-insured day laborers (hereinafter referred to as "day laborer health societies") every fiscal year.

(2) A day laborer health society is obliged to pay the contributions prescribed in the preceding paragraph (hereinafter referred to as "day laborer contributions").

(Amounts of Day Laborer Contributions)

Article 174 The amount of day laborer contributions collected from a day laborer health society pursuant to the provisions of the preceding paragraph is the estimated amount of day laborer contributions for the relevant fiscal year; provided, however, that when the amount of estimated day laborer contributions for the preceding fiscal year exceeds the fixed amount of day laborer contributions in that fiscal year, the amount is the amount obtained by deducting the amount of excess from the amount of estimated day laborer contributions for that year, and when the amount of estimated day laborer contributions for the preceding fiscal year is less than the fixed amount of day laborer contributions in that fiscal year, the amount is the amount obtained by adding that amount of deficit to the amount of estimated day laborer contributions for that year.

(Estimated Day Laborer Contributions)

Article 175 The estimated amount of day laborer contributions referred to in the preceding Article is the amount obtained by multiplying the amount calculated as specified by Order of the Ministry of Health, Labour and Welfare as the amount obtained by deducting an amount equivalent to insurance premiums relating to specially-insured day laborers in the relevant fiscal year from the prospective amount of expenses required for health insurance services in that fiscal year pertaining to specially-insured day laborers by the rate obtained by dividing the total number of days of payment of insurance premiums relating to specially-insured day laborers paid by the employer who established the day laborer health society in the previous fiscal year by the total number of days of payment of insurance premiums relating to specially-insured day laborers in

that fiscal year.

(Fixed Day Laborer Contributions)

Article 176 The amount of fixed day laborer contributions referred to in Article 174 is the amount obtained by multiplying the amount calculated as specified by Order of the Ministry of Health, Labour and Welfare as the amount obtained by deducting an amount equivalent to insurance premiums relating to specially-insured day laborers in the previous fiscal year from the amount of expenses (including expenses required for payment of young-old payments, aid for the old-old, and long-term care payments) required for health insurance services in that fiscal year pertaining to specially-insured day laborers by the rate obtained by dividing the total number of days of payment of insurance premiums relating to specially-insured day laborers paid in the previous fiscal year by the employer who established the day labor related society by the total number of days of payment of insurance premiums relating to specially-insured day laborers in that year.

(Special Provisions for Calculation of Amount of Day Laborer Contributions)

Article 177 Regarding special provisions on the calculation of the amount of day laborer contributions pertaining to a day laborer health society that is incorporated by merger or split, remains after a merger or split, or succeeds to the rights and obligations of a dissolved day laborer health society, the special provisions on the calculation of the amount of young-old subsidies and young-old payments prescribed in Article 41 of the Act on Assurance of Medical Care for Elderly People apply.

(Delegation to Cabinet Order)

Article 178 Beyond the provisions from Article 73 through the preceding Article, determination of the amount of day laborer contributions, payment methods, due dates, grace periods, and other necessary matters concerning payment of day laborer contributions are specified by Cabinet Order.

(Application to Insurers Providing National Health Insurance)

Article 179 An insurer providing national health insurance that has been approved pursuant to Article 3, paragraph (1), item (viii) is deemed to be a health insurance society, and the provisions from Article 73 through the preceding Article apply.

(Demand for Payment of Insurance Premiums and Disposition of Delinquency)

Article 180 (1) If there is a person who is delinquent in payment of insurance premiums or any other money to be collected by the due date pursuant to the

provisions of this Act (hereinafter referred to as "insurance premiums, etc." except in Article 204-2, paragraph (1) and Article 204-6, paragraph (1)) (hereinafter referred to as "person delinquent in payment"), the insurer (meaning JHIA if the person is an insured person with optional and continued coverage under the health insurance program administered by JHIA, if the person is an insured person under the health insurance program administered by JHIA or is a specially-insured day laborer who must pay the money to be collected, pursuant to the provisions of Article 58, Article 74, paragraph (2), and Article 109, paragraph (2) (including cases where these provisions are applied mutatis mutandis to Article 149), or if JHIA succeeded to the rights of a health insurance society that is extinct due to dissolution, pursuant to the provisions of Article 26, paragraph (4) and there are uncollected insurance premiums, etc. of the health insurance society, and a health insurance society if the insured person is under the health insurance program administered by the health insurance society, or otherwise, the Minister of Health, Labour and Welfare; the same applies hereinafter in this and the following Articles) must demand payment thereof and designate a due date; provided, however, that this does not apply when the insurance premiums are collected pursuant to the provisions of Article 172.

- (2) When intending to make a demand pursuant to the provisions of the preceding paragraph, the insurer issues a written demand to the person obliged to pay.
- (3) The time limit specified in the written demand referred to in the preceding paragraph must be a day after the lapse of 10 days or more from the day on which the written demand is issued; provided, however, that this does not apply if any of the items in Article 172 is applicable.
- (4) If a person obliged to pay falls under any of the following items, the insurer may effect a disposition as governed by the same rules as the disposition of national tax delinquency, or may request the municipality (including special wards, and a ward or administratively consolidated ward of a city designated under Article 252-19, paragraph (1) of the Local Autonomy Act (Act No. 67 of 1947); the same applies in paragraph (6)) in which the person liable for payment is domiciled or in which the person's assets are located to effect the disposition against the person.
 - (i) the person who is demanded to pay insurance premiums, etc. pursuant to the provisions of paragraph (1) does not pay the insurance premiums, etc. demanded by the specified due date; or
 - (ii) the person who received a notice about payment of insurance premiums before the due date due to falling under any of the items of Article 172 fails to pay an insurance premium by the due date.
- (5) When JHIA or a health insurance society effects a disposition governed by the

same rules as the disposition of national tax delinquency pursuant to the provisions of the preceding paragraph, authorized for the disposition must be obtained from the Minister of Health, Labour and Welfare.

- (6) When receiving a demand to effect a disposition pursuant to the provisions of paragraph (4), a municipality may do so as governed by the same rules as municipal tax.

In this case, the insurer must deliver an amount equivalent to 0.04% of the money to be collected to the municipality.

(Delinquent Charges)

Article 181 (1) When payment is demanded pursuant to the provisions of paragraph (1) of the preceding Article, the insurer collects delinquent charges that are calculated by multiplying the money to be collected by 14.6% per year (if the demand pertains to insurance premiums, 7.3% per year for the period from the day following the due date to the day when three months have elapsed) in accordance with the number of days from the date following the due date of the payment until the date of full payment or the date prior to the date of attachment of property; provided, however, this does not apply in the case of any of the following items or when unavoidable reasons for the delinquency are found:

- (i) the amount of money to be collected is less than 1,000 yen;
- (ii) the money is collected before the due date; or
- (iii) the demand was made through service by publication since the domicile or residence of the person obliged to pay is located outside Japan or both the domicile and residence are unknown.

(2) In case of the preceding paragraph, when a portion of the amount to be collected is paid, the amount to be collected that is the principal amount for the calculation of the delinquent charges pertaining to the period after the date of the payment is the amount remaining after deducting the amount of the payment from the amount to be collected.

(3) In calculating the delinquent charges, the amount of the money collected is to be rounded down to the nearest 1,000 yen.

(4) No delinquent charges are collected when the money to be collected is paid in full by the due date specified in the demand note, or when the amount calculated pursuant to the provisions of the preceding three paragraphs is less than 100 yen.

(5) The amount of delinquent charges is to be rounded down to the nearest 100 yen.

(Public Relations and Recommendation of Payment of Insurance Premiums by JHIA)

Article 181-2 In order to facilitate smooth operation of the health insurance business that JHIA administers, JHIA is to conduct public relations on the significance and content of the business, while appropriately cooperating with the Minister of Health, Labour and Welfare in recommending the payment of insurance premiums and in conducting other affairs pertaining to the collection of insurance premiums.

(Insurance Premium Collection by JHIA)

Article 181-3 (1) When discussing with JHIA and finding it necessary for the effective collection of insurance premiums, the Minister of Health, Labour and Welfare may provide information to JHIA on persons delinquent in payment of insurance premiums and other necessary information, and have JHIA collect insurance premiums pertaining to those persons.

(2) When the Minister of Health, Labour and Welfare decides to have JHIA collect insurance premiums pertaining to persons delinquent in payment pursuant to the provisions of the preceding paragraph, the Minister must notify the persons delinquent in payment to the effect that JHIA will collect the insurance premiums and of other matters specified by Order of the Ministry of Health, Labour and Welfare.

(3) When JHIA collects insurance premiums pursuant to the provisions of paragraph (1), JHIA is deemed to be the insurer, and the provisions of Article 180 and Article 181 apply.

(4) When JHIA collects insurance premiums pursuant to the provisions of paragraph (1), an amount equivalent to the collected amount is deemed to have been delivered from the government to JHIA pursuant to the provisions of Article 155, paragraph (2).

(5) Beyond what is provided for in the preceding paragraphs of this Article, other necessary matters pertaining to the collection of insurance premiums by JHIA are specified by Cabinet Order.

(Lien Priority)

Article 182 A lien for insurance premiums, etc. is after national tax and local tax in terms of priority.

(General Rules Concerning Collection)

Article 183 Insurance premiums, etc. are collected as governed by the same rules as national tax, unless otherwise prescribed by this Act.

