

健康保険法

Health Insurance Act

(大正十一年四月二十二日法律第七十号)
(Act No. 70 of April 22, 1922)

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第一章 総則

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（目的）

(Purpose)

第一条 この法律は、労働者又はその被扶養者の業務災害（労働者災害補償保険法（昭和二十二年法律第五十号）第七条第一項第一号に規定する業務災害をいう。）以外の疾病、負傷若しくは死亡又は出産に関して保険給付を行い、もって国民の生活の安定と福祉の向上に寄与することを目的とする。

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.

（基本的理念）

(Basic Principles)

第二条 健康保険制度については、これが医療保険制度の基本をなすものであることにかんがみ、高齢化の進展、疾病構造の変化、社会経済情勢の変化等に対応し、その他の医療保険制度及び後期高齢者医療制度並びにこれらに密接に関連する制度と併せてその在り方に関して常に検討が加えられ、その結果に基づき、医療保険の運営の効率化、給付の内容及び費用の負担の適正化並びに国民が受ける医療の質の向上を総合的に図りつつ、実施されなければならない。

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.

(定義)

(Definitions)

第三条 この法律において「被保険者」とは、適用事業所に使用される者及び任意継続被保険者をいう。ただし、次の各号のいずれかに該当する者は、日雇特例被保険者となる場合を除き、被保険者となることができない。

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:

一 船員保険の被保険者（船員保険法（昭和十四年法律第七十三号）第二条第二項に規定する疾病任意継続被保険者を除く。）

(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));

二 臨時に使用される者であつて、次に掲げるもの（イに掲げる者にあつては一月を超え、ロに掲げる者にあつてはロに掲げる所定の期間を超え、引き続き使用されるに至った場合を除く。）

(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)):

イ 日々雇い入れられる者

(a) a worker hired on a daily basis;

ロ 二月以内の期間を定めて使用される者

(b) a worker employed for a fixed period not longer than two months;

三 事業所又は事務所（第八十八条第一項及び第八十九条第一項を除き、以下単に「事業所」という。）で所在地が一定しないものに使用される者

(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;

四 季節的業務に使用される者（継続して四月を超えて使用されるべき場合を除く。）

(iv) a worker employed in seasonal work (excluding continuous employment exceeding four months);

五 臨時的事業の事業所に使用される者（継続して六月を超えて使用されるべき場合を除く。）

(v) a worker employed at a place of temporary business (excluding continuous employment exceeding six months);

六 国民健康保険組合の事業所に使用される者

(vi) a worker employed at a place of business of a national health insurance society;

七 後期高齢者医療の被保険者（高齢者の医療の確保に関する法律（昭和五十七年法律第八十号）第五十条の規定による被保険者をいう。）及び同条各号のいずれかに該当する者で同法第五十一条の規定により後期高齢者医療の被保険者とならないもの（以下「後期高齢者医療の被保険者等」という。）

(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");

八 厚生労働大臣、健康保険組合又は共済組合の承認を受けた者（健康保険の被保険者でないことにより国民健康保険の被保険者であるべき期間に限る。）

(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

九 事業所に使用される者であつて、その一週間の所定労働時間が同一の事業所に使用される短時間労働者の雇用管理の改善等に関する法律（平成五年法律第七十六号）第二条に規定する通常の労働者（以下この号において「通常の労働者」という。）の一週間の所定労働時間の四分の三未満である同条に規定する短時間労働者（以下この号において「短時間労働者」という。）又はその一月間の所定労働日数が同一の事業所に使用される通常の労働者の一月間の所定労働日数の四分の三未満である短時間労働者に該当し、かつ、イからニまでのいずれかの要件に該当するもの

(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):

イ 一週間の所定労働時間が二十時間未満であること。

(a) the prescribed weekly scheduled working hours are shorter than 20 hours;

ロ 当該事業所に継続して一年以上使用されることが見込まれないこと。

(b) the part-time worker is not expected to be employed at the place of business continuously for one year or longer;

ハ 報酬（最低賃金法（昭和三十四年法律第百三十七号）第四条第三項各号に掲げる賃金に相当するものとして厚生労働省令で定めるものを除く。）について、厚生労働省令で定めるところにより、第四十二条第一項の規定の例により算定した額が、八万八千円未満であること。

(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

ニ 学校教育法（昭和三十二年法律第二十六号）第五十条に規定する高等学校の生徒、同法第八十三条に規定する大学の学生その他の厚生労働省令で定める者であること。

(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 この法律において「日雇特例被保険者」とは、適用事業所に使用される日雇労働者をいう。ただし、後期高齢者医療の被保険者等である者又は次の各号のいずれかに該当する者として厚生労働大臣の承認を受けたものは、この限りでない。

(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:

一 適用事業所において、引き続き二月間に通算して二十六日以上使用される見込みのないことが明らかであるとき。

(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;

二 任意継続被保険者であるとき。

(ii) the person is insured with optional and continued coverage; or

三 その他特別の理由があるとき。

(iii) there is another special reason.

3 この法律において「適用事業所」とは、次の各号のいずれかに該当する事業所をいう。

(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:

一 次に掲げる事業の事業所であって、常時五人以上の従業員を使用するもの

- (i) a place of business for any of the businesses listed below and at which five or more employees work regularly:
- イ 物の製造、加工、選別、包装、修理又は解体の事業
 - (a) businesses of manufacturing, processing, selection, packaging, repair, or demolition of structures;
 - ロ 土木、建築その他工作物の建設、改造、保存、修理、変更、破壊、解体又はその準備の事業
 - (b) civil engineering businesses or business that builds or otherwise constructs, remodels, preserves, repairs, changes, destroys, or dismantles structures, or prepares therefor;
 - ハ 鉱物の採掘又は採取の事業
 - (c) business of mining or collecting minerals;
 - ニ 電気又は動力の発生、伝導又は供給の事業
 - (d) business that generates, conducts, or transmits electricity or other power sources;
 - ホ 貨物又は旅客の運送の事業
 - (e) business that transports freight or passengers;
 - ヘ 貨物積卸しの事業
 - (f) business that loads and unloads freight;
 - ト 焼却、清掃又はとさつの事業
 - (g) business of incineration or cleaning, or slaughterhouse business;
 - チ 物の販売又は配給の事業
 - (h) business that sells or supplies articles;
 - リ 金融又は保険の事業
 - (i) financial or insurance business;
 - ヌ 物の保管又は賃貸の事業
 - (j) business that retains or leases articles;
 - ル 媒介周旋の事業
 - (k) intermediary or brokerage business;
 - ヲ 集金、案内又は広告の事業
 - (l) money-collecting, guiding, or advertising business;
 - ワ 教育、研究又は調査の事業
 - (m) educational, research, or survey business;
 - カ 疾病の治療、助産その他医療の事業
 - (n) business that treats or nurses sick or injured people, or midwife or other medical services;
 - コ 通信又は報道の事業
 - (o) communication or reporting business;
 - タ 社会福祉法（昭和二十六年法律第四十五号）に定める社会福祉事業及び更生保護事業法（平成七年法律第八十六号）に定める更生保護事業
 - (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

二 前号に掲げるもののほか、国、地方公共団体又は法人の事業所であつて、常時従業員を使用するもの

(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 この法律において「任意継続被保険者」とは、適用事業所に使用されなくなったため、又は第一項ただし書に該当するに至つたため被保険者（日雇特例被保険者を除く。）の資格を喪失した者であつて、喪失の日の前日まで継続して二月以上被保険者（日雇特例被保険者、任意継続被保険者又は共済組合の組合員である被保険者を除く。）であつたもののうち、保険者に申し出て、継続して当該保険者の被保険者となつた者をいう。ただし、船員保険の被保険者又は後期高齢者医療の被保険者等である者は、この限りでない。

(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 この法律において「報酬」とは、賃金、給料、俸給、手当、賞与その他いかなる名称であるかを問わず、労働者が、労働の対償として受けるすべてのものをいう。ただし、臨時に受けるもの及び三月を超える期間ごとに受けるものは、この限りでない。

(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 この法律において「賞与」とは、賃金、給料、俸給、手当、賞与その他いかなる名称であるかを問わず、労働者が、労働の対償として受けるすべてのもののうち、三月を超える期間ごとに受けるものをいう。

(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 この法律において「被扶養者」とは、次に掲げる者をいう。ただし、後期高齢者医療の被保険者等である者は、この限りでない。

(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:

一 被保険者（日雇特例被保険者であった者を含む。以下この項において同じ。）の直系尊属、配偶者（届出をしていないが、事実上婚姻関係と同様の事情にある者を含む。以下この項において同じ。）、子、孫及び兄弟姉妹であって、主としてその被保険者により生計を維持するもの

(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;

二 被保険者の三親等内の親族で前号に掲げる者以外のものであって、その被保険者と同一の世帯に属し、主としてその被保険者により生計を維持するもの

(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;

三 被保険者の配偶者で届出をしていないが事実上婚姻関係と同様の事情にあるものの父母及び子であって、その被保険者と同一の世帯に属し、主としてその被保険者により生計を維持するもの

(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

四 前号の配偶者の死亡後におけるその父母及び子であって、引き続きその被保険者と同一の世帯に属し、主としてその被保険者により生計を維持するもの

(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 この法律において「日雇労働者」とは、次の各号のいずれかに該当する者をいう。

(8) The term "day worker" as used in this Act means a person who falls under any of the following items:

一 臨時に使用される者であって、次に掲げるもの（同一の事業所において、イに掲げる者にあつては一月を超え、ロに掲げる者にあつてはロに掲げる所定の期間を超え、引き続き使用されるに至った場合（所在地の一定しない事業所において引き続き使用されるに至った場合を除く。）を除く。）

(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));
- イ 日々雇い入れられる者
- (a) a worker hired on a daily basis;
- ロ 二月以内の期間を定めて使用される者
- (b) a worker employed for a fixed period not longer than two months;
- 二 季節的業務に使用される者（継続して四月を超えて使用されるべき場合を除く。）
- (ii) a worker employed in seasonal work (excluding cases of continuous employment exceeding four months); or
- 三 臨時的事業の事業所に使用される者（継続して六月を超えて使用されるべき場合を除く。）
- (iii) a worker employed at a place of temporary business (excluding cases of continuous employment exceeding six months).
- 9 この法律において「賃金」とは、賃金、給料、手当、賞与その他いかなる名称であるかを問わず、日雇労働者が、労働の対償として受けるすべてのものをいう。ただし、三月を超える期間ごとに受けるものは、この限りでない。
- (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 この法律において「共済組合」とは、法律によって組織された共済組合をいう。
- (10) The term "mutual aid association" as used in this Act means a mutual aid association organized pursuant to law.

第二章 保険者

Chapter II Insurers

第一節 通則

Section 1 General Rules

(保険者)

(Insurers)

第四条 健康保険（日雇特例被保険者の保険を除く。）の保険者は、全国健康保険協会及び健康保険組合とする。

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

(全国健康保険協会管掌健康保険)

(Health Insurance Administered by Japan Health Insurance Association)

第五条 全国健康保険協会は、健康保険組合の組合員でない被保険者（日雇特例被保険

者を除く。次節、第五十一条の二、第六十三条第三項第二号、第一百五十一条第一項、第一百七十二条第三号、第十章及び第十一章を除き、以下本則において同じ。)の保険を管掌する。

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 前項の規定により全国健康保険協会が管掌する健康保険の事業に関する業務のうち、被保険者の資格の取得及び喪失の確認、標準報酬月額及び標準賞与額の決定並びに保険料の徴収（任意継続被保険者に係るものを除く。）並びにこれらに附帯する業務は、厚生労働大臣が行う。

(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.

(組合管掌健康保険)

(Health Insurance Administered by Societies)

第六条 健康保険組合は、その組合員である被保険者の保険を管掌する。

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

(二以上の事業所に使用される者の保険者)

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

第七条 同時に二以上の事業所に使用される被保険者の保険を管掌する者は、第五条第一項及び前条の規定にかかわらず、厚生労働省令で定めるところによる。

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.

第二節 全国健康保険協会

Section 2 Japan Health Insurance Association

(設立及び業務)

(Establishment and Services)

第七条の二 健康保険組合の組合員でない被保険者（以下この節において単に「被保険者」という。）に係る健康保険事業を行うため、全国健康保険協会（以下「協会」という。）を設ける。

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 協会は、次に掲げる業務を行う。

(2) JHIA provides the services listed below:

一 第四章の規定による保険給付及び第五章第三節の規定による日雇特例被保険者に係る保険給付に関する業務

(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;

二 第六章の規定による保健事業及び福祉事業に関する業務

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

三 前二号に掲げる業務のほか、協会が管掌する健康保険の事業に関する業務であって第五条第二項の規定により厚生労働大臣が行う業務以外のもの

(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);

四 第一号及び第二号に掲げる業務のほか、日雇特例被保険者の保険の事業に関する業務であって第百二十三条第二項の規定により厚生労働大臣が行う業務以外のもの

(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);

五 第二百四条の七第一項に規定する権限に係る事務に関する業務

(v) operations related to affairs pertaining to the authority prescribed in Article 204-7, paragraph (1); and

六 前各号に掲げる業務に附帯する業務

(vi) operations incidental to the operations listed in each of the preceding items.

3 協会は、前項各号に掲げる業務のほか、船員保険法の規定による船員保険事業に関する業務（同法の規定により厚生労働大臣が行うものを除く。）、高齢者の医療の確保に関する法律の規定による前期高齢者納付金等（以下「前期高齢者納付金等」という。）及び同法の規定による後期高齢者支援金等（以下「後期高齢者支援金等」という。）並びに介護保険法（平成九年法律第百二十三号）の規定による納付金（以下「介護納付金」という。）の納付に関する業務を行う。

(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").

(法人格)

(Legal Personality)

第七条の三 協会は、法人とする。

Article 7-3 JHIA is a corporation.

(事務所)

(Offices)

第七条の四 協会は、主たる事務所を東京都に、従たる事務所（以下「支部」という。）を各都道府県に設置する。

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

2 協会の住所は、その主たる事務所の所在地にあるものとする。

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

(資本金)

(Stated Capital)

第七条の五 協会の資本金は、健康保険法等の一部を改正する法律（平成十八年法律第八十三号。以下「改正法」という。）附則第十八条第二項の規定により政府から出資があったものとされた金額とする。

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").