Chapter VIII Federation of Health Insurance Societies

(Establishment, Personality and Name)

Article 184 (1) Health insurance societies may establish a federation of health insurance societies (hereinafter referred to as a "federation") to achieve their purpose jointly.

(2) A federation is a corporation.

(3) A federation must use the characters健康保険組合連合会 (meaning "federation of health insurance societies" and pronounced "kenko hoken kumiai rengoukai") in its name.

(4) No person other than the federation may use the name 健康保険組合連合会 "federation of health insurance societies".

(Authorization of Establishment)

Article 185 (1) When health insurance societies intend to establish a federation, they must prepare its constitution and obtain authorization therefor from the Minister of Health, Labour and Welfare.

(2) A federation is incorporated at the time of authorization of its establishment.

(3) When finding it necessary for promoting the common welfare of insured persons who are members of a health insurance society, the Minister of Health, Labour and Welfare may order the health insurance society to join a federation.

(Particulars to be Included in the Constitution)

Article 186 A federation must specify the particulars listed below in its constitution:

(i) its purpose and business;

(ii) its name;

(iii) the location of its office;

(iv) particulars relating to general meetings;

(v) particulars relating to officers;

(vi) particulars relating to the joining and withdrawal of members;

(vii) particulars relating to assets and accounting;

(viii) particulars relating to giving public notice; and

(ix) beyond the particulars listed in the preceding items, particulars specified by Order of the Ministry of Health, Labour and Welfare.

(Officers)

Article 187 (1) A federation has a president, vice presidents, directors and auditors as officers.

(2) The president represents the federation and executes its operations.

(3) The vice presidents assist the president in administering the operations of the federation and perform the president's duties if the president is incapacitated or when the post is vacant.

(4) The directors assist the president and vice presidents, as specified by the

president, in administering the operations of the federation, perform the duties of the president and vice presidents if they are incapacitated or when the posts are vacant.

- (5) An auditor audits the performance of the business and status of the property of the federation.

(Application Mutatis Mutandis)

Article 188 (1) The provisions of Article 7-38, Article 7-39, Article 9, paragraph (2), Article 16, paragraphs (2) and (3), Article 18, paragraphs (1) and (2), Article 19, Article 20, Article 26, paragraph (1) (excluding the part concerning item (ii)) and paragraph (2), Article 29, paragraph (2), Article 30, Article 150, and Article 195 apply mutatis mutandis to a federation.

In this case, the phrase "society meeting" in those provisions is deemed to be replaced with "general meeting", "If the Minister of Health, Labour and Welfare finds" in Article 7-39, paragraph (1) is deemed to be replaced with "If the Minister of Health, Labour and Welfare finds, when collecting reports, raising questions, or conducting inspection pursuant to the provisions of the preceding Article applied mutatis mutandis to Article 188," "articles of incorporation" in the same paragraph is deemed to be replaced with "constitution", "the preceding paragraph" in Article 16, paragraph (2) is deemed to be replaced with "Article 186", "the preceding paragraph" in Article 29, paragraph (2) is deemed to be replaced with "Article 188", and "a designated health insurance society which has violated the provisions of paragraph (2) of the preceding Article, of a designated health insurance society which fails to follow the request referred to in paragraph (3) of the same Article, or of another designated health insurance society as specified by Cabinet Order" in the same paragraph is deemed to be replaced with "a health insurance society".

Chapter IX Appeals

(Applications for Examination or Reexamination)

- Article 189 (1) A person who has an objection to a disposition relating to eligibility as an insured person, standard remuneration, or insurance benefits may request a social insurance examiner to conduct an examination, and if the person has any objection to the examiner's determination, the person may request the Social Insurance Examination Committee to conduct a re-examination.
- (2) If a determination has not been made within two months from the date on which a request for examination was made, the applicant may deem that the social insurance examiner has dismissed the request.
- (3) The applications for examination and re-examination referred to in paragraph

(1) are deemed to be a demand by litigation with regard to the suspension of a statute of limitations.

(4) When a disposition for eligibility or standard remuneration of an insured person becomes final and binding, an objection to the disposition may not be permitted as a reason for an objection to a disposition for the payment of insurance benefits based on the final and binding disposition.

Article 190 A person who has an objection to an imposition of insurance premiums, etc., a disposition of collection, or a disposition pursuant to the provisions of Article 180 may request the Social Insurance Examination Committee to conduct an examination.

(Application of the Administrative Appeal Act)

Article 191 Chapter II (excluding Article 22) and Chapter IV of the Administrative Appeal Act (Act No. 68 of 1951) do not apply to the provisions pertaining to application for examination referred to in the preceding two Articles or application for re-examination referred to in Article 189, paragraph (1).

(Relationship between Application for Examination and Litigation)

Article 192 An action for rescission of a disposition prescribed in Article 189, paragraph (1) may not be filed until a ruling with regard to the application for examination pertaining to the disposition has been determined by a social insurance examiner.

Chapter X Miscellaneous Provisions

(Prescription)

Article 193 (1) The right to collect an insurance premium, etc. or to receive a refund thereof, and the right to receive an insurance benefit expire by prescription when two years have elapsed from the date of issuance.

(2) A notification or demand for payment of insurance premiums, etc. has the effect of interruption of prescription, notwithstanding the provisions of Article 153 of the Civil Code (Act No. 89 of 1896).

(Calculation of Period)

Article 194 The provisions of the Civil Code concerning the calculation of periods of time apply mutatis mutandis to the calculation of periods of time prescribed in this Act or in orders based on this Act.

(Stamp Tax Exemption)

Article 195 No stamp tax is imposed on documents relating to health insurance.

(Free Certification of Family Registers)

Article 196 (1) The mayor of a municipality (including the mayor of a special ward, and in the case of a designated city referred to in Article 252-19, paragraph (1) of the Local Autonomy Act, the mayor of a ward or mayor of a consolidated ward; the same applies in Article 203) may issue a certificate concerning the family register of a person who is or was an insured person to an insurer or a person to be granted insurance benefits, as specified by ordinance of the municipality (including a special ward).

(2) In the case of providing an insurance benefit pertaining to a dependent, the provisions of the preceding paragraph apply mutatis mutandis to the family register of the dependent or person who was the dependent.

(Reports)

Article 197 (1) An insurer (the Minister of Health, Labor and Welfare with respect to affairs administered by the Minister of Health, Labor and Welfare as prescribed in Article 5, paragraph (2) and Article 123, paragraph (2); the same applies in the following paragraph) may have the employer of an insured person report on matters other than those prescribed in Article 48, present a document, or administer other affairs necessary for enforcing this Act as specified by Order of the Ministry of Health, Labor and Welfare.

(2) An insurer may have an insured person (including former specially-insured day laborers) or a person who is to receive insurance benefits make a request or a notification, or submit documents necessary for the enforcement of this Act to the insurer or employer, as specified by Order of the Ministry of Health, Labour and Welfare.

(On-site Inspections)

Article 198 (1) When the Minister of Health, Labour and Welfare finds it necessary in relation to an insured person's eligibility, standard remuneration, insurance premiums, or insurance benefits, the Minister may order the employer to submit or present documents or other objects, or have the ministry's official enter the business site to ask the persons concerned questions or to inspect record books, documents, and other objects.

(2) The provisions of Article 7-38, paragraph (2) apply mutatis mutandis to questions or inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority pursuant to the provisions of the preceding paragraph.

(Provision of Materials)

Article 199 (1) When the Minister of Health, Labour, and Welfare finds it necessary in relation to an insured person's eligibility, standard remuneration amount, or insurance premiums, the Minister may request a public agency to provide the name, location, or other necessary materials about a corporation.

(2) When the Minister of Health, Labour and Welfare finds it necessary in relation to a designation referred to in Article 63, paragraph (3), item (i) or Article 88, paragraph (1), the Minister may request the establisher or administrator to which the designation pertains or the person who collects the applicant's social insurance premiums to provide access to necessary documents or to provide materials about the status of payment.

(Coordination between the Minister of Health, Labour and Welfare and Association)

Article 199-2 The Minister of Health, Labour and Welfare and JHIA are to endeavor to ensure mutual close cooperation including the exchange of necessary information to enable the health insurance services administered by JHIA based on this Act to be provided appropriately and smoothly.

(Special Provisions Concerning Mutual Aid Associations)

Article 200 (1) Insurance benefits pursuant to this Act are not provided to insured persons employed by the government, insured persons employed at offices of local governments, or insured persons who are employed by a corporation and are members of a mutual aid association.

(2) The type and level of benefits from a mutual aid association must not be lower than the type and level of benefits referred to in this Act.

Article 201 When the Minister of Health, Labour, and Welfare finds it necessary in relation to a mutual aid association, the Minister may collect reports on the business and property thereof and give instructions on the operations thereof.

Article 202 No insurance premiums are collected with respect to persons who do not receive insurance benefits pursuant to the provisions of Article 200, paragraph (1).

(Affairs Handled by Municipalities)

Article 203 (1) Some of the affairs concerning insurers covering specially-insured day laborers that are administered by the Minister of Health, Labour and Welfare may be administered by the mayor of a municipality as specified by Cabinet Order.

(2) JHIA may delegate some of the affairs concerning insurers of specially-insured day laborers that are administered by JHIA to municipalities

(including special wards), as specified by Cabinet Order.