(定款)

(Articles of Incorporation)

第七条の六 協会は、定款をもって、次に掲げる事項を定めなければならない。

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

- 一 目的
(i) its purpose;
 - 二 名称
(ii) its name;
 - 三 事務所の所在地
(iii) the locations of its offices;
 - 四 役員に関する事項
(iv) particulars relating to its officers;
 - 五 運営委員会に関する事項
(v) particulars relating to its management board;
 - 六 評議会に関する事項
(vi) particulars relating to its council;
 - 七 保健事業に関する事項
(vii) particulars relating to healthcare services;
 - 八 福祉事業に関する事項
(viii) particulars relating to welfare services;
 - 九 資産の管理その他財務に関する事項
(ix) particulars relating to asset management and other finances; and
 - 十 その他組織及び業務に関する重要事項として厚生労働省令で定める事項
(x) other important matters related to organization and operations as specified by Order of the Ministry of Health, Labour and Welfare.
- 2 前項の定款の変更（厚生労働省令で定める事項に係るものを除く。）は、厚生労働大臣の認可を受けなければ、その効力を生じない。
- (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 協会は、前項の厚生労働省令で定める事項に係る定款の変更をしたときは、遅滞なく、これを厚生労働大臣に届け出なければならない。
- (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 協会は、定款の変更について第二項の認可を受けたとき、又は同項の厚生労働省令で定める事項に係る定款の変更をしたときは、遅滞なく、これを公告しなければならない。
- (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.

(登記)

(Registration)

第七条の七 協会は、政令で定めるところにより、登記しなければならない。

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

2 前項の規定により登記しなければならない事項は、登記の後でなければ、これをもって第三者に対抗することができない。

(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.

(名称)

(Name)

第七条の八 協会でない者は、全国健康保険協会という名称を用いてはならない。

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

(役員)

(Officers)

第七条の九 協会に、役員として、理事長一人、理事六人以内及び監事二人を置く。

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

(役員職務)

(Duties of Officers)

第七条の十 理事長は、協会を代表し、その業務を執行する。

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

2 理事長に事故があるとき、又は理事長が欠けたときは、理事のうちから、あらかじめ理事長が指定する者がその職務を代理し、又はその職務を行う。

(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 理事は、理事長の定めるところにより、理事長を補佐して、協会の業務を執行することができる。

(3) The directors may assist the president in executing the operations of JHIA as determined by the president.

4 監事は、協会の業務の執行及び財務の状況を監査する。

(4) An auditor audits the execution of business and the financial status of JHIA.

(役員任命)

(Appointment of Officers)

第七条の十一 理事長及び監事は、厚生労働大臣が任命する。

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

2 厚生労働大臣は、前項の規定により理事長を任命しようとするときは、あらかじめ、第七条の十八第一項に規定する運営委員会の意見を聴かなければならない。

(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 理事は、理事長が任命する。

(3) The directors are appointed by the president.

4 理事長は、前項の規定により理事を任命したときは、遅滞なく、厚生労働大臣に届け出るとともに、これを公表しなければならない。

(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.

(役員任期)

(Terms of Office)

第七条の十二 役員任期は三年とする。ただし、補欠の役員任期は、前任者の残任期間とする。

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 役員は、再任されることができる。

(2) An officer may be reappointed.

(役員欠格条項)

(Ineligibility of Officers)

第七条の十三 政府又は地方公共団体の職員（非常勤の者を除く。）は、役員となることができない。

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.

(役員解任)

(Dismissal of Officers)

第七条の十四 厚生労働大臣又は理事長は、それぞれその任命に係る役員が前条の規定により役員となることができない者に該当するに至ったときは、その役員を解任しなければならない。

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 厚生労働大臣又は理事長は、それぞれその任命に係る役員が次の各号のいずれかに該当するとき、その他役員たるに適しないと認めるときは、その役員を解任することができる。

(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:

一 心身の故障のため職務の遂行に堪えないと認められるとき。

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

二 職務上の義務違反があるとき。

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

3 理事長は、前項の規定により理事を解任したときは、遅滞なく、厚生労働大臣に届け出るとともに、これを公表しなければならない。

(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.

(役員の兼職禁止)

(Prohibition of Concurrent Holding of Positions by Officers)

第七条の十五 役員（非常勤の者を除く。）は、営利を目的とする団体の役員となり、又は自ら営利事業に従事してはならない。ただし、厚生労働大臣の承認を受けたときは、この限りでない。

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.

(代表権の制限)

(Restrictions on Authority of Representation)

第七条の十六 協会と理事長又は理事との利益が相反する事項については、これらの者は、代表権を有しない。この場合には、監事が協会を代表する。

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.

(代理人の選任)

(Appointment of Agents)

第七条の十七 理事長は、理事又は職員のうちから、協会の業務の一部に関し一切の裁

判上又は裁判外の行為をする権限を有する代理人を選任することができる。

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.

(運営委員会)

(Management Board)

第七条の十八 事業主（被保険者を使用する適用事業所の事業主をいう。以下この節において同じ。）及び被保険者の意見を反映させ、協会の業務の適正な運営を図るため、協会に運営委員会を置く。

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 運営委員会の委員は、九人以内とし、事業主、被保険者及び協会の業務の適正な運営に必要な学識経験を有する者のうちから、厚生労働大臣が各同数を任命する。

(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 前項の委員の任期は、二年とする。

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

4 第七条の十二第一項ただし書及び第二項の規定は、運営委員会の委員について準用する。

(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.

(運営委員会の職務)

(Duties of the Management Board)

第七条の十九 次に掲げる事項については、理事長は、あらかじめ、運営委員会の議を経なければならない。

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

一 定款の変更

(i) amendments to the articles of incorporation;

二 第七条の二十二第二項に規定する運営規則の変更

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

三 協会の毎事業年度の事業計画並びに予算及び決算

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

四 重要な財産の処分又は重大な債務の負担

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

五 第七条の三十五第二項に規定する役員に対する報酬及び退職手当の支給の基準の変更

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

六 その他協会の組織及び業務に関する重要事項として厚生労働省令で定めるもの

(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 前項に規定する事項のほか、運営委員会は、理事長の諮問に応じ、又は必要と認める事項について、理事長に建議することができる。

(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 前二項に定めるもののほか、運営委員会の組織及び運営に関し必要な事項は、厚生労働省令で定める。

(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.

(委員の地位)

(Position of Members)

第七条の二十 運営委員会の委員は、刑法（明治四十年法律第四十五号）その他の罰則の適用については、法令により公務に従事する職員とみなす。

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.

(評議会)

(Council)

第七条の二十一 協会は、都道府県ごとの実情に応じた業務の適正な運営に資するため、支部ごとに評議会を設け、当該支部における業務の実施について、評議会の意見を聴くものとする。

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 評議会の評議員は、定款で定めるところにより、当該評議会が設けられる支部の都道府県に所在する適用事業所（第三十四条第一項に規定する一の適用事業所を含む。以下同じ。）の事業主及び被保険者並びに当該支部における業務の適正な実施に必要な学識経験を有する者のうちから、支部の長（以下「支部長」という。）が委嘱する。

(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.

(運営規則)

(Operation Rules)

第七条の二十二 協会は、業務を執行するために必要な事項で厚生労働省令で定めるものについて、運営規則を定めるものとする。

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 理事長は、運営規則を変更しようとするときは、あらかじめ、厚生労働大臣に届け出なければならない。

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

(職員の任命)

(Appointment of Employees)

第七条の二十三 協会の職員は、理事長が任命する。

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

(役員及び職員の公務員たる性質)

(Status of Officers and Officials as Public Employees)

第七条の二十四 第七条の二十の規定は、協会の役員及び職員について準用する。

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

(事業年度)

(Business Year)

第七条の二十五 協会の事業年度は、毎年四月一日に始まり、翌年三月三十一日に終わる。

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

(企業会計原則)

(Corporate Accounting Principles)

第七条の二十六 協会の会計は、厚生労働省令で定めるところにより、原則として企業会計原則によるものとする。

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.

(事業計画等の認可)

(Authorization of Business Plans)

第七条の二十七 協会は、毎事業年度、事業計画及び予算を作成し、当該事業年度開始前に、厚生労働大臣の認可を受けなければならない。これを変更しようとするときも、同様とする。

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.

(財務諸表等)

(Financial Statements)

第七条の二十八 協会は、毎事業年度の決算を翌事業年度の五月三十一日までに完結しなければならない。

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

2 協会は、毎事業年度、貸借対照表、損益計算書、利益の処分又は損失の処理に関する書類その他厚生労働省令で定める書類及びこれらの附属明細書（以下「財務諸表」という。）を作成し、これに当該事業年度の事業報告書及び決算報告書（以下この条及び第二百十七条の二第四号において「事業報告書等」という。）を添え、監事及び次条第二項の規定により選任された会計監査人の意見を付けて、決算完結後二月以内に厚生労働大臣に提出し、その承認を受けなければならない。

(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 財務諸表及び事業報告書等には、支部ごとの財務及び事業の状況を示すために必要な事項として厚生労働省令で定めるものを記載しなければならない。

(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 協会は、第二項の規定による厚生労働大臣の承認を受けたときは、遅滞なく、財務諸表を官報に公告し、かつ、財務諸表及び事業報告書等並びに同項の監事及び会計監査人の意見を記載した書面を、各事務所に備えて置き、厚生労働省令で定める期間、一般の閲覧に供しなければならない。

(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.

(会計監査人の監査)

(Audit by Accounting Auditor)

第七条の二十九 協会は、財務諸表、事業報告書（会計に関する部分に限る。）及び決算報告書について、監事の監査のほか、会計監査人の監査を受けなければならない。

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 会計監査人は、厚生労働大臣が選任する。

(2) An accounting auditor is appointed by the Minister of Health, Labour and Welfare.

3 会計監査人は、公認会計士（公認会計士法（昭和二十三年法律第百三号）第十六条の二第五項に規定する外国公認会計士を含む。）又は監査法人でなければならない。

(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 公認会計士法の規定により、財務諸表について監査をすることができない者は、会計監査人となることができない。

(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 会計監査人の任期は、その選任の日以後最初に終了する事業年度の財務諸表についての厚生労働大臣の前条第二項の承認の時までとする。

(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 厚生労働大臣は、会計監査人が次の各号のいずれかに該当するときは、その会計監

査人を解任することができる。

(6) If an accounting auditor falls under any of the following items, the Minister of Health, Labour and Welfare may dismiss the accounting auditor:

一 職務上の義務に違反し、又は職務を怠ったとき。

(i) the accounting auditor has violated the obligations of the accounting auditor's duties or has been negligent in the performance thereof;

二 会計監査人たるにふさわしくない非行があつたとき。

(ii) the accounting auditor has committed a conduct unbecoming of an accounting auditor; or

三 心身の故障のため、職務の遂行に支障があり、又はこれに堪えないとき。

(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.

(各事業年度に係る業績評価)

(Evaluation on Operational Performance in Each Business Year)

第七条の三十 厚生労働大臣は、協会の事業年度ごとの業績について、評価を行わなければならない。

Article 7-30 (1) The Minister of Health, Labour and Welfare must evaluate JHIA's operational performance in each business year.

2 厚生労働大臣は、前項の評価を行ったときは、遅滞なく、協会に対し、当該評価の結果を通知するとともに、これを公表しなければならない。

(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.

(借入金)

(Debt)

第七条の三十一 協会は、その業務に要する費用に充てるため必要な場合において、厚生労働大臣の認可を受けて、短期借入金をすることができる。

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 前項の規定による短期借入金は、当該事業年度内に償還しなければならない。ただし、資金の不足のため償還することができないときは、その償還することができない金額に限り、厚生労働大臣の認可を受けて、これを借り換えることができる。

(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 前項ただし書の規定により借り換えた短期借入金は、一年以内に償還しなければならない。

(3) Short-term debt that is refinanced pursuant to the proviso to the preceding paragraph must be repaid within one year.

(債務保証)

(Obligation Guarantee)

第七条の三十二 政府は、法人に対する政府の財政援助の制限に関する法律（昭和二十一年法律第二十四号）第三条の規定にかかわらず、国会の議決を経た金額の範囲内で、その業務の円滑な運営に必要があると認めるときは、前条の規定による協会の短期借入金に係る債務について、必要と認められる期間の範囲において、保証することができる。

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.

(資金の運用)

(Investment of Funds)

第七条の三十三 協会の業務上の余裕金の運用は、政令で定めるところにより、事業の目的及び資金の性質に応じ、安全かつ効率的にしなければならない。

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.

(重要な財産の処分)

(Disposition of Important Property)

第七条の三十四 協会は、厚生労働省令で定める重要な財産を譲渡し、又は担保に供しようとするときは、厚生労働大臣の認可を受けなければならない。

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.

(役員報酬等)

(Remuneration of Officers)

第七条の三十五 協会の役員に対する報酬及び退職手当は、その役員の業績が考慮されるものでなければならない。

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

2 協会は、その役員に対する報酬及び退職手当の支給の基準を定め、これを厚生労働大臣に届け出るとともに、公表しなければならない。これを変更したときも、同様とする。

(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.

(職員の給与等)

(Salaries of Employees)

第七条の三十六 協会の職員の給与は、その職員の勤務成績が考慮されるものでなければならない。

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

2 協会は、その職員の給与及び退職手当の支給の基準を定め、これを厚生労働大臣に届け出るとともに、公表しなければならない。これを変更したときも、同様とする。

(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.

(秘密保持義務)

(Security Obligation)

第七条の三十七 協会の役員若しくは職員又はこれらの職にあつた者は、健康保険事業に関して職務上知り得た秘密を正当な理由がなく漏らしてはならない。

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 前項の規定は、協会の運営委員会の委員又は委員であつた者について準用する。

(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.

(報告の徴収等)

(Collection of Reports)

第七条の三十八 厚生労働大臣は、協会について、必要があると認めるときは、その事業及び財産の状況に関する報告を徴し、又は当該職員をして協会の事務所に立ち入って関係者に質問させ、若しくは実地にその状況を検査させることができる。

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 前項の規定によって質問又は検査を行う当該職員は、その身分を示す証明書を携帯し、かつ、関係者の請求があるときは、これを提示しなければならない。

(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 第一項の規定による権限は、犯罪捜査のために認められたものと解釈してはならない。

(3) The authority under paragraph (1) must not be construed as being granted for criminal investigation.

(監督)

(Supervision)

第七条の三十九 厚生労働大臣は、協会の事業若しくは財産の管理若しくは執行が法令、定款若しくは厚生労働大臣の処分に違反していると認めるとき、確保すべき収入を不当に確保せず、不当に経費を支出し、若しくは不当に財産を処分し、その他協会の事業若しくは財産の管理若しくは執行が著しく適正を欠くと認めるとき、又は協会の役員がその事業若しくは財産の管理若しくは執行を明らかに怠っていると認めるときは、期間を定めて、協会又はその役員に対し、その事業若しくは財産の管理若しくは執行について違反の是正又は改善のため必要な措置を採るべき旨を命ずることができる。

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 協会又はその役員が前項の命令に違反したときは、厚生労働大臣は、協会に対し、期間を定めて、当該違反に係る役員の一部又は全部の解任を命ずることができる。

(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 協会が前項の命令に違反したときは、厚生労働大臣は、同項の命令に係る役員を解任することができる。

(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.

(解散)

(Dissolution)

第七条の四十 協会の解散については、別に法律で定める。

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

(厚生労働省令への委任)

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

第七条の四十一 この法律及びこの法律に基づく政令に規定するもののほか、協会の財務及び会計その他協会に関し必要な事項は、厚生労働省令で定める。

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.

(財務大臣との協議)

(Consultation with the Minister of Finance)

第七条の四十二 厚生労働大臣は、次の場合には、あらかじめ、財務大臣に協議しなければならない。

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

一 第七条の二十七、第七条の三十一第一項若しくは第二項ただし書又は第七条の三十四の規定による認可をしようとするとき。

(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

二 前条の規定により厚生労働省令を定めようとするとき。

(ii) when intending to issue an Order of the Ministry of Health, Labour and Welfare pursuant to the provisions of the preceding Article;

第三節 健康保険組合

Section 3 Health Insurance Societies

(組織)

(Organization)

第八条 健康保険組合は、適用事業所の事業主、その適用事業所に使用される被保険者及び任意継続被保険者をもって組織する。

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.

(法人格)

(Legal Personality)

第九条 健康保険組合は、法人とする。

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

2 健康保険組合の住所は、その主たる事務所の所在地にあるものとする。

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

(名称)

(Name)

第十条 健康保険組合は、その名称中に健康保険組合という文字を用いなければならない。

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 健康保険組合でない者は、健康保険組合という名称を用いてはならない。

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

(設立)

(Establishment)

第十一条 一又は二以上の適用事業所について常時政令で定める数以上の被保険者を使用する事業主は、当該一又は二以上の適用事業所について、健康保険組合を設立することができる。

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 適用事業所の事業主は、共同して健康保険組合を設立することができる。この場合において、被保険者の数は、合算して常時政令で定める数以上でなければならない。

(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.

第十二条 適用事業所の事業主は、健康保険組合を設立しようとするときは、健康保険組合を設立しようとする適用事業所に使用される被保険者の二分の一以上の同意を得て、規約を作り、厚生労働大臣の認可を受けなければならない。

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 二以上の適用事業所について健康保険組合を設立しようとする場合においては、前項の同意は、各適用事業所について得なければならない。

(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.

第十三条 第三十一条第一項の規定による認可の申請と同時に健康保険組合の設立の認可の申請を行う場合にあつては、前二条中「適用事業所」とあるのは「適用事業所となるべき事業所」と、「被保険者」とあるのは「被保険者となるべき者」とする。

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".

第十四条 厚生労働大臣は、一又は二以上の適用事業所（第三十一条第一項の規定によるものを除く。）について常時政令で定める数以上の被保険者を使用する事業主に対し、健康保険組合の設立を命ずることができる。

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 前項の規定により健康保険組合の設立を命ぜられた事業主は、規約を作り、その設立について厚生労働大臣の認可を受けなければならない。

(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.

(成立の時期)

(Time of Establishment)

第十五条 健康保険組合は、設立の認可を受けた時に成立する。

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

(規約)

(Constitution)

第十六条 健康保険組合は、規約において、次に掲げる事項を定めなければならない。

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

一 名称

(i) its name;

二 事務所の所在地

(ii) the location of its office;

三 健康保険組合の設立に係る適用事業所の名称及び所在地

(iii) the name and location of the applicable place of business related to the establishment of the health insurance society;

四 組合会に関する事項

(iv) particulars relating to its meetings;

五 役員に関する事項

(v) particulars relating to officers;

六 組合員に関する事項

(vi) particulars relating to its members;

七 保険料に関する事項

(vii) particulars relating to insurance premiums;

八 準備金その他の財産の管理に関する事項

(viii) particulars relating to reserves and other particulars related to property management;

九 公告に関する事項

(ix) particulars relating to giving public notice; and

十 前各号に掲げる事項のほか、厚生労働省令で定める事項

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

2 前項の規約の変更（厚生労働省令で定める事項に係るものを除く。）は、厚生労働大臣の認可を受けなければ、その効力を生じない。

(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 健康保険組合は、前項の厚生労働省令で定める事項に係る規約の変更をしたときは、遅滞なく、これを厚生労働大臣に届け出なければならない。

(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.

(組合員)

(Society Members)

第十七条 健康保険組合が設立された適用事業所（以下「設立事業所」という。）の事

業主及びその設立事業所に使用される被保険者は、当該健康保険組合の組合員とする。
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 前項の被保険者は、当該設立事業所に使用されなくなったときであっても、任意継続被保険者であるときは、なお当該健康保険組合の組合員とする。

(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.

(組合会)

(Society Meetings)

第十八条 健康保険組合に、組合会を置く。

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

2 組合会は、組合会議員をもって組織する。

(2) A society meeting is comprised of society meeting members.

3 組合会議員の定数は、偶数とし、その半数は、設立事業所の事業主において設立事業所の事業主（その代理人を含む。）及び設立事業所に使用される者のうちから選定し、他の半数は、被保険者である組合員において互選する。

(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.

(組合会の議決事項)

(Matters to be Decided by Society Meeting)

第十九条 次に掲げる事項は、組合会の議決を経なければならない。

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

一 規約の変更

(i) changes to the health insurance society's constitution;

二 収入支出の予算

(ii) budget for income and expenditure;

三 事業報告及び決算

(iii) business reports and settlement; and

四 その他規約で定める事項

(iv) other particulars specified in the constitution.

(組合会の権限)

(Authority of Society Meetings)

第二十条 組合会は、健康保険組合の事務に関する書類を検査し、理事若しくは監事の

報告を請求し、又は事務の管理、議決の執行若しくは出納を検査することができる。

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 組合会は、組合会議員のうちから選任した者に、前項の組合会の権限に属する事項を行わせることができる。

(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.

(役員)

(Officers)

第二十一条 健康保険組合に、役員として理事及び監事を置く。

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

2 理事の定数は、偶数とし、その半数は設立事業所の事業主の選定した組合会議員において、他の半数は被保険者である組合員の互選した組合会議員において、それぞれ互選する。

(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 理事のうち一人を理事長とし、設立事業所の事業主の選定した組合会議員である理事のうちから、理事が選挙する。

(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 監事は、組合会において、設立事業所の事業主の選定した組合会議員及び被保険者である組合員の互選した組合会議員のうちから、それぞれ一人を選挙する。

(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 監事は、理事又は健康保険組合の職員と兼ねることができない。

(5) An auditor may not act concurrently as a director or official of a health insurance society.

(役員職務)

(Duties of Officers)

第二十二条 理事長は、健康保険組合を代表し、その業務を執行する。理事長に事故があるとき、又は理事長が欠けたときは、設立事業所の事業主の選定した組合会議員で

ある理事のうちから、あらかじめ理事長が指定する者がその職務を代理し、又はその職務を行う。

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 健康保険組合の業務は、規約に別段の定めがある場合を除くほか、理事の過半数により決し、可否同数のときは、理事長の決するところによる。

(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 理事は、理事長の定めるところにより、理事長を補佐して、健康保険組合の業務を執行することができる。

(3) The directors may assist the president in executing the operations of the health insurance society as determined by the president.

4 監事は、健康保険組合の業務の執行及び財産の状況を監査する。

(4) An auditor audits the execution of business and the status of the property of the health insurance society.

(協会の役員及び職員の秘密保持義務に関する規定の準用)

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

第二十二條の二 第七條の三十七第一項の規定は、健康保険組合の役員及び職員について準用する。

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

(合併)

(Mergers)

第二十三條 健康保険組合は、合併しようとするときは、組合会において組合会議員の定数の四分の三以上の多数により議決し、厚生労働大臣の認可を受けなければならない。

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 合併によって健康保険組合を設立するには、各健康保険組合がそれぞれ組合会において役員又は組合会議員のうちから選任した設立委員が共同して規約を作り、その他設立に必要な行為をしなければならない。

(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 合併により設立された健康保険組合又は合併後存続する健康保険組合は、合併により消滅した健康保険組合の権利義務を承継する。

(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.

(分割)

(Split)

第二十四条 健康保険組合は、分割しようとするときは、組合会において組合会議員の定数の四分の三以上の多数により議決し、厚生労働大臣の認可を受けなければならない。

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 健康保険組合の分割は、設立事業所の一部について行うことはできない。

(2) A split of a health insurance society cannot be applied to a part of an establishment.

3 分割を行う場合においては、分割により設立される健康保険組合の組合員となるべき被保険者又は分割後存続する健康保険組合の組合員である被保険者の数が、第十一条第一項（健康保険組合を共同して設立している場合にあっては、同条第二項）の政令で定める数以上でなければならない。

(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 分割によって健康保険組合を設立するには、分割により設立される健康保険組合の設立事業所となるべき適用事業所の事業主が規約を作り、その他設立に必要な行為をしなければならない。

(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 分割により設立された健康保険組合は、分割により消滅した健康保険組合又は分割後存続する健康保険組合の権利義務の一部を承継する。

(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 前項の規定により承継する権利義務の限度は、分割の議決とともに議決し、厚生労働大臣の認可を受けなければならない。

(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.

(設立事業所の増減)

(Increase or Decrease in Establishments)

第二十五条 健康保険組合がその設立事業所を増加させ、又は減少させようとするときは、その増加又は減少に係る適用事業所の事業主の全部及びその適用事業所に使用される被保険者の二分の一以上の同意を得なければならない。

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 第三十一条第一項の規定による認可の申請があつた事業所に係る設立事業所の増加に関する規約の変更の認可の申請を行う場合にあっては、前項中「被保険者」とあるのは、「被保険者となるべき者」とする。

(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 第一項の規定により健康保険組合が設立事業所を減少させるときは、健康保険組合の被保険者である組合員の数が、設立事業所を減少させた後においても、第十一条第一項（健康保険組合を共同して設立している場合にあっては、同条第二項）の政令で定める数以上でなければならない。

(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 第十二条第二項の規定は、第一項の被保険者の同意を得る場合について準用する。

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

(解散)

(Dissolution)

第二十六条 健康保険組合は、次に掲げる理由により解散する。

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

一 組合会議員の定数の四分の三以上の多数による組合会の議決

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

二 健康保険組合の事業の継続の不能

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

三 第二十九条第二項の規定による解散の命令

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

2 健康保険組合は、前項第一号又は第二号に掲げる理由により解散しようとするときは、厚生労働大臣の認可を受けなければならない。

(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 健康保険組合が解散する場合において、その財産をもって債務を完済することができないときは、当該健康保険組合は、設立事業所の事業主に対し、政令で定めるところにより、当該債務を完済するために要する費用の全部又は一部を負担することを求めることができる。

(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 協会は、解散により消滅した健康保険組合の権利義務を承継する。

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

第二十七条 削除

Article 27 Deleted

(指定健康保険組合による健全化計画の作成)

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

第二十八条 健康保険事業の収支が均衡しない健康保険組合であって、政令で定める要件に該当するものとして厚生労働大臣の指定を受けたもの（以下この条及び次条において「指定健康保険組合」という。）は、政令で定めるところにより、その財政の健全化に関する計画（以下この条において「健全化計画」という。）を定め、厚生労働大臣の承認を受けなければならない。これを変更しようとするときも、同様とする。

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 前項の承認を受けた指定健康保険組合は、当該承認に係る健全化計画に従い、その事業を行わなければならない。

(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 厚生労働大臣は、第一項の承認を受けた指定健康保険組合の事業及び財産の状況により、その健全化計画を変更する必要があると認めるときは、当該指定健康保険組合に対し、期限を定めて、当該健全化計画の変更を求めることができる。

(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.

(報告の徴収等)

(Collection of Reports)

第二十九条 第七条の三十八及び第七条の三十九の規定は、健康保険組合について準用する。この場合において、同条第一項中「厚生労働大臣は」とあるのは「厚生労働大臣は、第二十九条第一項において準用する前条の規定により報告を徴し、又は質問し、若しくは検査した場合において」と、「定款」とあるのは「規約」と読み替えるものとする。

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 健康保険組合が前項において準用する第七条の三十九第一項の規定による命令に違反したとき、又は前条第二項の規定に違反した指定健康保険組合、同条第三項の求めに応じない指定健康保険組合その他政令で定める指定健康保険組合の事業若しくは財産の状況によりその事業の継続が困難であると認めるときは、厚生労働大臣は、当該健康保険組合の解散を命ずることができる。

(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.

(政令への委任)

(Delegation to Cabinet Order)

第三十条 この節に規定するもののほか、健康保険組合の管理、財産の保管その他健康保険組合に関して必要な事項は、政令で定める。

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.

第三章 被保険者

Chapter III Insured Persons

第一節 資格

Section 1 Eligibility

(適用事業所)

(Applicable Places of Business)

第三十一条 適用事業所以外の事業所の事業主は、厚生労働大臣の認可を受けて、当該事業所を適用事業所とすることができる。

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 前項の認可を受けようとするときは、当該事業所の事業主は、当該事業所に使用される者（被保険者となるべき者に限る。）の二分の一以上の同意を得て、厚生労働大臣に申請しなければならない。

(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.