(Delegation of Affairs under the Authority of the Minister of Health, Labour and Welfare to an Organization)

Article 204 (1) The following affairs under the authority of the Minister of Health, Labour and Welfare (excluding those to be administered by JHIA pursuant to the provisions of Article 181-3, paragraph (1), those to be administered by the mayor of a municipality pursuant to the provisions of the preceding Article, paragraph (1), and those prescribed in Article 204-7, paragraph (1)) are to be administered by the Japan Pension Service (hereinafter referred to as "JPS"); however, the authorities listed in items (xviii) through (xx) do not preclude the Minister of Health, Labour and Welfare from personally administering the affairs:

- (i) approval pursuant to the provisions of Article 3, paragraph (1), item (viii);
- (ii) approval pursuant to the proviso to Article 3, paragraph (2) (limited to the portion pertaining to items (i) and (ii) of the same paragraph);
- (iii) authorization pursuant to the provisions of Article 31, paragraph (1) and Article 33, paragraph (1) (excluding those pertaining to health insurance societies), approval pursuant to the provisions of Article 34, paragraph (1) (excluding those pertaining to health insurance societies), and acceptance of requests pursuant to the provisions Article 30, paragraph (2) and Article 33, paragraph (2) (excluding those pertaining to health insurance societies);
- (iv) confirmation pursuant to the provisions of Article 39, paragraph (1);
- (v) determination or revision of standard monthly remuneration amounts pursuant to the provisions of Article 41, paragraph (1), Article 42, paragraph (1), Article 43, paragraph (1), Article 43-2, paragraph (1), and Article 43-3, paragraph (1) (including acceptance of a request pursuant to Article 43-2, paragraph (1) and Article 43-3, paragraph (1), and including a case where an amount calculated is determined or revised as a monthly standard remuneration pursuant to Article 44, paragraph (1));
- (vi) determination of amounts of standard bonus pursuant to the provisions of Article 45, paragraph (1) (including when an amount is determined by calculating pursuant to the provisions of Article 44, paragraph (1) as applied mutatis mutandis to paragraph (2) of Article 45);
- (vii) acceptance of requests pursuant to the provisions of Article 48 (including when applied mutatis mutandis to Article 168, paragraph (2)) and giving notifications pursuant to the provisions of Article 50, paragraph (1);
- (viii) giving notice pertaining to authorization pursuant to the provisions of Article 49, paragraph (1) (excluding those pertaining to health insurance societies), acceptance of notifications pursuant to the provisions paragraph (3) of the same Article (excluding those pertaining to health insurance

- societies), and giving public notice pursuant to the provisions of paragraphs (4) and (5) of the same Article (excluding those pertaining to health insurance societies);
- (ix) confirmation or giving notice about determination or revision of standard remuneration pursuant to the provisions of Article 49, paragraph (1), acceptance of notifications pursuant to the provisions of paragraph (3) of the same Article (including when applied mutatis mutandis to Article 50, paragraph (2), and public notice pursuant to the provisions of Article 49, paragraphs (4) and (5) (including when applied mutatis mutandis to Article 50, paragraph (2));
 - (x) acceptance of requests pursuant to the provisions of Article 51, paragraph (1) and dismissal of requests pursuant to the provisions of paragraph (2) of the same Article;
 - (xi) acceptance of applications pursuant to the provisions of Article 126, paragraph (1), delivery thereof pursuant to the provisions of paragraph (2) of the same Article, and receipt of specially-insured day laborer's insurance books pursuant to the provisions of paragraph (3) of the same Article;
 - (xii) acceptance of a request pursuant to the provisions of Articles 159 and 159-3;
 - (xiii) acceptance of and approval for a request pursuant to the provisions of Article 166 (including when applied mutatis mutandis to Article 169, paragraph (8));
 - (xiv) acceptance of reports pursuant to the provisions of Article 171, paragraphs (1) and (3);
 - (xv) dispositions as governed by the same rules as dispositions of a national tax delinquency pursuant to the provisions of Article 180, paragraph (4) and requests toward a municipality pursuant to the provisions of the same paragraph;
 - (xvi) authority pertaining to collection as governed by the same rules as national tax collection pursuant to the provisions of Article 183 (excluding notification of payment pursuant to the provisions of Article 36, paragraph (1) of the Act on General Rules for National Taxes (Act No. 66 of 1962), exercise of rights belonging to persons obliged to pay pursuant to the provisions of Article 423, paragraph (1) of the Civil Code as applied mutatis mutandis to Article 42 of the Act on General Rules for National Taxes, grace periods for payment pursuant to the provisions of Article 46 of the Act on General Rules for National Taxes, and other authority specified by Order of the Ministry of Health, Labour and Welfare as well as questioning, inspection, and searching listed in the following item);
 - (xvii) questioning and inspection pursuant to the provisions of Article 141 of the National Tax Collection Act (Act No. 147 of 1959) as governed by the

- provisions of Article 183 as well as searching pursuant to the provisions of Article 142 of the same Act;
- (xviii) having an employer report, present documents, and administer other affairs necessary for enforcement of this Act pursuant to the provisions of Article 197, paragraph (1), and having an insured person make a request or notification, or submit documents pursuant to the provisions of paragraph (2) of the same Article;
- (xix) orders, questions, and inspections pursuant to the provisions of Article 198, paragraph (1) (excluding cases pertaining to health insurance societies);
- (xx) requests for the provision of materials pursuant to the provisions of Article 199, paragraph (1); and
- (xxi) beyond the matters listed in the preceding items, the authority specified by Order of the Ministry of Health, Labour and Welfare.
- (2) When JPS finds it necessary for effectively administering affairs concerning dispositions as governed by the same rules as dispositions of national tax delinquency and listed in item (xv) of the preceding paragraph and the authorities listed in item (xvii) of the same paragraph (hereinafter referred to as "dispositions of delinquency") and other authorities specified by Order of the Ministry of Health, Labor and Welfare among the authorities listed in the items of the same paragraph, JPS may provide information necessary for the exercise of the authorities to the Minister of Health, Labour and Welfare and request the Minister to personally exercise the authorities, as specified by Order of the Ministry of Health, Labour and Welfare.
- (3) When a request is made pursuant to the provisions of the preceding paragraph, the Minister of Health, Labour and Welfare is to personally exercise all or part of the authorities listed in the items of the paragraph (1) if the Minister finds it necessary or finds it difficult or inappropriate for JPS to administer all or some of the affairs pertaining to those authorities due to a natural disaster or other reasons.
- (4) The provisions of Article 100-4, paragraphs (4) through (7) of the Employee's Pension Insurance Act apply mutatis mutandis to JPS's administration of affairs concerning the authorities listed in the items of paragraph (1) or the exercise of those authorities by the Minister of Health, Labour and Welfare.

(Delegation of Authorities to the Minister of Finance)

Article 204-2 (1) When the Minister of Health, Labour and Welfare decides to personally exercise all or part of dispositions of delinquency pursuant to the provisions of paragraph (3) of the preceding Article or the authorities listed in paragraph (1), item (xvi) of the same Article, and finds it necessary for the effective collection of insurance premiums and other money to be collected pursuant to the provisions of this Act (excluding money collected pursuant to

the provisions of Article 58, Article 74, paragraph (2) and Article 109, paragraph (2) (including when applied mutatis mutandis in Article 149); referred to as "Insurance Premiums" in Article 124-6, paragraph (1)) because a person obliged to pay in relation to those authorities as well as the authorities specified by Order of the Ministry of Health, Labour and Welfare among those specified by Order of the Ministry of Health, Labour and Welfare as prescribed by the same items (referred to as "dispositions of delinquency and other dispositions" hereinafter in this paragraph) is likely to be concealing property for the purpose of avoiding execution of a disposition of delinquency or other dispositions or there are other similar circumstances specified by Cabinet Order, the Minister may provide information on the person obliged to pay and other necessary information to the Minister of Finance and delegate all or part of authorities for the disposition of delinquency and other dispositions pertaining to the person obliged to pay to the Minister of Finance, as specified by Cabinet Order.

- (2) The provisions of Article 105-2, paragraphs (2) through (7) of the Employee's Pension Insurance Act apply mutatis mutandis to the delegation of authority to the Minister of Finance pursuant to the provisions of the preceding paragraph.

(Authorization Pertaining to Disposition of Delinquency Executed by JPS)

Article 204-3 (1) When executing a disposition of delinquency, JPS must obtain authorization from the Minister of Health, Labour and Welfare in advance and have its official responsible for collection execute the disposition in accordance with regulations for disposition of delinquency as prescribed in paragraph (1) of the following Article.

- (2) The provisions of Article 100-6, paragraphs (2) and (3) of the Employee's Pension Insurance Act apply mutatis mutandis to a disposition of delinquency executed by JPS pursuant to the provisions of the preceding paragraph.

(Authorization of Regulations for Disposition of Delinquency)

Article 204-4 (1) JPS must specify regulations for disposition of delinquency (referred to as "regulations for disposition of delinquency" in the following paragraph) and obtain authorization therefor from the Minister of Health, Labour and Welfare.

The same applies when JPS revises the standards.

- (2) The provisions of Article 100-7, paragraphs (2) and (3) of the Employee's Pension Insurance Act apply mutatis mutandis to authorization of and revision to regulations for disposition to delinquency.

(Authorization Pertaining to On-Site Inspection Executed by JPS)

Article 204-5 (1) When JPS administers affairs pertaining to the authorities

listed in Article 204, paragraph (1), item (xix), it must obtain authorization from the Minister of Health, Labour and Welfare in advance.