第三十二条 適用事業所が、第三条第三項各号に該当しなくなったときは、その事業所

について前条第一項の認可があったものとみなす。

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.

第三十三条 第三十一条第一項の事業所の事業主は、厚生労働大臣の認可を受けて、当該事業所を適用事業所でなくすることができる。

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 前項の認可を受けようとするときは、当該事業所の事業主は、当該事業所に使用される者（被保険者である者に限る。）の四分の三以上の同意を得て、厚生労働大臣に申請しなければならない。

(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.

第三十四条 二以上の適用事業所の事業主が同一である場合には、当該事業主は、厚生労働大臣の承認を受けて、当該二以上の事業所を一の適用事業所とすることができる。

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 前項の承認があったときは、当該二以上の適用事業所は、適用事業所でなくなったものとみなす。

(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.

(資格取得の時期)

(Time of Acquisition of Eligibility)

第三十五条 被保険者（任意継続被保険者を除く。以下この条から第三十八条までにおいて同じ。）は、適用事業所に使用されるに至った日若しくはその使用される事業所が適用事業所となった日又は第三条第一項ただし書の規定に該当しなくなった日から、被保険者の資格を取得する。

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.

(資格喪失の時期)

(Time of Loss of Eligibility)

第三十六条 被保険者は、次の各号のいずれかに該当するに至った日の翌日（その事実があった日に更に前条に該当するに至ったときは、その日）から、被保険者の資格を喪失する。

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):

一 死亡したとき。

(i) the person dies;

二 その事業所に使用されなくなったとき。

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

三 第三条第一項ただし書の規定に該当するに至ったとき。

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

四 第三十三条第一項の認可があったとき。

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

(任意継続被保険者)

(Insured Person with Optional and Continued Coverage)

第三十七条 第三条第四項の申出は、被保険者の資格を喪失した日から二十日以内になければならない。ただし、保険者は、正当な理由があると認めるときは、この期間を経過した後の申出であっても、受理することができる。

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 第三条第四項の申出をした者が、初めて納付すべき保険料をその納付期日までに納付しなかったときは、同項の規定にかかわらず、その者は、任意継続被保険者とならなかったものとみなす。ただし、その納付の遅延について正当な理由があると保険者が認めたときは、この限りでない。

(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.

(任意継続被保険者の資格喪失)

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

第三十八条 任意継続被保険者は、次の各号のいずれかに該当するに至った日の翌日（第四号から第六号までのいずれかに該当するに至ったときは、その日）から、その資格を喪失する。

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):

一 任意継続被保険者となった日から起算して二年を経過したとき。

(i) two years have elapsed since the day on which the person became an insured person with optional and continued coverage;

二 死亡したとき。

(ii) the person dies;

三 保険料（初めて納付すべき保険料を除く。）を納付期日までに納付しなかったとき（納付の遅延について正当な理由があると保険者が認めたときを除く。）。

(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);

四 被保険者となったとき。

(iv) the person becomes an insured person;

五 船員保険の被保険者となったとき。

(v) the person becomes an insured person covered by Seamen's Insurance; or

六 後期高齢者医療の被保険者等となったとき。

(vi) the person becomes a person with late-stage elderly medical care insurance.

(資格の得喪の確認)

(Confirmation of Acquisition or Loss of Eligibility)

第三十九条 被保険者の資格の取得及び喪失は、保険者等（被保険者が協会が管掌する健康保険の被保険者である場合にあっては厚生労働大臣、被保険者が健康保険組合が管掌する健康保険の被保険者である場合にあっては当該健康保険組合をいう。第百六十四条第二項及び第三項、第百八十条第一項、第二項及び第四項並びに第百八十一条第一項を除き、以下同じ。）の確認によって、その効力を生ずる。ただし、第三十六条第四号に該当したことによる被保険者の資格の喪失並びに任意継続被保険者の資格の取得及び喪失は、この限りでない。

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 前項の確認は、第四十八条の規定による届出若しくは第五十一条第一項の規定による請求により、又は職権で行うものとする。

(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 第一項の確認については、行政手続法（平成五年法律第八十八号）第三章（第十二条及び第十四条を除く。）の規定は、適用しない。

(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.

第二節 標準報酬月額及び標準賞与額

Section 2 Standard Monthly Remuneration Amount and Standard Bonus

(標準報酬月額)

(Standard Monthly Remuneration Amount)

第四十条 標準報酬月額は、被保険者の報酬月額に基づき、次の等級区分（次項の規定により等級区分の改定が行われたときは、改定後の等級区分）によって定める。

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).

標準報酬月額等級 Standard Monthly Remuneration Amount Grade	標準報酬月額 Standard monthly remuneration amount	標準報酬月額 Standard monthly remuneration amount
第一級 Level 1	五八、〇〇〇円 58,000 yen	六三、〇〇〇円未満 Less than 63,000 yen
第二級 Level 2	六八、〇〇〇円 68,000 yen	六三、〇〇〇円以上 七三、〇〇〇円未満 Not less than 63,000 yen but less than 73,000 yen

第三級 Level 3	七八、〇〇〇円 78,000 yen	七三、〇〇〇円以上 八三、 〇〇〇円未滿 Not less than 73,000 yen but less than 83,000 yen
第四級 Level 4	八八、〇〇〇円 88,000 yen	八三、〇〇〇円以上 九三、 〇〇〇円未滿 Not less than 83,000 yen but less than 93,000 yen
第五級 Level 5	九八、〇〇〇円 98,000 yen	九三、〇〇〇円以上 一〇 一、〇〇〇円未滿 Not less than 23,000 yen but less than 101,000 yen
第六級 Level 6	一〇四、〇〇〇円 104,000 yen	一〇一、〇〇〇円以上 一〇 七、〇〇〇円未滿 Not less than 101,000 yen but less than 107,000 yen
第七級 Level 7	一一〇、〇〇〇円 110,000 yen	一〇七、〇〇〇円以上 一一 四、〇〇〇円未滿 Not less than 107,000 yen but less than 114,000 yen
第八級 Level 8	一一八、〇〇〇円 118,000 yen	一一四、〇〇〇円以上 一二 二、〇〇〇円未滿 Not less than 114,000 yen but less than 122,000 yen
第九級 Level 9	一二六、〇〇〇円 126,000 yen	一二二、〇〇〇円以上 一三 〇、〇〇〇円未滿 Not less than 122,000 yen but less than 130,000 yen
第一〇級 Level 10	一三四、〇〇〇円 134,000 yen	一三〇、〇〇〇円以上 一三 八、〇〇〇円未滿 Not less than 130,000 yen but less than 138,000 yen
第一一級 Level 11	一四二、〇〇〇円 142,000 yen	一三八、〇〇〇円以上 一四 六、〇〇〇円未滿 Not less than 138,000 yen but less than 146,000 yen
第一二級 Level 12	一五〇、〇〇〇円 150,000 yen	一四六、〇〇〇円以上 一五 五、〇〇〇円未滿 Not less than 146,000 yen but less than 155,000 yen
第一三級 Level 13	一六〇、〇〇〇円 160,000 yen	一五五、〇〇〇円以上 一六 五、〇〇〇円未滿 Not less than 155,000 yen but less than 165,000 yen
第一四級 Level 14	一七〇、〇〇〇円 170,000 yen	一六五、〇〇〇円以上 一七 五、〇〇〇円未滿 Not less than 165,000 yen but less than 175,000 yen

第一五級 Level 15	一八〇、〇〇〇円 180,000 yen	一七五、〇〇〇円以上 一八五、〇〇〇円未満 Not less than 175,000 yen but less than 185,000 yen
第一六級 Level 16	一九〇、〇〇〇円 190,000 yen	一八五、〇〇〇円以上 一九五、〇〇〇円未満 Not less than 185,000 yen but less than 195,000 yen
第一七級 Level 17	二〇〇、〇〇〇円 200,000 yen	一九五、〇〇〇円以上 二一〇、〇〇〇円未満 Not less than 195,000 yen but less than 210,000 yen
第一八級 Level 18	二二〇、〇〇〇円 220,000 yen	二一〇、〇〇〇円以上 二三〇、〇〇〇円未満 Not less than 210,000 yen but less than 230,000 yen
第一九級 Level 19	二四〇、〇〇〇円 240,000 yen	二三〇、〇〇〇円以上 二五〇、〇〇〇円未満 Not less than 230,000 yen but less than 250,000 yen
第二〇級 Level 20	二六〇、〇〇〇円 260,000 yen	二五〇、〇〇〇円以上 二七〇、〇〇〇円未満 Not less than 250,000 yen but less than 270,000 yen
第二一級 Level 21	二八〇、〇〇〇円 280,000 yen	二七〇、〇〇〇円以上 二九〇、〇〇〇円未満 Not less than 270,000 yen but less than 290,000 yen
第二二級 Level 22	三〇〇、〇〇〇円 300,000 yen	二九〇、〇〇〇円以上 三一〇、〇〇〇円未満 Not less than 290,000 yen but less than 310,000 yen
第二三級 Level 23	三二〇、〇〇〇円 320,000 yen	三一〇、〇〇〇円以上 三三〇、〇〇〇円未満 Not less than 310,000 yen but less than 330,000 yen
第二四級 Level 24	三四〇、〇〇〇円 340,000 yen	三三〇、〇〇〇円以上 三五〇、〇〇〇円未満 Not less than 330,000 yen but less than 350,000 yen
第二五級 Level 25	三六〇、〇〇〇円 360,000 yen	三五〇、〇〇〇円以上 三七〇、〇〇〇円未満 Not less than 350,000 yen but less than 370,000 yen
第二六級 Level 26	三八〇、〇〇〇円 380,000 yen	三七〇、〇〇〇円以上 三九五、〇〇〇円未満 Not less than 370,000 yen but less than 395,000 yen

第二七級 Level 27	四一〇、〇〇〇円 410,000 yen	三九五、〇〇〇円以上 四二五、〇〇〇円未満 Not less than 395,000 yen but less than 425,000 yen
第二八級 Level 28	四四〇、〇〇〇円 440,000 yen	四二五、〇〇〇円以上 四五五、〇〇〇円未満 Not less than 425,000 yen but less than 455,000 yen
第二九級 Level 29	四七〇、〇〇〇円 470,000 yen	四五五、〇〇〇円以上 四八五、〇〇〇円未満 Not less than 455,000 yen but less than 485,000 yen
第三〇級 Level 30	五〇〇、〇〇〇円 500,000 yen	四八五、〇〇〇円以上 五一五、〇〇〇円未満 Not less than 485,000 yen but less than 515,000 yen
第三一級 Level 31	五三〇、〇〇〇円 530,000 yen	五一五、〇〇〇円以上 五四五、〇〇〇円未満 Not less than 515,000 yen but less than 545,000 yen
第三二級 Level 32	五六〇、〇〇〇円 560,000 yen	五四五、〇〇〇円以上 五七五、〇〇〇円未満 Not less than 545,000 yen but less than 575,000 yen
第三三級 Level 33	五九〇、〇〇〇円 590,000 yen	五七五、〇〇〇円以上 六〇五、〇〇〇円未満 Not less than 575,000 yen but less than 605,000 yen
第三四級 Level 34	六二〇、〇〇〇円 620,000 yen	六〇五、〇〇〇円以上 六三五、〇〇〇円未満 Not less than 605,000 yen but less than 635,000 yen
第三五級 Level 35	六五〇、〇〇〇円 650,000 yen	六三五、〇〇〇円以上 六六五、〇〇〇円未満 Not less than 635,000 yen but less than 665,000 yen
第三六級 Level 36	六八〇、〇〇〇円 680,000 yen	六六五、〇〇〇円以上 六九五、〇〇〇円未満 Not less than 665,000 yen but less than 695,000 yen
第三七級 Level 37	七一〇、〇〇〇円 710,000 yen	六九五、〇〇〇円以上 七三〇、〇〇〇円未満 Not less than 695,000 yen but less than 730,000 yen
第三八級 Level 38	七五〇、〇〇〇円 750,000 yen	七三〇、〇〇〇円以上 七七〇、〇〇〇円未満 Not less than 730,000 yen but less than 770,000 yen

第三九級 Level 39	七九〇、〇〇〇円 790,000 yen	七七〇、〇〇〇円以上 八一〇、〇〇〇円未満 Not less than 770,000 yen but less than 810,000 yen
第四〇級 Level 40	八三〇、〇〇〇円 830,000 yen	八一〇、〇〇〇円以上 八五五、〇〇〇円未満 Not less than 810,000 yen but less than 855,000 yen
第四一級 Level 41	八八〇、〇〇〇円 880,000 yen	八五五、〇〇〇円以上 九〇五、〇〇〇円未満 Not less than 855,000 yen but less than 905,000 yen
第四二級 Level 42	九三〇、〇〇〇円 930,000 yen	九〇五、〇〇〇円以上 九五五、〇〇〇円未満 Not less than 905,000 yen but less than 955,000 yen
第四三級 Level 43	九八〇、〇〇〇円 980,000 yen	九五五、〇〇〇円以上 一、〇〇五、〇〇〇円未満 Not less than 955,000 yen but less than 1,005,000 yen
第四四級 Level 44	一、〇三〇、〇〇〇円 1,030,000 yen	一、〇〇五、〇〇〇円以上 一、〇五五、〇〇〇円未満 Not less than 1,005,000 yen but less than 1,055,000 yen
第四五級 Level 45	一、〇九〇、〇〇〇円 1,090,000 yen	一、〇五五、〇〇〇円以上 一、一一五、〇〇〇円未満 Not less than 1,055,000 yen but less than 1,115,000 yen
第四六級 Level 46	一、一五〇、〇〇〇円 1,150,000 yen	一、一一五、〇〇〇円以上 一、一七五、〇〇〇円未満 Not less than 1,115,000 yen but less than 1,175,000 yen
第四七級 Level 47	一、二一〇、〇〇〇円 1,210,000 yen	一、一七五、〇〇〇円以上 一、二三五、〇〇〇円未満 Not less than 1,175,000 yen but less than 1,235,000 yen
第四八級 Level 48	一、二七〇、〇〇〇円 1,270,000 yen	一、二三五、〇〇〇円以上 一、二九五、〇〇〇円未満 Not less than 1,235,000 yen but less than 1,295,000 yen
第四九級 Level 49	一、三三〇、〇〇〇円 1,330,000 yen	一、二九五、〇〇〇円以上 一、三五五、〇〇〇円未満 Not less than 1,295,000 yen but less than 1,355,000 yen
第五〇級 Level 50	一、三九〇、〇〇〇円 1,390,000 yen	一、三五五、〇〇〇円以上 Not less than 1,355,000 yen

2 毎年三月三十一日における標準報酬月額等級の最高等級に該当する被保険者数の被

保険者総数に占める割合が百分の一・五を超える場合において、その状態が継続すると認められるときは、その年の九月一日から、政令で、当該最高等級の上に更に等級を加える標準報酬月額等級区分の改定を行うことができる。ただし、その年の三月三十一日において、改定後の標準報酬月額等級の最高等級に該当する被保険者数の同日における被保険者総数に占める割合が百分の〇・五を下回ってはならない。

(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 厚生労働大臣は、前項の政令の制定又は改正について立案を行う場合には、社会保障審議会の意見を聴くものとする。

(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.

(定時決定)

(Scheduled Decision)

第四十一条 保険者等は、被保険者が毎年七月一日現に使用される事業所において同日前三月間（その事業所で継続して使用された期間に限るものとし、かつ、報酬支払の基礎となった日数が十七日（厚生労働省令で定める者にあつては、十一日。第四十三条第一項、第四十三条の二第一項及び第四十三条の三第一項において同じ。）未満である月があるときは、その月を除く。）に受けた報酬の総額をその期間の月数で除して得た額を報酬月額として、標準報酬月額を決定する。

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 前項の規定によって決定された標準報酬月額は、その年の九月から翌年の八月までの各月の標準報酬月額とする。

(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 第一項の規定は、六月一日から七月一日までの間に被保険者の資格を取得した者及び第四十三条、第四十三条の二又は第四十三条の三の規定により七月から九月までのいずれかの月から標準報酬月額を改定され、又は改定されるべき被保険者については、その年に限り適用しない。

(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.

(被保険者の資格を取得した際の決定)

(Determination upon Acquisition of Eligibility as an Insured Person)

第四十二条 保険者等は、被保険者の資格を取得した者があるときは、次に掲げる額を報酬月額として、標準報酬月額を決定する。

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:

一 月、週その他一定期間によって報酬が定められる場合には、被保険者の資格を取得した日の現在の報酬の額をその期間の総日数で除して得た額の三十倍に相当する額

(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;

二 日、時間、出来高又は請負によって報酬が定められる場合には、被保険者の資格を取得した月前一月間に当該事業所で、同様の業務に従事し、かつ、同様の報酬を受ける者が受けた報酬の額を平均した額

(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;

三 前二号の規定によって算定することが困難であるものについては、被保険者の資格を取得した月前一月間に、その地方で、同様の業務に従事し、かつ、同様の報酬を受ける者が受けた報酬の額

(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
四 前三号のうち二以上に該当する報酬を受ける場合には、それぞれについて、前三号の規定によって算定した額の合算額

(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 前項の規定によって決定された標準報酬月額は、被保険者の資格を取得した月からその年の八月（六月一日から十二月三十一日までの間に被保険者の資格を取得した者については、翌年の八月）までの各月の標準報酬月額とする。

(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).

(改定)

(Revision)

第四十三条 保険者等は、被保険者が現に使用される事業所において継続した三月間（各月とも、報酬支払の基礎となった日数が、十七日以上でなければならない。）に受けた報酬の総額を三で除して得た額が、その者の標準報酬月額の基礎となった報酬月額に比べて、著しく高低を生じた場合において、必要があると認めるときは、その額を報酬月額として、その著しく高低を生じた月の翌月から、標準報酬月額を改定することができる。

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 前項の規定によって改定された標準報酬月額は、その年の八月（七月から十二月までのいずれかの月から改定されたものについては、翌年の八月）までの各月の標準報酬月額とする。

(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).

(育児休業等を終了した際の改定)

(Amount Revised When Childcare Leave Ends)

第四十三条の二 保険者等は、育児休業、介護休業等育児又は家族介護を行う労働者の福祉に関する法律（平成三年法律第七十六号）第二条第一号に規定する育児休業、同法第二十三条第二項の育児休業に関する制度に準ずる措置若しくは同法第二十四条第一項（第二号に係る部分に限る。）の規定により同項第二号に規定する育児休業に関する制度に準じて講ずる措置による休業又は政令で定める法令に基づく育児休業（以下「育児休業等」という。）を終了した被保険者が、当該育児休業等を終了した日（以下この条において「育児休業等終了日」という。）において当該育児休業等に係る三歳に満たない子を養育する場合において、その使用される事業所の事業主を経由して厚生労働省令で定めるところにより保険者等に申出をしたときは、第四十一条の規定にかかわらず、育児休業等終了日の翌日が属する月以後三月間（育児休業等終了日の翌日において使用される事業所で継続して使用された期間に限るものとし、かつ、報酬支払の基礎となった日数が十七日未満である月があるときは、その月を除く。）に受けた報酬の総額をその期間の月数で除して得た額を報酬月額として、標準報酬月額を改定する。ただし、育児休業等終了日の翌日に次条第一項に規定する産前産後休業を開始している被保険者は、この限りでない。

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 前項の規定によって改定された標準報酬月額は、育児休業等終了日の翌日から起算して二月を経過した日の属する月の翌月からその年の八月（当該翌月が七月から十二月までのいずれかの月である場合は、翌年の八月）までの各月の標準報酬月額とする。

(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).

(産前産後休業を終了した際の改定)

(Amount Revised after End of Maternity Leave)

第四十三条の三 保険者等は、産前産後休業（出産の日（出産の日が産産の予定日後であるときは、産産の予定日）以前四十二日（多胎妊娠の場合においては、九十八日）から産産の日後五十六日までの間において労務に服さないこと（妊娠又は産産に関する事由を理由として労務に服さない場合に限る。）をいう。以下同じ。）を終了した被保険者が、当該産前産後休業を終了した日（以下この条において「産前産後休業終了日」という。）において当該産前産後休業に係る子を養育する場合において、その使用される事業所の事業主を経由して厚生労働省令で定めるところにより保険者等に申出をしたときは、第四十一条の規定にかかわらず、産前産後休業終了日の翌日が属する月以後三月間（産前産後休業終了日の翌日において使用される事業所で継続して使用された期間に限るものとし、かつ、報酬支払の基礎となった日数が十七日未満である月があるときは、その月を除く。）に受けた報酬の総額をその期間の月数で除して得た額を報酬月額として、標準報酬月額を改定する。ただし、産前産後休業終了日の翌日に育児休業等を開始している被保険者は、この限りでない。

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 前項の規定によって改定された標準報酬月額は、産前産後休業終了日の翌日から起算して二月を経過した日の属する月の翌月からその年の八月（当該翌月が七月から十二月までのいずれかの月である場合は、翌年の八月）までの各月の標準報酬月額とする。

(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).

（報酬月額の算定の特例）

(Special Provisions for Calculation of Monthly Remuneration)

第四十四条 保険者等は、被保険者の報酬月額が、第四十一条第一項、第四十二条第一項、第四十三条の二第一項若しくは前条第一項の規定によって算定することが困難であるとき、又は第四十一条第一項、第四十二条第一項、第四十三条第一項、第四十三条の二第一項若しくは前条第一項の規定によって算定した額が著しく不当であると認めるときは、これらの規定にかかわらず、その算定する額を当該被保険者の報酬月額とする。

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 前項の場合において、保険者が健康保険組合であるときは、同項の算定方法は、規約で定めなければならない。

(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 同時に二以上の事業所で報酬を受ける被保険者について報酬月額を算定する場合には、各事業所について、第四十一条第一項、第四十二条第一項、第四十三条第

一項、第四十三条の二第一項若しくは前条第一項又は第一項の規定によって算定した額の合算額をその者の報酬月額とする。

- (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.

(標準賞与額の決定)

(Determination of the Amount of Standard Bonus)

第四十五条 保険者等は、被保険者が賞与を受けた月において、その月に当該被保険者が受けた賞与額に基づき、これに千円未満の端数を生じたときは、これを切り捨てて、その月における標準賞与額を決定する。ただし、その月に当該被保険者が受けた賞与によりその年度（毎年四月一日から翌年三月三十一日までをいう。以下同じ。）における標準賞与額の累計額が五百七十三万円（第四十条第二項の規定による標準報酬月額の等級区分の改定が行われたときは、政令で定める額。以下この項において同じ。）を超えることとなる場合には、当該累計額が五百七十三万円となるようその月の標準賞与額を決定し、その年度においてその月の翌月以降に受ける賞与の標準賞与額は零とする。

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 第四十条第三項の規定は前項の政令の制定又は改正について、前条の規定は標準賞与額の算定について準用する。

- (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.

(現物給与の価額)

(Value of Allowance in Kind)

第四十六条 報酬又は賞与の全部又は一部が、通貨以外のもので支払われる場合においては、その価額は、その地方の時価によって、厚生労働大臣が定める。

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 健康保険組合は、前項の規定にかかわらず、規約で別段の定めをすることができる。

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

(任意継続被保険者の標準報酬月額)

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

第四十七条 任意継続被保険者の標準報酬月額については、第四十一条から第四十四条までの規定にかかわらず、次の各号に掲げる額のうちいずれか少ない額をもって、その者の標準報酬月額とする。

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:

一 当該任意継続被保険者が被保険者の資格を喪失したときの標準報酬月額

(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

二 前年（一月から三月までの標準報酬月額については、前々年）の九月三十日における当該任意継続被保険者の属する保険者が管掌する全被保険者の同月の標準報酬月額を平均した額（健康保険組合が当該平均した額の範囲内においてその規約で定めた額があるときは、当該規約で定めた額）を標準報酬月額の基礎となる報酬月額とみなしたときの標準報酬月額

(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.

第三節 届出等

Section 3 Notification

(届出)

(Notification)

第四十八条 適用事業所の事業主は、厚生労働省令で定めるところにより、被保険者の資格の取得及び喪失並びに報酬月額及び賞与額に関する事項を保険者等に届け出なければならない。

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.

(通知)

(Notice)

第四十九条 厚生労働大臣は、第三十三条第一項の規定による認可を行ったときは、その旨を当該事業主に通知するものとし、保険者等は、第三十九条第一項の規定による確認又は標準報酬（標準報酬月額及び標準賞与額をいう。以下同じ。）の決定若しくは改定を行ったときは、その旨を当該事業主に通知しなければならない。

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 事業主は、前項の通知があったときは、速やかに、これを被保険者又は被保険者であった者に通知しなければならない。

(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 被保険者が被保険者の資格を喪失した場合において、その者の所在が明らかでないため前項の通知をすることができないときは、事業主は、厚生労働大臣又は保険者等にその旨を届け出なければならない。

(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 厚生労働大臣は、前項の届出があったときは、所在が明らかでない者について第一項の規定により事業主に通知した事項を公告するものとし、保険者等は、前項の届出があったときは、所在が明らかでない者について第一項の規定により事業主に通知した事項を公告しなければならない。

(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 厚生労働大臣は、事業所が廃止された場合その他やむを得ない事情のため第一項の通知をすることができない場合においては、同項の通知に代えて、その通知すべき事項を公告するものとし、保険者等は、事業所が廃止された場合その他やむを得ない事情のため同項の通知をすることができない場合においては、同項の通知に代えて、その通知すべき事項を公告しなければならない。

(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).

第五十条 保険者等は、第四十八条の規定による届出があった場合において、その届出に係る事実がないと認めるときは、その旨をその届出をした事業主に通知しなければならない。

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 前条第二項から第五項までの規定は、前項の通知について準用する。

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

(確認の請求)

(Request for Confirmation)

第五十一条 被保険者又は被保険者であった者は、いつでも、第三十九条第一項の規定による確認を請求することができる。

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 保険者等は、前項の規定による請求があった場合において、その請求に係る事実がないと認めるときは、その請求を却下しなければならない。

(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.

(情報の提供等)

(Provision of Information)

第五十一条の二 厚生労働大臣は、協会に対し、厚生労働省令で定めるところにより、被保険者の資格に関する事項、標準報酬に関する事項その他協会の業務の実施に関して必要な情報の提供を行うものとする。

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.

第四章 保険給付

Chapter IV Insurance Benefits

第一節 通則

Section 1 General Rules

(保険給付の種類)

(Types of Insurance Benefits)

第五十二条 被保険者に係るこの法律による保険給付は、次のとおりとする。

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

一 療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費及び移送費の支給

(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;

二 傷病手当金の支給

(ii) payment of injury and sickness allowance;

三 埋葬料の支給

(iii) payment of burial charges;

四 出産育児一時金の支給

(iv) payment of lump-sum allowance for childbirth and childcare;

五 出産手当金の支給

(v) payment of childbirth allowance;

六 家族療養費、家族訪問看護療養費及び家族移送費の支給

(vi) payment of dependent's medical expenses, dependent's medical expenses for home-nursing, and dependent's transport expenses;

七 家族埋葬料の支給

(vii) payment of dependent's burial charges;

八 家族出産育児一時金の支給

(viii) lump-sum allowance for dependent's childbirth and childcare; and

九 高額療養費及び高額介護合算療養費の支給

(ix) payment of high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care;

(健康保険組合の付加給付)

(Fringe Benefits of Health Insurance Societies)

第五十三条 保険者が健康保険組合である場合においては、前条各号に掲げる給付に併せて、規約で定めるところにより、保険給付としてその他の給付を行うことができる。

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.