- (2) When applying the provisions of Article 198, paragraph (1) in the case prescribed in the preceding paragraph, the phrase "insurance premiums, or insurance benefits" in the same paragraph is replaced with "or insurance premiums", and "the ministry's official" is replaced with "an employee of the Japan Pension Service".

(Collection Executed by JPS)

Article 204-6 (1) Notwithstanding the provisions of Article 7, paragraph (1) of the Public Accounting Act (Act No. 35 of 1947), the Minister of Health, Labour and Welfare may have JPS collect insurance premiums as specified by Cabinet Order in cases of collection specified by Cabinet Order.

- (2) The provisions of Article 100-11, paragraphs (2) through (6) of the Employee's Pension Insurance Act apply mutatis mutandis to collection executed by JPS pursuant to the provisions of the preceding paragraph. In this case, the necessary technical replacement of terms is specified by Cabinet Order.

(Delegation of Affairs Pertaining to Authority of the Minister of Health, Labour and Welfare to JHIA)

Article 204-7 (1) Affairs concerning the authorities of the Minister of Health, Labour and Welfare for ordering, questioning, and inspection pursuant to the provisions of Article 198, paragraph (1) (excluding those concerning health insurance societies and limited to those concerning insurance benefits) are administered by JHIA; provided, however, that this does not preclude the Minister of Health, Labour and Welfare from personally exercising the authorities.

- (2) Beyond what is provided for in the preceding paragraph, necessary matters concerning JHIA administering of affairs pertaining to the authorities prescribed in the same paragraph are specified by Order of the Ministry of Health, Labour and Welfare.

(Authorization Pertaining to On-site Inspection Executed by JHIA)

Article 204-8 (1) When JHIA administers affairs pertaining to the authorities prescribed in paragraph (1) of the preceding Article, it must obtain authorization from the Minister of Health, Labour and Welfare in advance.

- (2) When applying the provisions of Article 198, paragraph (1) in the case prescribed in the preceding paragraph, the phrase "insured person's eligibility, standard remuneration, insurance premiums, or insurance benefits" in the same paragraph is replaced with "insurance benefits", and "the ministry's official" with "an employee of JHIA".

(Delegation of Authorities to Chiefs of Regional Bureaus of Health and Welfare)

Article 205 (1) The authorities of the Minister of Health, Labour and Welfare as prescribed in this Act (excluding the authorities of the Minister of Health, Labor and Welfare provided for in Article 204-2, paragraph (2) and in Article 100-5, paragraph (2) of the Employees' Pension Insurance Act as applied mutatis mutandis to Article 204-2, paragraph (1)) may be delegated to the chief of a relevant regional bureau of health and welfare as specified by Order of the Ministry of Health, Labour and Welfare.

(2) The authorities delegated to the chief of a regional bureau of health and welfare pursuant to the provisions of the preceding paragraph, as specified by Order of the Ministry of Health, Labour, and Welfare, may be delegated to a branch manager of the regional bureau of health and welfare.

(Delegation of Administration to JPS)

Article 205-2 (1) The Minister of Health, Labour and Welfare is to have JPS administer the affairs listed below (excluding those to be administered by JHIA pursuant to the provisions of Article 181-3, paragraph (1) and those to be administered by the mayor of a municipality pursuant to the provisions of Article 203, paragraph (1)):

- (i) affairs pertaining to approval pursuant to the proviso to Article 3, paragraph (2) (limited to the portion pertaining to item (iii) of the same paragraph) (excluding the approval);
- (ii) affairs concerning valuation pursuant to the provisions of Article 46, paragraph (1) and Article 125, paragraph (2) (including when applied mutatis mutandis to Article 168, paragraph (2));
- (iii) affairs pertaining to the provision of information pursuant to the provisions of Article 51-2 (excluding the provision of the information);
- (iv) affairs pertaining to the provision of materials pursuant to the provisions of Article 108, paragraph (6) (excluding the provision of the materials);
- (v) affairs concerning the collection of insurance premiums pursuant to the provisions of Article 155, paragraph (1), Article 158, Article 159, Article 159-3, and Article 172 (excluding affairs concerning the exercise of the authorities listed in Article 204-6, paragraph (1), items (xii), (xiii), and (xv) through (xvii), collection executed by JPS pursuant to the provisions of Article 204-6, paragraph (1), demands for payment pursuant to the provisions of Article 180, paragraph (1), other affairs concerning the exercise of authorities specified by Order of the Ministry of Health, Labour and Welfare, and the affairs listed in the following item and items (vii), (ix) and (xi));

- (vi) affairs pertaining to payment pursuant to the provisions of Article 164, paragraphs (2) and (3) (including when applied mutatis mutandis to Article 169, paragraph (8)) (excluding a notice of advance payment or determination of payment and notice to that effect);
- (vii) affairs concerning the determination and notification of the amount of insurance premiums pursuant to the provisions of Article 70, paragraph (1) (excluding the determination and notification of the amount of insurance premiums), affairs concerning the collection of penalty fees pursuant to the provisions of paragraph (2) of the same Article (excluding affairs concerning the exercise of the authorities listed in Article 204, paragraph (1), items (xv) through (xvii), collection executed by JPS pursuant to the provisions of Article 124-6, paragraph (1), demands for payment pursuant to the provisions of Article 180, paragraph (1), other affairs concerning the exercise of the authorities specified by Order of the Ministry of Health, Labour and Welfare, and the affairs listed in items (ix) and (xi));
- (viii) affairs concerning the collection of contributions pursuant to the provisions of Article 73, paragraphs (1) (excluding affairs concerning the exercise of the authorities listed in Article 204, paragraph (1), items (xv) through (xvii), collection executed by JPS pursuant to the provisions of Article 204-6, paragraph (1), demands for payment pursuant to the provisions of Article 180, paragraph (1), other affairs concerning the exercise of authorities specified by Order of the Ministry of Health, Labour and Welfare, and affairs listed in the following item and item (xi));
- (ix) affairs concerning demands for payment pursuant to the provisions of Article 180, paragraphs (1) and (2) (excluding the demands and issuance of demand notes (excluding affairs concerning the sending of a demand note));
- (x) affairs concerning collection of delinquent charges pursuant to the provisions of Article 181, paragraphs (1) and (4) (excluding affairs concerning the exercise of the authorities listed in Article 204, paragraph (1), items (xv) through (xvii), collection executed by JPS pursuant to the provisions of Article 204-6, paragraph (1), demands for payment pursuant to the provisions of Article 180, paragraph (1), other affairs concerning the exercise of authorities specified by Order of the Ministry of Health, Labour and Welfare affairs, and affairs listed in the preceding and following items);
- (xi) affairs concerning authorities specified by Order of the Ministry of Health, Labour and Welfare prescribed in Article 204, paragraph (1), item (xvi) (excluding affairs concerning the exercise of those authorities);
- (xii) affairs concerning the provision of information held by the Minister of Health, Labour and Welfare relating to the enforcement of this Act required by the provisions of Acts prescribed by Article 68, paragraph (5) of the Long-Term Care Insurance Act and other Orders of the Ministry of Health, Labour

and Welfare (excluding the provision of information and affairs specified by Order of the Ministry of Health, Labour and Welfare); and
(xiii) beyond what is provided for in the preceding items, affairs specified by Order of the Ministry of Health, Labour and Welfare.

(2) The provisions of Article 100-10, paragraphs (2) and (3) of the Employee's Pension Insurance Act apply mutatis mutandis to the delegation of administration to JPS pursuant to the provisions in the preceding paragraph. In this case, the necessary technical replacement of terms is specified by Cabinet Order.

(Provision of Information)

Article 205-3 (1) JPS is to provide information to the Minister of Health, Labour and Welfare on matters concerning the eligibility of insured persons, matters concerning standard remuneration, and necessary matters concerning the exercise of authorities of the Minister of Health, Labour and Welfare, as specified by Order of the Ministry of Health, Labour and Welfare.

(2) The Minister of Health, Labour and Welfare and JPS are to endeavor to ensure mutual close cooperation, including the exchange of necessary information, to ensure the appropriate and smooth administration of health insurance services by JHIA based on this Act.

(Delegation of Administration to the Social Insurance Fund)

Article 205-4 (1) Beyond the affairs prescribed in Article 76, paragraph (5) (including when applied mutatis mutandis to Article 85, paragraph (9), Article 85-2, paragraph (5), Article 86, paragraph (4), Article 100, paragraph (7), and Article 149; the same applies in item (i)) and in Article 88, paragraph (11) (including when applied mutatis mutandis to Article 111, paragraph (3) and Article 149; the same applies hereinafter in the same item), an insurer may delegate the following affairs to the Social Insurance Fund or an NHI federation:

- (i) among insurance benefits pursuant to the provisions of Chapter IV and insurance benefits pertaining to specially-insured day laborers pursuant to the provisions of Chapter V, Section 3, affairs pertaining to payment specified by Order of the Ministry of Health, Labour and Welfare (excluding affairs pursuant to the provisions of Article 76, paragraph (5) and Article 88, paragraph (11));
- (ii) affairs pertaining to the collection or compilation of information on persons who are or were insured or their dependents (referred to as "insured persons, etc." in the next item) and to whom the following pertain: the payment of insurance benefits pursuant to the provisions of Chapter IV and insurance benefits pertaining to specially-insured day laborers pursuant to the

provisions of Chapter V, Section 3; the provision of insurance services and welfare services pursuant to the provisions of Chapter VI; the collection of insurance premiums pursuant to the provisions of Article 155; and other affairs specified by Order of the Ministry of Health, Labour and Welfare; and (iii) affairs pertaining to the use or provision of information on insured persons, etc. to whom the following pertain: the payment of insurance benefits pursuant to the provisions of Chapter IV and insurance benefits pertaining to specially-insured day laborers pursuant to the provisions of Chapter V, Section 3; the collection of insurance premiums pursuant to the provisions of Article 155; and other affairs specified by Order of the Ministry of Health, Labour and Welfare.

(2) When delegating the affairs listed in item (ii) or (iii) of the preceding paragraph pursuant to the provisions of the same paragraph, an insurer is to delegate the affairs jointly with other insurers prescribed in Article 1 of the Social Insurance Medical Fee Payment Fund Act.

(Transitional Measures)

Article 206 When an order is enacted, revised or abolished based on this Act, a required transitional measure (including a transitional measure concerning penal provisions) may be determined by the order to the extent that it is judged to be rationally necessary in relation to the enactment, revision or abolition.

(Enforcement Provisions)

Article 207 Beyond the special provisions in this Act, procedures for the enforcement of this Act and other detailed regulations necessary with regard to the enforcement are specified by Order of the Ministry of Health, Labour, and Welfare.

Chapter XI Penal Provisions

Article 207-2 A person who divulges a secret in violation of the provisions of Article 7-37, paragraph (1) (including when applied *mutatis mutandis* pursuant to paragraph (2) of the same Article and Article 22-2) is subject to imprisonment for not more than one year or a fine of not more than 1,000,000 yen.

Article 208 If an employer falls under any of the following items without justifiable grounds, the employer is subject to imprisonment for not more than six months or a fine of not more than 500,000 yen:

(i) the employer fails to submit a notification, in violation of the provisions of Article 48 (including when applied *mutatis mutandis* to Article 168,

- paragraph (2)), or submits a false notification;
- (ii) the employer fails to give notice, in violation of the provisions of Article 49, paragraph (2) (including when applied *mutatis mutandis* in Article 50, paragraph (2)), or submits a false notice;
 - (iii) the employer does not pay an insurance premium by the due date prescribed by a demand notice in violation of the provisions of Article 161, paragraph (2) or Article 169, paragraph (7);
 - (iv) the employer fails to pay an insurance premium in violation of the provisions of Article 169, paragraph (2), fails to keep record books in violation of the provisions of Article 171, paragraph (1), or fails to make a report or makes a false report in violation of the provisions of the same paragraph or paragraph (2) of the same Article; or
 - (v) the employer fails to submit or present reports or materials pursuant to Article 198, paragraph (1) (including officials of JPS prescribed in Article 198, paragraph (1) applied by replacing terms pursuant to the provisions of Article 204-5, paragraph (2), and the staff of JHIA prescribed in Article 198, paragraph (1) by replacing terms pursuant to the provisions of Article 204-8, paragraph (2); the same applies in the following Article), fails to answer a question asked by the relevant official pursuant to the same paragraph, or answers the question untruthfully thereto, or refuses, obstructs, or evades an inspection conducted pursuant to the same paragraph.

Article 209 When a person other than an employer fails to answer to a question asked by the relevant official pursuant to the provisions of Article 198, paragraph (1) or answers the question untruthfully, or refuses, obstructs, or evades without justifiable grounds an inspection conducted pursuant to the same paragraph, the person is subject to imprisonment for not more than six months or a fine of not more than 300,000 yen.

Article 210 When a person who is or was an insured person is ordered to make a report pursuant to the provisions of Article 60, paragraph (2) (including when applied *mutatis mutandis* pursuant to Article 149), but fails to follow the order without justifiable grounds, or without justifiable grounds fails to answer a question asked by the relevant official pursuant to the provisions of the same paragraph or answers the question untruthfully, the person is subject to a fine of not more than 300,000 yen.

Article 211 A person who provides false statements in relation to an application pursuant to the provisions of Article 126, paragraph (1) is subject to imprisonment for not more than six months or a fine of not more than 300,000 yen.

Article 212 A person who fails to make an application in violation of Article 126, paragraph (1) or fails to submit a specially-insured day laborer's insurance book in violation of the provisions of Article 169, paragraph (4) is subject to a fine of not more than 300,000 yen.

Article 212-2 If an officer or employee of JHIA who fails to make a report in violation of the provision of Article 7-38, paragraph (1) or makes a false report, fails to answer a question asked by the relevant official pursuant to the same paragraph or answers the question untruthfully, refuses, obstructs, or interferes with an inspection, or violates an order pursuant to the provisions of Article 7-39, paragraph (1) is subject to a fine of not more than 300,000 yen.

Article 213 A health insurance society or an officer, liquidator or employee of a national health insurance society that is an insurer providing national health insurance as prescribed in Article 154, paragraph (1) who fails to make a report or makes a false report in violation of the provisions of Article 71, paragraph (3) is subject to a fine of not more than 500,000 yen.

Article 213-2 A person who falls under any of the following items is subject to a fine of not more than 500,000 yen:

- (i) the person fails to answer a question (excluding those given by an employee of JHIA or health insurance society) asked by an employee responsible for collection pursuant to the provisions of Article 141 of the National Tax Collection Act as governed by the provisions of Article 183 or answers the question untruthfully;
- (ii) the person refuses, obstructs or evades an inspection (excluding those conducted by employees of JHIA or health insurance society) conducted pursuant to the provisions of Article 41 of the National Tax Collection Act as governed by the provisions of Article 83, or presents books and documents which contain false statements or records concerning the inspection.

Article 214 (1) If a corporation (including an unincorporated association or foundation that has provisions on representatives or administrators; hereinafter referred to as an "unincorporated association or foundation"; the same applies hereinafter in this paragraph) or representative, employee or other worker of a corporation or individual has engaged in the violation referred to in the provisions of Article 208 or the preceding Article with regard to the business or property of the corporation or individual, not only the offender but also the corporation or individual is subject to the fine referred to in the applicable article.

(2) When the provisions of the preceding paragraph are applied to an unincorporated association or foundation, its representative or administrator represents an unincorporated association or foundation in a procedural act, and legal provisions concerning criminal procedure apply *mutatis mutandis* when a corporation is the accused or suspect.

Article 215 If a physician, dentist, pharmacist or a person who provided medical care or the employer thereof is ordered to make a report or present a medical record, record book or other document pursuant to the provisions of Article 60, paragraph (1) (including when applied *mutatis mutandis* pursuant to Article 149), and disobeys the order without justifiable grounds, fails to answer a question asked by the relevant official pursuant to the provisions of the same paragraph, or answers the question untruthfully, the person is subject to a civil fine of not more than 100,000 yen.

Article 216 An employer who fails to submit a report or submits a false report in violation of the provisions of Article 197, paragraph (1), fails to present documents, or fails to administer affairs necessary for enforcement of this Act without justifiable grounds, is subject to a civil fine of not more than 100,000 yen.

Article 217 An insured person or person to be granted insurance benefits who fails to give a notification or gives a false notification in violation of the provisions of Article 197, paragraph (2), or fails to submit documents without justifiable grounds, is subject to a civil fine of not more than 100,000 yen.

Article 217-2 An officer of JHIA who falls under any of the following items is subject to a civil fine of not more than 200,000 yen:

- (i) the person fails to make a registration in violation of Cabinet Order prescribed in Article 7-7, paragraph (1);
- (ii) the person fails to receive authorization when authorization must be obtained from the Minister of Health, Labour and Welfare pursuant to the provisions of Article 7-27, Article 7-31, paragraphs (1) or (2), or Article 7-34;
- (iii) the person fails to obtain approval when approval must be obtained from the Minister of Health, Labour, and Welfare pursuant to the provisions of Article 7-28, paragraph (2);
- (iv) the person fails to maintain the financial statements and business reports or written statements by the auditor or accounting auditor, or to provide public access to them in violation of the provisions of Article 7-28, paragraph (4);
- (v) the person invests surplus funds that accrue in the course of JHIA's

- operations, in violation of the provisions of Article 7-33;
- (vi) the person fails to give a notification pursuant to the provisions of Article 7-35, paragraph (2) or Article 7-36, paragraph (2), or gives false notification;
 - (vii) the person fails to make an announcement pursuant to the provisions of Article 7-35, paragraph (2) or Article 7-36, paragraph (2) or makes a false announcement; or
 - (viii) the person engages in any operations other than those prescribed by this Act or those specified by other laws as JHIA's operations.

Article 218 When an employer is ordered to establish a health insurance society and fails to apply for authorization of establishment by the due date specified by the Minister of Health, Labor and Welfare without justifiable grounds, the employer is subject to a civil fine in an amount equivalent to twice the amount of insurance premiums to be borne for the period in which the procedure is delayed.

Article 219 When a health insurance society or federation fails to give a notification or gives a false notification in violation of the provisions of Article 16, paragraph (3) (including when applied mutatis mutandis to Article 188), fails to submit a report or submits a false report in violation of the provisions of Article 7-38 as applied mutatis mutandis to Article 29, paragraph (1) or Article 188, fails to answer a question asked by an official pursuant to the provisions of Article 7-38 as applied mutatis mutandis to Article 29, paragraph (1) or Article 188 or answers the question untruthfully, refuses, obstructs or evades an inspection conducted pursuant to the provisions of Article 7-38, or violates an order pursuant to the provisions of Article 7-39, paragraph (1) as applied mutatis mutandis to Article 29, paragraph (1) or Article 188, the relevant officer is subject to a civil fine of not more than 200,000 yen.