(法人の役員である被保険者又はその被扶養者に係る保険給付の特例)

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

第五十三条の二 被保険者又はその被扶養者が法人の役員（業務を執行する社員、取締役、執行役又はこれらに準ずる者をいい、相談役、顧問その他いかなる名称を有する者であるかを問わず、法人に対し業務を執行する社員、取締役、執行役又はこれらに準ずる者と同等以上の支配力を有するものと認められる者を含む。以下この条において同じ。）であるときは、当該被保険者又はその被扶養者のその法人の役員としての業務（被保険者の数が五人未満である適用事業所に使用される法人の役員としての業務であって厚生労働省令で定めるものを除く。）に起因する疾病、負傷又は死亡に関して保険給付は、行わない。

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).

(日雇特例被保険者に係る保険給付との調整)

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

第五十四条 被保険者に係る家族療養費（第一百条第七項において準用する第八十七条第一項の規定により支給される療養費を含む。）、家族訪問看護療養費、家族移送費、家族埋葬料又は家族出産育児一時金の支給は、同一の疾病、負傷、死亡又は出産について、次章の規定により療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、埋葬料若しくは出産育児一時金の支給を受けたときは、その限度において、行わない。

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.

(他の法令による保険給付との調整)

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

第五十五条 被保険者に係る療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、傷病手当金、埋葬料、家族療養費、家族訪問看護療養費、家族移送費若しくは家族埋葬料の支給は、同一の疾病、負傷又は死亡について、労働者災害補償保険法、国家公務員災害補償法（昭和二十六年法律第百九十一号。他の法律において準用し、又は例による場合を含む。）又は地方公務員災害補償法（昭和四十二年法律第百二十一号）若しくは同法に基づく条例の規定によりこれらに相当する給付を受けることができる場合には、行わない。

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 被保険者に係る療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、家族療養費若しくは家族訪問看護療養費の支給は、同一の疾病又は負傷について、介護保険法の規定によりこれらに相当する給付を受けることができる場合には、行わない。

(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 被保険者に係る療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、家族療養費、家族訪問看護療養費若しくは家族移送費の支給は、同一の疾病又は負傷について、他の法令の規定により国又は地方公共団体の負担で療養又は療養費の支給を受けたときは、その限度において、行わない。

(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.

(保険給付の方法)

(Insurance Benefit Method)

第五十六条 入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、傷病手当金、埋葬料、出産育児一時金、出産手当金、家族療養費、家族訪問看護療養費、家族移送費、家族埋葬料及び家族出産育児一時金の支給は、その都度、行わなければならない。第百条第二項（第百五条第二項において準用する場合を含む。）の規定による埋葬に要した費用に相当する金額の支給についても、同様とする。

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 傷病手当金及び出産手当金の支給は、前項の規定にかかわらず、毎月一定の期日に行うことができる。

(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.

(損害賠償請求権)

(Right to Claim Compensation for Damages)

第五十七条 保険者は、給付事由が第三者の行為によって生じた場合において、保険給付を行ったときは、その給付の価額（当該保険給付が療養の給付であるときは、当該療養の給付に要する費用の額から当該療養の給付に関し被保険者が負担しなければならない一部負担金に相当する額を控除した額。次条第一項において同じ。）の限度において、保険給付を受ける権利を有する者（当該給付事由が被保険者の被扶養者について生じた場合には、当該被扶養者を含む。次項において同じ。）が第三者に対して有する損害賠償の請求権を取得する。

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 前項の場合において、保険給付を受ける権利を有する者が第三者から同一の事由について損害賠償を受けたときは、保険者は、その価額の限度において、保険給付を行う責めを免れる。

(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.

(不正利得の徴収等)

(Collection of Fraudulent Gains)

第五十八条 偽りその他不正の行為によって保険給付を受けた者があるときは、保険者は、その者からその給付の価額の全部又は一部を徴収することができる。

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 前項の場合において、事業主が虚偽の報告若しくは証明をし、又は第六十三条第三項第一号に規定する保険医療機関において診療に従事する第六十四条に規定する保険医若しくは第八十八条第一項に規定する主治の医師が、保険者に提出されるべき診断書に虚偽の記載をしたため、その保険給付が行われたものであるときは、保険者は、

当該事業主、保険医又は主治の医師に対し、保険給付を受けた者に連帯して前項の徴収金を納付すべきことを命ずることができる。

(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 保険者は、第六十三条第三項第一号に規定する保険医療機関若しくは保険薬局又は第八十八条第一項に規定する指定訪問看護事業者が偽りその他不正の行為によって療養の給付に関する費用の支払又は第八十五条第五項（第八十五条の二第五項及び第八十六条第四項において準用する場合を含む。）、第八十八条第六項（第百十一条第三項において準用する場合を含む。）若しくは第一百十条第四項の規定による支払を受けたときは、当該保険医療機関若しくは保険薬局又は指定訪問看護事業者に対し、その支払った額につき返還させるほか、その返還させる額に百分の四十を乗じて得た額を支払わせることができる。

(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.

(文書の提出等)

(Submission of Documents)

第五十九条 保険者は、保険給付に関して必要があると認めるときは、保険給付を受ける者（当該保険給付が被扶養者に係るものである場合には、当該被扶養者を含む。第百二十一条において同じ。）に対し、文書その他の物件の提出若しくは提示を命じ、又は当該職員に質問若しくは診断をさせることができる。

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.

(診療録の提示等)

(Presentation of medical records)

第六十条 厚生労働大臣は、保険給付を行うにつき必要があると認めるときは、医師、歯科医師、薬剤師若しくは手当を行った者又はこれを使用する者に対し、その行った診療、薬剤の支給又は手当に関し、報告若しくは診療録、帳簿書類その他の物件の提示を命じ、又は当該職員に質問させることができる。

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 厚生労働大臣は、必要があると認めるときは、療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、家族療養費若しくは家族訪問看護療養費の支給を受けた被保険者又は被保険者であった者に対し、当該保険給付に係る診療、調剤又は第八十八条第一項に規定する指定訪問看護の内容に関し、報告を命じ、又は当該職員に質問させることができる。

(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 第七条の三十八第二項の規定は前二項の規定による質問について、同条第三項の規定は前二項の規定による権限について準用する。

(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.

(受給権の保護)

(Protection of Rights for Benefits)

第六十一条 保険給付を受ける権利は、譲り渡し、担保に供し、又は差し押さえることができない。

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

(租税その他の公課の禁止)

(Prohibition of Taxation and Other Public Charges)

第六十二条 租税その他の公課は、保険給付として支給を受けた金品を標準として、課することができない。

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

第二節 療養の給付及び入院時食事療養費等の支給

Section 2 Benefits for Medical Treatment and Payment of Dietary

Treatment Expenses for Inpatients

第一款 療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費及び療養費の支給

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

(療養の給付)

(Benefits for Medical Treatment)

第六十三条 被保険者の疾病又は負傷に関しては、次に掲げる療養の給付を行う。

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

一 診察

(i) medical examinations;

二 薬剤又は治療材料の支給

(ii) provision of medication or materials for medical treatment;

三 処置、手術その他の治療

(iii) treatment, operations or any other medical treatment;

四 居宅における療養上の管理及びその療養に伴う世話その他の看護

(iv) in-home medical care management as well as care and any other nursing involved in in-home medical care; and

五 病院又は診療所への入院及びその療養に伴う世話その他の看護

(v) hospitalization or visiting a clinic, and care and other nursing involved in medical treatment provided there.

2 次に掲げる療養に係る給付は、前項の給付に含まれないものとする。

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

一 食事の提供である療養であって前項第五号に掲げる療養と併せて行うもの（医療法（昭和二十三年法律第二百五号）第七条第二項第四号に規定する療養病床（以下「療養病床」という。）への入院及びその療養に伴う世話その他の看護であって、当該療養を受ける際、六十五歳に達する日の属する月の翌月以後である被保険者（以下「特定長期入院被保険者」という。）に係るものを除く。以下「食事療養」という。）

(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");

二 次に掲げる療養であって前項第五号に掲げる療養と併せて行うもの（特定長期入院被保険者に係るものに限る。以下「生活療養」という。）

(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"):

イ 食事の提供である療養

(a) medical treatment consisting of the provision of meals;

ロ 温度、照明及び給水に関する適切な療養環境の形成である療養

(b) medical treatment consisting of the creation of an appropriate environment for medical treatment in terms of temperature, lighting and water supply;

三 厚生労働大臣が定める高度の医療技術を用いた療養その他の療養であって、前項の給付の対象とすべきものであるか否かについて、適正な医療の効率的な提供を図る観点から評価を行うことが必要な療養（次号の患者申出療養を除く。）として厚生労働大臣が定めるもの（以下「評価療養」という。）

(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");

四 高度の医療技術を用いた療養であって、当該療養を受けようとする者の申出に基づき、前項の給付の対象とすべきものであるか否かについて、適正な医療の効率的な提供を図る観点から評価を行うことが必要な療養として厚生労働大臣が定めるもの（以下「患者申出療養」という。）

(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

五 被保険者の選定に係る特別の病室の提供その他の厚生労働大臣が定める療養（以下「選定療養」という。）

(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 第一項の給付を受けようとする者は、厚生労働省令で定めるところにより、次に掲げる病院若しくは診療所又は薬局のうち、自己の選定するものから受けるものとする。

(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:
一 厚生労働大臣の指定を受けた病院若しくは診療所（第六十五条の規定により病床の全部又は一部を除いて指定を受けたときは、その除外された病床を除く。以下「保険医療機関」という。）又は薬局（以下「保険薬局」という。）

(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");

二 特定の保険者が管掌する被保険者に対して診療又は調剤を行う病院若しくは診療所又は薬局であって、当該保険者が指定したもの

(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

三 健康保険組合である保険者が開設する病院若しくは診療所又は薬局

(iii) a hospital, clinic, or pharmacy established by an insurer which is a health insurance society.

4 第二項第四号の申出は、厚生労働大臣が定めるところにより、厚生労働大臣に対し、

当該申出に係る療養を行う医療法第四条の三に規定する臨床研究中核病院（保険医療機関であるものに限る。）の開設者の意見書その他必要な書類を添えて行うものとする。

(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 厚生労働大臣は、第二項第四号の申出を受けた場合は、当該申出について速やかに検討を加え、当該申出に係る療養が同号の評価を行うことが必要な療養と認められる場合には、当該療養を患者申出療養として定めるものとする。

(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 厚生労働大臣は、前項の規定により第二項第四号の申出に係る療養を患者申出療養として定めることとした場合には、その旨を当該申出を行った者に速やかに通知するものとする。

(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 厚生労働大臣は、第五項の規定により第二項第四号の申出について検討を加え、当該申出に係る療養を患者申出療養として定めないこととした場合には、理由を付して、その旨を当該申出を行った者に速やかに通知するものとする。

(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.

(保険医又は保険薬剤師)

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

第六十四条 保険医療機関において健康保険の診療に従事する医師若しくは歯科医師又は保険薬局において健康保険の調剤に従事する薬剤師は、厚生労働大臣の登録を受けた医師若しくは歯科医師（以下「保険医」と総称する。）又は薬剤師（以下「保険薬

剤師」という。) でなければならない。

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").

(保険医療機関又は保険薬局の指定)

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

第六十五条 第六十三条第三項第一号の指定は、政令で定めるところにより、病院若しくは診療所又は薬局の開設者の申請により行う。

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 前項の場合において、その申請が病院又は病床を有する診療所に係るものであるときは、当該申請は、医療法第七条第二項に規定する病床の種別（第四項第二号及び次条第一項において単に「病床の種別」という。）ごとにその数を定めて行うものとする。

(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 厚生労働大臣は、第一項の申請があった場合において、次の各号のいずれかに該当するときは、第六十三条第三項第一号の指定をしないことができる。

(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):

一 当該申請に係る病院若しくは診療所又は薬局が、この法律の規定により保険医療機関又は保険薬局に係る第六十三条第三項第一号の指定を取り消され、その取消の日から五年を経過しないものであるとき。

(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;

二 当該申請に係る病院若しくは診療所又は薬局が、保険給付に関し診療又は調剤の内容の適切さを欠くおそれがあるとして重ねて第七十三条第一項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百十条第七項及び第一百四十九条において準用する場合を含む。）の規定による指導を受けたものであるとき。

(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);

三 当該申請に係る病院若しくは診療所又は薬局の開設者又は管理者が、この法律その他国民の保健医療に関する法律で政令で定めるものの規定により罰金の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者であるとき。

(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;

四 当該申請に係る病院若しくは診療所又は薬局の開設者又は管理者が、禁錮以上の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者であるとき。

(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;

五 当該申請に係る病院若しくは診療所又は薬局の開設者又は管理者が、この法律、船員保険法、国民健康保険法（昭和三十三年法律第百九十二号）、高齢者の医療の確保に関する法律、地方公務員等共済組合法（昭和三十七年法律第百五十二号）、私立学校教職員共済法（昭和二十八年法律第二百四十五号）、厚生年金保険法（昭和二十九年法律第百十五号）又は国民年金法（昭和三十四年法律第百四十一号）

（第八十九条第四項第七号において「社会保険各法」という。）の定めるところにより納付義務を負う保険料、負担金又は掛金（地方税法（昭和二十五年法律第二百二十六号）の規定による国民健康保険税を含む。以下この号、第八十九条第四項第七号及び第百九十九条第二項において「社会保険料」という。）について、当該申請をした日の前日までに、これらの法律の規定に基づく滞納処分を受け、かつ、当該処分を受けた日から正当な理由なく三月以上の期間にわたり、当該処分を受けた日以降に納期限の到来した社会保険料のすべて（当該処分を受けた者が、当該処分に係る社会保険料の納付義務を負うことを定める法律によって納付義務を負う社会保険料に限る。第八十九条第四項第七号において同じ。）を引き続き滞納している

者であるとき。

- (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

六 前各号のほか、当該申請に係る病院若しくは診療所又は薬局が、保険医療機関又は保険薬局として著しく不相当と認められるものであるとき。

- (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 厚生労働大臣は、第二項の病院又は診療所について第一項の申請があった場合において、次の各号のいずれかに該当するときは、その申請に係る病床の全部又は一部を除いて、第六十三条第三項第一号の指定を行うことができる。

- (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:

一 当該病院又は診療所の医師、歯科医師、看護師その他の従業者の人員が、医療法第二十一条第一項第一号又は第二項第一号に規定する厚生労働省令で定める員数及び同条第三項に規定する厚生労働省令で定める基準を勘案して厚生労働大臣が定め

る基準により算定した員数を満たしていないとき。

(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;

二 当該申請に係る病床の種別に応じ、医療法第七条の二第一項に規定する地域における保険医療機関の病床数が、その指定により同法第三十条の四第一項に規定する医療計画において定める基準病床数を勘案して厚生労働大臣が定めるところにより算定した数を超えることになると認める場合（その数を既に超えている場合を含む。）であって、当該病院又は診療所の開設者又は管理者が同法第三十条の十一の規定による都道府県知事の勧告を受け、これに従わないとき。

(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

三 その他適正な医療の効率的な提供を図る観点から、当該病院又は診療所の病床の利用に関し、保険医療機関として著しく不適當なところがあると認められるとき。

(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.

(保険医療機関の指定の変更)

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

第六十六条 前条第二項の病院又は診療所の開設者は、第六十三条第三項第一号の指定に係る病床数の増加又は病床の種別の変更をしようとするときは、厚生労働省令で定めるところにより、当該病院又は診療所に係る同号の指定の変更を申請しなければならない。

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 前条第四項の規定は、前項の指定の変更の申請について準用する。

(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.

(地方社会保険医療協議会への諮問)

(Advisory to Local Social Insurance Medical Councils)

第六十七条 厚生労働大臣は、保険医療機関に係る第六十三条第三項第一号の指定をしないこととするとき、若しくはその申請に係る病床の全部若しくは一部を除いて指定（指定の変更を含む。）を行おうとするとき、又は保険薬局に係る同号の指定をしないこととするときは、地方社会保険医療協議会の議を経なければならない。

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.

(保険医療機関又は保険薬局の指定の更新)

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

第六十八条 第六十三条第三項第一号の指定は、指定の日から起算して六年を経過したときは、その効力を失う。

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 保険医療機関（第六十五条第二項の病院及び診療所を除く。）又は保険薬局であって厚生労働省令で定めるものについては、前項の規定によりその指定の効力を失う日前六月から同日前三月までの間に、別段の申出がないときは、同条第一項の申請があったものとみなす。

(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.

(保険医療機関又は保険薬局のみなし指定)

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

第六十九条 診療所又は薬局が医師若しくは歯科医師又は薬剤師の開設したものであり、かつ、当該開設者である医師若しくは歯科医師又は薬剤師のみが診療又は調剤に従事している場合において、当該医師若しくは歯科医師又は薬剤師について第六十四条の登録があったときは、当該診療所又は薬局について、第六十三条第三項第一号の指定があったものとみなす。ただし、当該診療所又は薬局が、第六十五条第三項又は第四項に規定する要件に該当する場合であって厚生労働大臣が同号の指定があったものとみなすことが不相当と認められるときは、この限りでない。

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.

(保険医療機関又は保険薬局の責務)

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

第七十条 保険医療機関又は保険薬局は、当該保険医療機関において診療に従事する保険医又は当該保険薬局において調剤に従事する保険薬剤師に、第七十二条第一項の厚生労働省令で定めるところにより、診療又は調剤に当たらせるほか、厚生労働省令で定めるところにより、療養の給付を担当しなければならない。

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 保険医療機関又は保険薬局は、前項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百十条第七項及び第一百四十九条において準用する場合を含む。）の規定によるほか、船員保険法、国民健康保険法、国家公務員共済組合法（昭和三十三年法律第二百二十八号。他の法律において準用し、又は例による場合を含む。）又は地方公務員等共済組合法（以下「この法律以外の医療保険各法」という。）による療養の給付並びに被保険者及び被扶養者の療養並びに高齢者の医療の確保に関する法律による療養の給付、入院時食事療養費に係る療養、入院時生活療養費に係る療養及び保険外併用療養費に係る療養を担当するものとする。

(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 保険医療機関のうち医療法第四条の二に規定する特定機能病院その他の病院であって厚生労働省令で定めるものは、患者の病状その他の患者の事情に応じた適切な他の保険医療機関を当該患者に紹介することその他の保険医療機関相互間の機能の分担及び業務の連携のための措置として厚生労働省令で定める措置を講ずるものとする。

(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.

(保険医又は保険薬剤師の登録)

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

第七十一条 第六十四条の登録は、医師若しくは歯科医師又は薬剤師の申請により行う。

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

2 厚生労働大臣は、前項の申請があった場合において、次の各号のいずれかに該当するときは、第六十四条の登録をしないことができる。

(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:

一 申請者が、この法律の規定により保険医又は保険薬剤師に係る第六十四条の登録を取り消され、その取消の日から五年を経過しない者であるとき。

(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;

二 申請者が、この法律その他国民の保健医療に関する法律で政令で定めるものの規定により罰金の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者であるとき。

(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;

三 申請者が、禁錮以上の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者であるとき。

(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

四 前三号のほか、申請者が、保険医又は保険薬剤師として著しく不相当と認められる者であるとき。

(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 厚生労働大臣は、保険医又は保険薬剤師に係る第六十四条の登録をしないこととするときは、地方社会保険医療協議会の議を経なければならない。

(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 第一項又は第二項に規定するもののほか、保険医及び保険薬剤師に係る第六十四条の登録に関して必要な事項は、政令で定める。

(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.

(保険医又は保険薬剤師の責務)

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

第七十二条 保険医療機関において診療に従事する保険医又は保険薬局において調剤に従事する保険薬剤師は、厚生労働省令で定めるところにより、健康保険の診療又は調剤に当たらなければならない。

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 保険医療機関において診療に従事する保険医又は保険薬局において調剤に従事する保険薬剤師は、前項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。）の規定によるほか、この法律以外の医療保険各法又は高齢者の医療の確保に関する法律による診療又は調剤に当たるものとする。

(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.

(厚生労働大臣の指導)

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

第七十三条 保険医療機関及び保険薬局は療養の給付に関し、保険医及び保険薬剤師は健康保険の診療又は調剤に関し、厚生労働大臣の指導を受けなければならない。

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 厚生労働大臣は、前項の指導をする場合において、必要があると認めるときは、診療又は調剤に関する学識経験者をその関係団体の指定により指導に立ち合わせるものとする。ただし、関係団体が指定を行わない場合又は指定された者が立ち会わない場合は、この限りでない。

(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.

(一部負担金)

(Amount of Co-Payment)

第七十四条 第六十三条第三項の規定により保険医療機関又は保険薬局から療養の給付を受ける者は、その給付を受ける際、次の各号に掲げる場合の区分に応じ、当該給付につき第七十六条第二項又は第三項の規定により算定した額に当該各号に定める割合を乗じて得た額を、一部負担金として、当該保険医療機関又は保険薬局に支払わなければならない。

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:

一 七十歳に達する日の属する月以前である場合 百分の三十

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

0.30;

二 七十歳に達する日の属する月の翌月以後である場合（次号に掲げる場合を除く。） 百分の二十

(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

三 七十歳に達する日の属する月の翌月以後である場合であって、政令で定めるところにより算定した報酬の額が政令で定める額以上であるとき 百分の三十

(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 保険医療機関又は保険薬局は、前項の一部負担金（第七十五条の二第一項第一号の措置が採られたときは、当該減額された一部負担金）の支払を受けるべきものとし、保険医療機関又は保険薬局が善良な管理者と同一の注意をもってその支払を受けることに努めたにもかかわらず、なお療養の給付を受けた者が当該一部負担金の全部又は一部を支払わないときは、保険者は、当該保険医療機関又は保険薬局の請求に基づき、この法律の規定による徴収金の例によりこれを処分することができる。

(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.

第七十五条 前条第一項の規定により一部負担金を支払う場合においては、同項の一部負担金の額に五円未満の端数があるときは、これを切り捨て、五円以上十円未満の端数があるときは、これを十円に切り上げるものとする。

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.

(一部負担金の額の特例)

(Special Provisions for the Amount of Co-payment)

第七十五条の二 保険者は、災害その他の厚生労働省令で定める特別の事情がある被保険者であつて、保険医療機関又は保険薬局に第七十四条第一項の規定による一部負担金を支払うことが困難であると認められるものに対し、次の措置を採ることができる。

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):

一 一部負担金を減額すること。

(i) to reduce the amount of co-payment;

二 一部負担金の支払を免除すること。

(ii) to exempt the insured person from making co-payment; or

三 保険医療機関又は保険薬局に対する支払に代えて、一部負担金を直接に徴収することとし、その徴収を猶予すること。

(iii) to decide to collect co-payment directly from the insured person in lieu of co-payment to the medical institution medical institution providing services covered by health insurance or pharmacy providing services covered by health insurance or to postpone the collection.

2 前項の措置を受けた被保険者は、第七十四条第一項の規定にかかわらず、前項第一号の措置を受けた被保険者にあつてはその減額された一部負担金を保険医療機関又は保険薬局に支払うをもって足り、同項第二号又は第三号の措置を受けた被保険者にあつては一部負担金を保険医療機関又は保険薬局に支払うことを要しない。

(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 前条の規定は、前項の場合における一部負担金の支払について準用する。

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

(療養の給付に関する費用)

(Expenses for Benefits for Medical Treatment)

第七十六条 保険者は、療養の給付に関する費用を保険医療機関又は保険薬局に支払うものとし、保険医療機関又は保険薬局が療養の給付に関し保険者に請求することができる費用の額は、療養の給付に要する費用の額から、当該療養の給付に関し被保険者が当該保険医療機関又は保険薬局に対して支払わなければならない一部負担金に相当する額を控除した額とする。

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 前項の療養の給付に要する費用の額は、厚生労働大臣が定めるところにより、算定するものとする。

(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 保険者は、厚生労働大臣の認可を受けて、保険医療機関又は保険薬局との契約により、当該保険医療機関又は保険薬局において行われる療養の給付に関する第一項の療養の給付に要する費用の額につき、前項の規定により算定される額の範囲内において、別段の定めをすることができる。

(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 保険者は、保険医療機関又は保険薬局から療養の給付に関する費用の請求があったときは、第七十条第一項及び第七十二条第一項の厚生労働省令並びに前二項の定めを照らして審査の上、支払うものとする。

(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 保険者は、前項の規定による審査及び支払に関する事務を社会保険診療報酬支払基金法（昭和二十三年法律第二百二十九号）による社会保険診療報酬支払基金（以下「基金」という。）又は国民健康保険法第四十五条第五項に規定する国民健康保険団体連合会（以下「国保連合会」という。）に委託することができる。

(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 前各項に定めるもののほか、保険医療機関又は保険薬局の療養の給付に関する費用の請求に関して必要な事項は、厚生労働省令で定める。

(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.

(薬価調査等についての厚生労働大臣の権限)

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

第七十七条 厚生労働大臣は、前条第二項の定めのうち薬剤に関する定めその他厚生労働大臣の定めを適正なものとするため、必要な調査を行うことができる。

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.

(保険医療機関又は保険薬局の報告等)

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

第七十八条 厚生労働大臣は、療養の給付に関して必要があると認めるときは、保険医療機関若しくは保険薬局若しくは保険医療機関若しくは保険薬局の開設者若しくは管理者、保険医、保険薬剤師その他の従業者であった者（以下この項において「開設者であった者等」という。）に対し報告若しくは診療録その他の帳簿書類の提出若しくは提示を命じ、保険医療機関若しくは保険薬局の開設者若しくは管理者、保険医、保険薬剤師その他の従業者（開設者であった者等を含む。）に対し出頭を求め、又は当該職員に関係者に対して質問させ、若しくは保険医療機関若しくは保険薬局について設備若しくは診療録、帳簿書類その他の物件を検査させることができる。

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 第七条の三十八第二項及び第七十三条第二項の規定は前項の規定による質問又は検査について、第七条の三十八第三項の規定は前項の規定による権限について準用する。

(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.

(保険医療機関等の指定の辞退又は保険医等の登録の抹消)

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

第七十九条 保険医療機関又は保険薬局は、一月以上の予告期間を設けて、その指定を辞退することができる。

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 保険医又は保険薬剤師は、一月以上の予告期間を設けて、その登録の抹消を求めることができる。

(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.

(保険医療機関又は保険薬局の指定の取消し)

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

第八十条 厚生労働大臣は、次の各号のいずれかに該当する場合には、当該保険医療機関又は保険薬局に係る第六十三条第三項第一号の指定を取り消すことができる。

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:

一 保険医療機関において診療に従事する保険医又は保険薬局において調剤に従事す

る保険薬剤師が、第七十二条第一項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。）の規定に違反したとき（当該違反を防止するため、当該保険医療機関又は保険薬局が相当の注意及び監督を尽くしたときを除く。）。

(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);

二 前号のほか、保険医療機関又は保険薬局が、第七十条第一項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。）の規定に違反したとき。

(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);

三 療養の給付に関する費用の請求又は第八十五条第五項（第八十五条の二第五項及び第八十六条第四項において準用する場合を含む。）若しくは第一百条第四項（これらの規定を第一百四十九条において準用する場合を含む。）の規定による支払に関する請求について不正があったとき。

(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);

四 保険医療機関又は保険薬局が、第七十八条第一項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。次号において同じ。）の規定により報告若しくは診療録その他の帳簿書類の提出若しくは提示を命ぜられてこれに従わず、又は虚偽の報告をしたとき。

(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;

五 保険医療機関又は保険薬局の開設者又は従業者が、第七十八条第一項の規定により出頭を求められてこれに応ぜず、同項の規定による質問に対して答弁せず、若しくは虚偽の答弁をし、又は同項の規定による検査を拒み、妨げ、若しくは忌避したとき（当該保険医療機関又は保険薬局の従業者がその行為をした場合において、その行為を防止するため、当該保険医療機関又は保険薬局が相当の注意及び監督を尽くしたときを除く。）。

(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);

六 この法律以外の医療保険各法による療養の給付若しくは被保険者若しくは被扶養者の療養又は高齢者の医療の確保に関する法律による療養の給付、入院時食事療養費に係る療養、入院時生活療養費に係る療養若しくは保険外併用療養費に係る療養に関し、前各号のいずれかに相当する事由があったとき。

(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;

七 保険医療機関又は保険薬局の開設者又は管理者が、この法律その他国民の保健医療に関する法律で政令で定めるものの規定により罰金の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者に該当するに至ったとき。

(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;

八 保険医療機関又は保険薬局の開設者又は管理者が、禁錮以上の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者に該当するに至ったとき。

(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

九 前各号に掲げる場合のほか、保険医療機関又は保険薬局の開設者が、この法律その他国民の保健医療に関する法律で政令で定めるもの又はこれらの法律に基づく命令若しくは処分に違反したとき。

(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;

(保険医又は保険薬剤師の登録の取消し)

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

第八十一条 厚生労働大臣は、次の各号のいずれかに該当する場合には、当該保険医又は保険薬剤師に係る第六十四条の登録を取り消すことができる。

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:

一 保険医又は保険薬剤師が、第七十二条第一項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。）の規定に違反したとき。

(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);

二 保険医又は保険薬剤師が、第七十八条第一項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。以下この号において同じ。）の規定により出頭を求められてこれに 응 ぜず、第七十八条第一項の規定による質問に対して答弁せず、若しくは虚偽の答弁をし、又は同項の規定による検査を拒み、妨げ、若しくは忌避したとき。

(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;

三 この法律以外の医療保険各法又は高齢者の医療の確保に関する法律による診療又は調剤に関し、前二号のいずれかに相当する事由があったとき。

(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;

四 保険医又は保険薬剤師が、この法律その他国民の保健医療に関する法律で政令で定めるものの規定により罰金の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者に該当するに至ったとき。

(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;

五 保険医又は保険薬剤師が、禁錮以上の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者に該当するに至ったとき。

(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

六 前各号に掲げる場合のほか、保険医又は保険薬剤師が、この法律その他国民の保健医療に関する法律で政令で定めるもの又はこれらの法律に基づく命令若しくは処分違反したとき。

(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.