Article 220 A person who uses the name 全国健康保険協会 (meaning "Japan Health Insurance Association), 健康保険組合 (meaning "health insurance society"), or 健康保険組合連合会 (meaning "federation of health insurance societies") in violation of the provisions of Article 7-8, Article 10, paragraph (2), or Article 184, paragraph (4) is subject to a civil fine of not more than 100,000 yen.

Article 221 An officer of JPS who falls under any of the following items is subject to a non-criminal fine of not more than 200,000 yen:

- (i) the officer fails to obtain authorization when authorization must be obtained from the Minister of Health, Labour and Welfare pursuant to the provisions of Article 204-3, paragraph (1), Article 100-6, paragraph (2) of the Welfare

Pension Insurance Act as applied mutatis mutandis to Article 204-3, paragraph (2), Article 204-4, paragraph (1), Article 204-5, paragraph (1), or Article 100-11, paragraph (2) of the Welfare Pension Insurance Act as applied mutatis mutandis pursuant to Article 204-6, paragraph (2); or (ii) the officer violates an order pursuant to the provisions of Article 100-7, paragraph (3) of the Employee's Pension Insurance Act as applied mutatis mutandis to Article 204-4, paragraph (2).

Article 222 If an officer of JHIA fails to obtain authorization when approval must be obtained from the Minister of Health, Labour and Welfare pursuant to the provisions of Article 204-8, paragraph (1), the officer is subject to a civil fine of not more than 200,000 yen.

Supplementary Provisions

(Date of Enforcement)

Article 1 This Act comes into effect as of July 1, 1926; provided, however, that the provisions on insurance benefits and sharing of costs are enforced from January 1, 1927.

(Financial Coordination of Health Insurance Societies)

Article 2 (1) In order to balance the financing of expenses required for payments for medical treatment covered by health insurance administered by health insurance societies, the provision of insurance services and welfare services, payments of young-old subsidies, of aid for the old-old, and of day laborer contributions, and long-term care payments pertaining to health insurance societies, JHIA is to grant subsidies as specified by Cabinet Order to health insurance societies which are JHIA members (hereinafter referred to as "societies " in this Article).

(2) A society is to contribute funds to federations as specified by Cabinet Order in order to allocate the funds for expenses required for the business referred to in the previous paragraph.

(3) A society collects adjusted insurance premiums to allocate for the expenses required for the funds contributed pursuant to the provisions of the preceding paragraph.

(4) The adjusted insurance premium amount for an insured person is the amount obtained per month by multiplying both the person's standard monthly remuneration amount and the person's amount of standard bonus by the adjustment rate for insurance premiums.

(5) The adjustment rate for insurance premiums is specified by Cabinet Order based on expenses required for granting subsidies as well as the number of

society members who are insured persons and their standard remunerations.

- (6) The provisions of Article 7-39, Article 29, paragraph (2), and Article 185, paragraph (3) apply to the business referred to in paragraph (1).

In this case, "business or assets" in Article 7-39, paragraph (1) is deemed to be replaced with "business", "articles of incorporation" in the same paragraph is deemed to be replaced with "constitution", "the preceding paragraph, or if it is found that the continuation of business of a designated health insurance society which has violated the provisions of paragraph (2) of the preceding Article, of a designated health insurance society which fails to follow the request referred to in paragraph (3) of the same Article, or of another designated health insurance society as specified by Cabinet Order is difficult due to the status of services or property or other reasons" in Article 29, paragraph (2) is deemed to be replaced with "Article 2, paragraph (6) of the Supplementary Provisions", and "promoting the common welfare of insured persons who are members of a health insurance society" in Article 185, paragraph (3) is deemed to be replaced with "promoting the business referred to in Article 2, paragraph (1) of the Supplementary Provisions".

- (7) The provisions of Article 158, Article 159, Article 159-3, Article 161, Article 162, Article 164, Article 165, Article 167 and Article 193 apply mutatis mutandis to the adjusted insurance premium pursuant to the provisions of paragraph (3).

- (8) Notwithstanding the provisions of Article 160, paragraph (8) as applied mutatis mutandis to paragraph (13) of the same article, the authorization referred to in Article 160, paragraph (8) is not required for the determination of a change in the general insurance rate that does not cause a change in the combined rate of the general insurance rate and adjustment rate for insurance premiums.

- (9) When a determination is made pursuant to the provisions of the preceding paragraph, the Minister of Health, Labour and Welfare must be notified of the general insurance rate after the change.

(Specified Health Insurance Society)

Article 3 (1) A person who was an insured person with membership in a health insurance society authorized by the Minister of Health, Labour and Welfare as meeting the requirements specified by Order of the Ministry of Health, Labour and Welfare (hereinafter referred to as a "specified health insurance society" in this Article) and who is specified by the specified health insurance society among those who should be persons with retirement insurance as prescribed in Article 8-2, paragraph (1) of the National Health Insurance Act before amendment pursuant to the provisions of Article 13 of the Amending Act may become an insured person of the specified health insurance society (hereinafter

referred to as a "special retired insured person") by submitting a request to the specified health insurance society; provided, however, that this does not apply in cases of an insured person with optional and continued coverage.

- (2) A special retired insured person may not be insured by two or more insurers (including mutual aid associations) at the same time.
- (3) A special retired insured person acquires such eligibility on the date on which the request referred to in paragraph (1) is accepted.
- (4) With regard to the standard monthly remuneration amount of a special retired insured person, notwithstanding the provisions of Articles 41 through 44, when the amount specified by the specified health insurance society in the range of the average standard monthly remuneration amount for the same month of all insured persons other than special retired insured persons administered by the specified health insurance society on September 30 in the preceding year (for the standard monthly remuneration amount from January to March, the year prior to the preceding year) is deemed to be the monthly remuneration amount forming the basis of the standard monthly remuneration amount, that standard monthly remuneration amount is applied.
- (5) Notwithstanding the provisions of Article 104, injury and sickness allowance is not paid to a special retired insured person.
- (6) A special retired insured person is deemed to be an insured person with optional and continued coverage with regard to the application of this Act (excluding Article 38, items (ii), (iv) and (v)).

In this case, the phrase "two years have elapsed since the day on which the person became an insured person with optional and continued coverage" in Article 38, item (i) is replaced with "the person is no longer is eligible to be a retired insured person as prescribed in Article 8-2, paragraph (1) of the National Health Insurance Act before amendment pursuant to the provisions of Article 13 of the Amending Act" and "insurer" in item (iii) of the same Article is replaced with "specified health insurance society as prescribed in Article 3, paragraph (1) of the Supplementary Provisions".

- (7) Special provisions concerning insurance benefits for special retired insured persons and other necessary matters concerning special retired insured persons are specified by Cabinet Order.

(Regional Health Insurance Societies)

Article 3-2 (1) A health insurance society established by a merger referred to in Article 23, paragraph (3) or a health insurance society that remains after a merger falling under all of the following requirements (hereinafter referred to as "regional health insurance society " in this Article) may determine unequal general insurance rates in the range prescribed in Article 160, paragraph (1) as applied mutatis mutandis to paragraph (13) of the same paragraph within the

fiscal year in which the merger occurred and the subsequent five years:

- (i) all of the establishments of the health insurance society before the merger are located in the same prefecture; and
 - (ii) the merger includes a society specified by Order of the Ministry of Health, Labour and Welfare as a designated health insurance society prescribed in Article 28, paragraph (1), a health insurance society whose number of insured persons has become less than the number prescribed by Cabinet Order referred to in Article 11, paragraph (1) or (2), or another health insurance society which is found to require a stable operational foundation.
- (2) Authorization must be obtained from the Minister of Health, Labour and Welfare for the determination of the insurance premium rate referred to in the preceding paragraph.
 - (3) The authorization procedure for the general insurance premium rate of a regional health insurance society and other necessary matters concerning a regional health insurance society are specified by Cabinet Order.

(Benefits for Insured Persons Covered by Health Insurance Administered by JHIA)

- Article 4 (1) A corporation organized by an employer of insured persons (excluding employers of a place of business at which a health insurance society is organized) and those insured persons or another organization specified by Cabinet Order (referred to as a "corporation") and approved by the Minister of Health, Labour and Welfare as one that meets the requirements prescribed by Cabinet Order (hereinafter referred to as an "approved corporation" in this Article) may provide payment to an insured person for insurance benefits relating to medical treatment for the insured person up to an amount equivalent to the amount of co-payment paid by the insured person pursuant to the provisions of Article 74, paragraph (1).
- (2) When a corporation referred to in the preceding paragraph intends to receive approval, it must obtain consent from JHIA in advance.
 - (3) An approved corporation may collect expenses to allocate for payment referred to in paragraph (1) from employers or insured persons as specified by Order of the Ministry of Health, Labour and Welfare.
 - (4) Necessary matters concerning the business of approved corporations are specified by Order of the Ministry of Health, Labour and Welfare.

Article 4-2 Deleted

(Transitional Measures for Retiree Benefit Contributions)

Article 4-3 While the Social Insurance Fund collects contributions pursuant to the provisions of Article 10, paragraph (1) of the Supplementary Provisions of

the National Health Insurance Act, the phrase "and payments pursuant to the Long-Term Care Insurance Act" in Article 7-2, paragraph (3) is replaced with ", contributions pursuant to the provisions of Article 10, paragraph (1) of the Supplementary Provisions of the National Health Insurance Act (Act No. 192 of 1958) (hereinafter referred to as "retiree benefit contributions"), and payments pursuant to the Long-Term Care Insurance Act", "and contributions pursuant to the provisions of Article 173" in Article 151 is replaced with ", contributions pursuant to the provisions of Article 173, and retiree benefit contributions", "aid for the old-old" in Article 155, paragraph (1) is replaced with ", aid for the old-old, retiree benefit contributions", "and aid for the old-old" in Article 160, paragraph (3), item (ii) is replaced with "aid for the old-old, and retiree benefit contributions", "and of young-old payments" in paragraph (14) of the same Article is replaced with "of young-old payments, and of retiree benefit contributions", and "day laborer contributions" in Article 2, paragraph (1) of the Supplementary Provisions is replaced with "day laborer contributions, retiree benefit contributions".

(Transitional Measures for Ward Transfer Aid)

Article 4-4 Up to a date specified by Cabinet Order prescribed in Article 2 of the Supplementary Provisions of the Act on Assurance of Medical Care for Elderly People, the phrase "contributions pursuant" in Article 7-2, paragraph (3) after replacement pursuant to the provisions of the preceding Article is replaced with "ward transfer aid, etc., prescribed in Article 7, paragraph (1) of the Supplementary Provisions of the same Act (hereinafter referred to as "ward transfer aid"), contributions pursuant" the phrase "contributions pursuant" in Article 151 after replacement pursuant to the provisions of the preceding Article is replaced with "ward transfer aid, contributions pursuant", the phrase "long-term care payments" in Article 153, paragraph (2) after replacement pursuant to the provisions of the following Article is replaced with "ward transfer aid pursuant to the provisions of Article 7, paragraph (1) of the Supplementary Provisions of the Act on Assurance of Medical Care for Elderly People (excluding that pertaining to specially-insured day laborers) and long-term care payments", the phrase "multiplying the amount" in the same paragraph is replaced with "multiplying the total sum of the amounts", the phrase "long-term care payments" in Article 154, paragraph (2) after replacement pursuant to the provisions of the following Article is replaced with "ward transfer aid pursuant to the provisions of Article 7, paragraph (1) of the Supplementary Provisions of the Act on Assurance of Medical Care for Elderly People and long-term care payments", the phrase "the amount of expenses" in the same paragraph is replaced with "the total sum of the amounts of expenses", the phrase "retiree benefit contributions" in Article 155, paragraph

(1) after replacement pursuant to the provisions of the preceding Article is replaced with "ward transfer aid, retiree benefit contributions", the phrase "and retiree benefit contributions" in Article 160, paragraph (3), item (ii) after replacement pursuant to the provisions of the preceding Article is replaced with "ward transfer aid, and retiree benefit contributions", the phrase "aid for the old-old," in Article 160, paragraph (14), item (xiv) after replacement pursuant to the provisions of the preceding Article is replaced with "aid for the old-old and ward transfer aid", the phrase "aid for the old-old," in Article 173, paragraph (1) and Article 176 is replaced with "aid for the old-old, ward transfer aid", and the phrase "aid for the old-old aid" in Article 2, paragraph (1) of the Supplementary Provisions after replacement pursuant to the provisions of the preceding Article is replaced with "aid for the old-old, ward transfer aid".

(Transitional Measures for National Subsidies)

Article 5 Until otherwise provided by law, the rates referred to as "a rate specified by Cabinet Order within a range from 0.13 to 0.20 " in Article 153, paragraph (1), "the rate specified by Cabinet Order referred to in the same paragraph" in paragraph (2) of the same Article, "the rate specified by Cabinet Order prescribed in paragraph (1) of the preceding Article" in Article 154, paragraph (1), and "the rate specified by Cabinet Order prescribed in paragraph (1) of the preceding Article" in paragraph (2) of the same Article are "0.164".

(Special Provisions for National Subsidies)

Article 5-2 Notwithstanding the provisions of Articles 153 and 154 as well as Article 4-4 of the Supplementary Provisions and the preceding Article, in and after fiscal year 2017, the national treasury provides assistance in the amount obtained by deducting the amount listed in item (ii) below from the amount listed in item (i) in the relevant single business year (in the case where there is the amount listed in item (iii), the amount obtained by deducting the amount listed in item (iii) from the amount listed in item (i)) (if the amount is less than zero, it will be zero), multiplying the result by 0.164, and then deducting the resulting amount from the amount calculated pursuant to the provisions of Article 153, paragraph (1) as applied by replacing terms pursuant to the provisions of the preceding Article, Article 153, paragraph (2) in which terms are replaced pursuant to the provisions of the preceding Article as applied by replacing terms pursuant to the provisions of Article 4-4 of the Supplementary Provisions, and Article 154, paragraph (2) in which terms are replaced pursuant to the provisions of the preceding Article as applied by replacing terms pursuant to Article 154, paragraph (1) as applied by replacing terms

pursuant to the preceding Article and Article 4-4 of the Supplementary Provisions:

- (i) the expected amount of JHIA's reserve fund at the end of the business year before the relevant business year if the general insurance premium rate of JHIA were set to 0.10 per year continuously in the period from fiscal year 2015 to the business year before the relevant business year and the provisions of Articles 5-4 to 5-6 of the Supplementary Provisions before amendment pursuant to the provisions of Article 6 of the Act Partially Amending the National Health Insurance Act for Establishing a Sustainable Medical Insurance System (Act No. 31 of 2015; referred to as "the Act Partially Amending the NHIA, etc." in sub-item (b) below) did not apply:
- (ii) whichever is the higher of the amounts listed below:
 - (a) the total sum of the amount of JHIA's reserve fund at the end of 2014 and the amounts delivered to JHIA during fiscal year 2015, sourced from the amount paid to the Health Account of Special Pension Account pursuant to the provisions of Article 15, paragraph (1) of the Readjustment of Facilities for Insured Persons and Beneficiaries Organization Act (Act No. 71 of 2005) that remain in force in fiscal year 2006 pursuant to the provisions of Article 5 of the Supplementary Provisions of the Act Partially Amending the Readjustment of Facilities for Insured Persons and Beneficiaries Organization Act (Act No. 73 of 2011); or
 - (b) the highest of the expected amounts of JHIA's reserve fund at the end of each business year in the period from fiscal year 2015 to the business year before the business year before the relevant business year if the general insurance premium rate of JHIA were set to 0.10 per year in that period and the provisions of Articles 5-4 through 5-6 of the Supplementary Provisions before amendment pursuant to the provisions of Article 6 of the Act Partially Amending the NHIA (the amount obtained by deducting the cumulative amount of the amounts delivered between fiscal year 2015 and each of the relevant business years from the amount of JHIA's reserve fund at the end of each of the relevant business years if there is any amount delivered to JHIA sourced from the amount paid to the Health Account of the Annual Special Account between fiscal year 2015 and each of the relevant business years pursuant to the provisions of Article 46-2, paragraphs (1) through (3) of the Independent Administrative Agencies General Rules Act (Act No. 103 of 2009) and Article 16, paragraph (2) of the Independent Administrative Agencies Regional Medical Function Promotion Organization Act (Act No. 71 of 2005) (referred to as "amount for payment" in the following item)); and
- (iii) the cumulative amount of the amounts delivered to JHIA, sourced from the amount for payment from fiscal 2015 to the business year before the relevant

business year.

(Examination)

Article 5-3 When it is expected to be necessary to raise JHIA's general insurance premium rate in order to maintain its financial balance taking into account the prospects for JHIA's revenues and expenditures for health insurance business prescribed in Article 160, paragraph (5), the government is to examine the provisions of Articles 153 and 154 as well as Article 5 of the Supplementary Provisions in consideration of trends in general insurance premium rates of insurers other than JHIA, the national financial status, and other changes in social and economic circumstances, and take necessary measures based on the results when it finds it necessary.

(Application Concerning the Promotion and Mutual Aid Corporation for Private Schools of Japan)

Article 6 With regard to the application of this Act, the Promotion and Mutual Aid Corporation for Private Schools of Japan is deemed to be a mutual aid association, and subscribers to the Private School Personnel Mutual Aid System pursuant to the provisions of the Private School Personnel Mutual Aid Association Act are deemed to be members of the mutual aid association.

(Specified Insured Person)

- Article 7 (1) Notwithstanding the provisions of Article 156, paragraph (1), item (ii) and Article 157, paragraph (2), a health insurance society may, as prescribed in its constitution, set the insurance premium amount for insured persons (limited to those with a dependent who is an item (ii) insured person; hereinafter referred to as a "specified insured person" in this and the following Article) other than item (ii) insured persons as the sum of the general insurance premium amount and long-term care insurance premium amount.
- (2) Regarding the application of the provisions of Article 156, paragraph (3) to a specified insured person whose amount of insurance premiums is the total sum of general insurance premiums and long-term care insurance premiums pursuant to the provisions of the preceding paragraph, the phrase "the preceding two paragraphs" in that paragraph is replaced with "Article 7, paragraphs (1) and (3) of the Supplementary Provisions".
- (3) The provisions of Article 156, paragraph (2) apply mutatis mutandis when a dependent who is an item (ii) insured person (limited to a dependent of a specified insured person whose insurance premiums are the total sum of the amounts of the dependent's general insurance premiums and long-term care insurance premiums pursuant to the provisions of paragraph (1)) becomes no longer eligible to be an item (ii) insured person.

- (4) Necessary matters concerning the special case of calculating the long-term care insurance premium rate for a health insurance society which sets the insurance premium amount for a specified insured person as the total sum of the general insurance premium amount and the long-term care insurance premium amount pursuant to the provisions of paragraph (1) are specified by Cabinet Order.

(Approved Health Insurance Society)

Article 8 (1) A health insurance society which is approved by the Minister of Health, Labour and Welfare as meeting the requirements specified by Cabinet Order (hereinafter referred to as "approved health insurance society") may set the amount of insurance premiums for an insured person who is an item (ii) insured person (including a specified insured person whose amount of insurance premiums is the total sum of general insurance premiums and long-term care insurance premiums pursuant to the provisions of paragraph (1) of the preceding Article; the same applies in paragraph (4)) as the total sum of the amount of general insurance premiums and the amount of special long-term care insurance premiums, notwithstanding the provisions of Article 156, paragraph (1), item (i), Article 157, paragraph (2), Article 160, paragraph (16), and paragraph (1) of the preceding Article.

- (2) The method for calculating the amount of special long-term care insurance premiums referred to in the preceding paragraph is to be specified in the constitution in accordance with standards specified by Cabinet Order so that the total amount of special long-term care insurance premiums of an approved health insurance society each fiscal year and the amount of long-term care payments to be paid by the approved health insurance society are equal.

- (3) Cabinet Order referred to in the preceding paragraph is specified in consideration of standards specified by Cabinet Order prescribed in Article 129, paragraph (2) of the Long-Term Care Insurance Act.

- (4) Regarding the application of the provisions of Article 162 to an insured person who is an item 2 insured person of an approved health insurance society, the phrase "long-term care insurance premiums" in the same Article is replaced with "special long-term care insurance premiums".

(Special Provisions for the Old Child Allowance Act Applied Pursuant to the Act on Child Allowance Payments in Fiscal Year 2010)

Article 8-2 (1) With regard to contributions referred to in Article 20 of the Child Allowance Act (Act No. 73 of 1971) before its amendment pursuant to the provisions of Article 1 of the Act for Amending Part of the Child Allowance Act (Act No. 24 of 2012) that remains in force pursuant to the provisions of Article 11 of the Supplementary Provisions of the same Act as applied pursuant to the

provisions of Article 20, paragraph (1) of the Act on Child Allowance Payments in Fiscal Year 2010 (Act No. 19 of 2010; hereinafter referred to as "Old Child Allowance Act"), the provisions of Article 159-2 apply mutatis mutandis.

In this case, the phrase "Article 69 of the Child and Childcare Support Act (Act No. 65 of 2012)" in Article 159-2 is deemed to be replaced with "Article 20 of the Child Allowance Act (Act No. 73 of 1971) before its amendment pursuant to the provisions of Article 1 of the Act for Amending Part of the Child Allowance Act (Act No. 24 of 2012) that remains in force pursuant to the provisions of Article 11 of the Supplementary Provisions of the same Act as applied pursuant to the provisions of Article 20, paragraph (1) of the Act on Child Allowance Payments in Fiscal Year 2010 (Act No. 19 of 2010)" and "child and childcare contributions" with "child allowance contributions".

(Special Provisions for the Old Child Allowance Act Applied Pursuant to the Act on Special Measures for Child Allowance Payments in Fiscal Year 2011)
Article 8-3 (1) With regard to the contributions referred to in Article 20 of the Old Child Allowance Act that remains in force pursuant to the provisions of Article 12 of the Supplementary Provisions of the Act for Amending Part of the Child Allowance Act as applied pursuant to the provisions of Article 20, paragraphs (1), (3) and (5) of the Act on Special Measures for Child Allowance Payments in Fiscal Year 2011 (Act No. 107 of 2011), the provisions of Article 159-2 apply mutatis mutandis.

In this case, the phrase "Article 69 of the Child and Childcare Support Act (Act No. 65 of 2012)" in Article 159-2 is deemed to be replaced with "Article 20 of the Child Allowance Act (Act No. 73 of 1971) before its amendment pursuant to the provisions of Article 1 of the Act for Amending Part of the Child Allowance Act (Act No. 24 of 2012) that remains in force pursuant to the provisions of Article 12 of the same Act as applied pursuant to the provisions of Article 20, paragraphs (1), (3) and (5) of the Act on Special Measures for Child Allowance Payments in Fiscal Year 2011 (Act No. 107 of 2011)", and "child and childcare contributions" with "child allowance contributions".

(Special Provisions for Calculation of Insurance Premium Rate for Each Prefecture)
Article 8-4 During the period from fiscal 2000 through fiscal 2002, the phrase "as well as expenses required for the execution of affairs concerning health insurance business and the estimated amount of reserve funds pursuant to the provisions of the following Article (excluding the amount of the national treasury benefits pursuant to the provisions of Article 151)" in Article 160, paragraph (3), item (iii) is replaced with ", expenses required for the execution of affairs concerning health insurance business and the estimated amount of

reserve funds pursuant to the provisions of the following Article (excluding the amount of the national treasury benefits pursuant to the provisions of Article 151), as well as the amount specified by Cabinet Order to be allocated for the amount of funding necessary to provide for the redemption of short-term debt pursuant to the provisions of Article 7-31", and the phrase "every two years for five years starting from the following business year" in paragraph (5) of the same Article is replaced with "during the period from fiscal 2010 to fiscal 2012, before starting each business year (in fiscal 2010, immediately after starting the relevant business year), and during the period from the relevant business year to fiscal 2012 (in fiscal 2014 if that is the relevant business year)".

- Article 8-5 (1) In fiscal 2013 and 2014, the phrase "as well expenses" in Article 160, paragraph (3), item (iii) is replaced with ", expenses", the phrase "and the estimated amount of reserve funds pursuant to the provisions of the following Article (excluding the amount of national treasury benefits pursuant to the provisions of Article 151)" in the same item is replaced with "(excluding the amount of national treasury benefits pursuant to the provisions of Article 151) as well as the amount specified by Cabinet Order to be allocated for the amount of funding necessary to provide for redemption of short-term debt pursuant to the provisions of Article 7-31", and the phrase "every two years for five years starting from the following business year" in paragraph (5) of the same Article is replaced with "immediately after the beginning of fiscal year 2013, for the business years in that fiscal year and in fiscal 2014, and before the beginning of fiscal 2014, for the business year in that fiscal year".
- (2) In fiscal 2013 and 2014, the provisions of Article 160-2 do not apply to JHIA.

(Special Provisions for Delinquent Charges Rate)

- Article 9 Regarding the rates of 14.6% per year and 7.3% per year for delinquent charges as prescribed in Article 81, paragraph (1), until otherwise provided by law and notwithstanding the provisions of the same paragraph, if the special standard rate (meaning the special standard rate prescribed in the provisions of Article 93, paragraph (2) of the Act on Special Measures Concerning Taxation (Act No. 26 of 1957); hereinafter the same applies in this Article) in a year is below 7.3% per year, the respective rates for the year are calculated by adding 7.3% to the special standard rate in the case of the 14.6% rate and by adding 1% to the special standard rate in the case of the 7.3% rate (if that rate after addition exceeds 7.3% per year, the rate is set as 7.3% per year).

(Transitional Measures Concerning Japan Post Holdings)

- Article 10 With regard to the application of this Act when Japan Post Holdings, etc. as prescribed in Article 20-2, paragraph (2) of the Supplementary

Provisions of the National Public Employees Mutual Aid Association Act applies for designation as a medical institution providing services covered by health insurance, a pharmacy providing services covered by health insurance, or a designated home-nursing provider, the phrases listed in the middle column of the following table pursuant to the provisions listed in the right column of the same table are replaced with the phrases listed in the left columns of the table.

Article 65, paragraph (3), item (v)	The Act on Assurance of Medical Care for Elderly People	The Act on Assurance of Medical Care for Elderly People, the National Public Employees Mutual Aid Association Act (Act No. 128 of 1958)
Article 70, paragraph (2)	National Public Employees Mutual Aid Association Act (Act No. 128 of 1958	National Public Employees Mutual Aid Association Act (

(Delegation of Affairs Pertaining to Authority of the Minister of Health, Labour and Welfare to JPS)

Article 11 (1) With regard to the authority of the Minister of Health, Labour and Welfare pursuant to the provisions of Article 25 of the Supplementary Provisions of the Amending Act and other provisions that specify transitional measures and that are specified by Order of the Ministry of Health, Labour and Welfare, the affairs to which the authority pertains are to be implemented by JPS, pursuant to the provisions of Articles 204 through 205-3 of Health Insurance Act (referred to as "New Health Insurance Act" in the following paragraph) after amendment pursuant to the provisions of Article 23 of the Supplementary Provisions of the Japan Pension Service Act (Act No. 109 of 2007).

(2) In the case of the preceding paragraph, necessary matters concerning technical replacement of terms regarding the application of the provisions of Article 204 through Article 205-3 of the New Health Insurance Act and other matters necessary for the application of those provisions are specified by Order of the Ministry of Health, Labour and Welfare.