(社会保険医療協議会への諮問)

(Advisory to Social Insurance Medical Councils)

第八十二条 厚生労働大臣は、第七十条第一項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。）若しくは第三項若しくは第七十二条第一項（第八十五条第九項、第八十五条

の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。)の厚生労働省令を定めようとするとき、又は第六十三条第二項第三号若しくは第五号若しくは第七十六条第二項(これらの規定を第一百四十九条において準用する場合を含む。)の定めをしようとするときは、中央社会保険医療協議会に諮問するものとする。ただし、第六十三条第二項第三号の定めのうち高度の医療技術に係るものについては、この限りでない。

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 厚生労働大臣は、保険医療機関若しくは保険薬局に係る第六十三条第三項第一号の指定を行おうとするとき、若しくはその指定を取り消そうとするとき、又は保険医若しくは保険薬剤師に係る第六十四条の登録を取り消そうとするときは、政令で定めるところにより、地方社会保険医療協議会に諮問するものとする。

(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.

(処分に対する弁明の機会の付与)

(Granting Opportunities to Explain Dispositions)

第八十三条 厚生労働大臣は、保険医療機関に係る第六十三条第三項第一号の指定をしないこととするとき、若しくはその申請に係る病床の全部若しくは一部を除いて指定(指定の変更を含む。)を行おうとするとき、若しくは保険薬局に係る同号の指定をしないこととするとき、又は保険医若しくは保険薬剤師に係る第六十四条の登録をしないこととするときは、当該医療機関若しくは薬局の開設者又は当該保険医若しくは保険薬剤師に対し、弁明の機会を与えなければならない。この場合においては、あらかじめ、書面で、弁明をすべき日時、場所及びその事由を通知しなければならない。

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.

(保険者が指定する病院等における療養の給付)

(Benefits for Medical Treatment at Hospitals Designated by Insurers)

第八十四条 第六十三条第三項第二号及び第三号に掲げる病院若しくは診療所又は薬局において行われる療養の給付及び健康保険の診療又は調剤に関する準則については、第七十条第一項及び第七十二条第一項の厚生労働省令の例による。

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 第六十三条第三項第二号に掲げる病院若しくは診療所又は薬局から療養の給付を受ける者は、その給付を受ける際、第七十四条の規定の例により算定した額を、一部負担金として当該病院若しくは診療所又は薬局に支払わなければならない。ただし、保険者が健康保険組合である場合においては、規約で定めるところにより、当該一部負担金を減額し、又はその支払を要しないものとすることができる。

(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 健康保険組合は、規約で定めるところにより、第六十三条第三項第三号に掲げる病院若しくは診療所又は薬局から療養の給付を受ける者に、第七十四条の規定の例により算定した額の範囲内において一部負担金を支払わせることができる。

(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.

(入院時食事療養費)

(Dietary Treatment Expenses for Inpatients)

第八十五条 被保険者（特定長期入院被保険者を除く。以下この条において同じ。）が、厚生労働省令で定めるところにより、第六十三条第三項各号に掲げる病院又は診療所のうち自己の選定するものから同条第一項第五号に掲げる療養の給付と併せて受けた食事療養に要した費用について、入院時食事療養費を支給する。

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 入院時食事療養費の額は、当該食事療養につき食事療養に要する平均的な費用の額を勘案して厚生労働大臣が定める基準により算定した費用の額（その額が現に当該食事療養に要した費用の額を超えるときは、当該現に食事療養に要した費用の額）から、平均的な家計における食費の状況及び特定介護保険施設等（介護保険法第五十一条の三第一項に規定する特定介護保険施設等をいう。）における食事の提供に要する平均的な費用の額を勘案して厚生労働大臣が定める額（所得の状況その他の事情をしん酌して厚生労働省令で定める者については、別に定める額。以下「食事療養標準負担額」という。）を控除した額とする。

(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 厚生労働大臣は、前項の基準を定めようとするときは、中央社会保険医療協議会に諮問するものとする。

(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 厚生労働大臣は、食事療養標準負担額を定めた後に勘案又はしん酌すべき事項に係る事情が著しく変動したときは、速やかにその額を改定しなければならない。

(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 被保険者が第六十三条第三項第一号又は第二号に掲げる病院又は診療所から食事療養を受けたときは、保険者は、その被保険者が当該病院又は診療所に支払うべき食事療養に要した費用について、入院時食事療養費として被保険者に対し支給すべき額の限度において、被保険者に代わり、当該病院又は診療所に支払うことができる。

(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 前項の規定による支払があったときは、被保険者に対し入院時食事療養費の支給があったものとみなす。

(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 被保険者が第六十三条第三項第三号に掲げる病院又は診療所から食事療養を受けた場合において、保険者がその被保険者の支払うべき食事療養に要した費用のうち入院時食事療養費として被保険者に支給すべき額に相当する額の支払を免除したときは、入院時食事療養費の支給があったものとみなす。

(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 第六十三条第三項各号に掲げる病院又は診療所は、食事療養に要した費用につき、その支払を受ける際、当該支払をした被保険者に対し、厚生労働省令で定めるところにより、領収証を交付しなければならない。

(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 第六十四条、第七十条第一項、第七十二条第一項、第七十三条、第七十六条第三項から第六項まで、第七十八条及び前条第一項の規定は、第六十三条第三項各号に掲げる病院又は診療所から受けた食事療養及びこれに伴う入院時食事療養費の支給について準用する。

(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.

(入院時生活療養費)

(Living Support Expenses for Inpatients)

第八十五条の二 特定長期入院被保険者が、厚生労働省令で定めるところにより、第六十三条第三項各号に掲げる病院又は診療所のうち自己の選定するものから同条第一項第五号に掲げる療養の給付と併せて受けた生活療養に要した費用について、入院時生活療養費を支給する。

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 入院時生活療養費の額は、当該生活療養につき生活療養に要する平均的な費用の額を勘案して厚生労働大臣が定める基準により算定した費用の額（その額が現に当該生活療養に要した費用の額を超えるときは、当該現に生活療養に要した費用の額）から、平均的な家計における食費及び光熱水費の状況並びに病院及び診療所における生活療養に要する費用について介護保険法第五十一条の三第二項第一号に規定する食費の基準費用額及び同項第二号に規定する居住費の基準費用額に相当する費用の額を勘案して厚生労働大臣が定める額（所得の状況、病状の程度、治療の内容その他の事情をしん酌して厚生労働省令で定める者については、別に定める額。以下「生活療養標準負担額」という。）を控除した額とする。

(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 厚生労働大臣は、前項の基準を定めようとするときは、中央社会保険医療協議会に諮問するものとする。

(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 厚生労働大臣は、生活療養標準負担額を定めた後に勘案又はしん酌すべき事項に係る事情が著しく変動したときは、速やかにその額を改定しなければならない。

(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 第六十四条、第七十条第一項、第七十二条第一項、第七十三条、第七十六条第三項から第六項まで、第七十八条、第八十四条第一項及び前条第五項から第八項までの規定は、第六十三条第三項各号に掲げる病院又は診療所から受けた生活療養及びこれに伴う入院時生活療養費の支給について準用する。

(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.

(保険外併用療養費)

(Medical Expenses Combined with Treatment Outside Insurance Coverage)

第八十六条 被保険者が、厚生労働省令で定めるところにより、第六十三条第三項各号に掲げる病院若しくは診療所又は薬局（以下「保険医療機関等」と総称する。）のうち自己の選定するものから、評価療養、患者申出療養又は選定療養を受けたときは、その療養に要した費用について、保険外併用療養費を支給する。

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 "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 保険外併用療養費の額は、第一号に掲げる額（当該療養に食事療養が含まれるときは当該額及び第二号に掲げる額の合算額、当該療養に生活療養が含まれるときは当該額及び第三号に掲げる額の合算額）とする。

(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):

一 当該療養（食事療養及び生活療養を除く。）につき第七十六条第二項の定めを勘案して厚生労働大臣が定めるところにより算定した費用の額（その額が現に当該療養に要した費用の額を超えるときは、当該現に療養に要した費用の額）から、その額に第七十四条第一項各号に掲げる場合の区分に応じ、同項各号に定める割合を乗じて得た額（療養の給付に係る同項の一部負担金について第七十五条の二第一項各号の措置が採られるべきときは、当該措置が採られたものとした場合の額）を控除した額

(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;

二 当該食事療養につき第八十五条第二項に規定する厚生労働大臣が定める基準により算定した費用の額（その額が現に当該食事療養に要した費用の額を超えるときは、当該現に食事療養に要した費用の額）から食事療養標準負担額を控除した額

(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

三 当該生活療養につき前条第二項に規定する厚生労働大臣が定める基準により算定した費用の額（その額が現に当該生活療養に要した費用の額を超えるときは、当該現に生活療養に要した費用の額）から生活療養標準負担額を控除した額

(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 厚生労働大臣は、前項第一号の定めをしようとするときは、中央社会保険医療協議会に諮問するものとする。

(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 第六十四条、第七十条第一項、第七十二条第一項、第七十三条、第七十六条第三項から第六項まで、第七十七条、第七十八条、第八十四条第一項及び第八十五条第五項から第八項までの規定は、保険医療機関等から受けた評価療養、患者申出療養及び選定療養並びにこれらに伴う保険外併用療養費の支給について準用する。

(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 第七十五条の規定は、前項の規定により準用する第八十五条第五項の場合において第二項の規定により算定した費用の額（その額が現に療養に要した費用の額を超えるときは、当該現に療養に要した費用の額）から当該療養に要した費用について保険外併用療養費として支給される額に相当する額を控除した額の支払について準用する。

(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).

(療養費)

(Medical Expenses)

第八十七条 保険者は、療養の給付若しくは入院時食事療養費、入院時生活療養費若しくは保険外併用療養費の支給（以下この項において「療養の給付等」という。）を行うことが困難であると認めるとき、又は被保険者が保険医療機関等以外の病院、診療所、薬局その他の者から診療、薬剤の支給若しくは手当を受けた場合において、保険者がやむを得ないものと認めるときは、療養の給付等に代えて、療養費を支給することができる。

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 療養費の額は、当該療養（食事療養及び生活療養を除く。）について算定した費用の額から、その額に第七十四条第一項各号に掲げる場合の区分に応じ、同項各号に定める割合を乗じて得た額を控除した額及び当該食事療養又は生活療養について算定した費用の額から食事療養標準負担額又は生活療養標準負担額を控除した額を基準として、保険者が定める。

(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 前項の費用の額の算定については、療養の給付を受けるべき場合においては第七十六条第二項の費用の額の算定、入院時食事療養費の支給を受けるべき場合においては第八十五条第二項の費用の額の算定、入院時生活療養費の支給を受けるべき場合においては第八十五条の二第二項の費用の額の算定、保険外併用療養費の支給を受けるべき場合においては前条第二項の費用の額の算定の例による。ただし、その額は、現に療養に要した費用の額を超えることができない。

(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.

第二款 訪問看護療養費の支給

Subsection 2 Payment of Medical Expenses for Home-Nursing

(訪問看護療養費)

(Medical Expenses for Home-Nursing)

第八十八条 被保険者が、厚生労働大臣が指定する者（以下「指定訪問看護事業者」という。）から当該指定に係る訪問看護事業（疾病又は負傷により、居宅において継続して療養を受ける状態にある者（主治の医師がその治療の必要の程度につき厚生労働省令で定める基準に適合していると認めたものに限る。）に対し、その者の居宅において看護師その他厚生労働省令で定める者が行う療養上の世話又は必要な診療の補助（保険医療機関等又は介護保険法第八条第二十八項に規定する介護老人保健施設によるものを除く。以下「訪問看護」という。）を行う事業をいう。）を行う事業所により行われる訪問看護（以下「指定訪問看護」という。）を受けたときは、その指定訪問看護に要した費用について、訪問看護療養費を支給する。

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 前項の訪問看護療養費は、厚生労働省令で定めるところにより、保険者が必要と認める場合に限り、支給するものとする。

- (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 指定訪問看護を受けようとする者は、厚生労働省令で定めるところにより、自己の選定する指定訪問看護事業者から受けるものとする。
- (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 訪問看護療養費の額は、当該指定訪問看護につき指定訪問看護に要する平均的な費用の額を勘案して厚生労働大臣が定めるところにより算定した費用の額から、その額に第七十四条第一項各号に掲げる場合の区分に応じ、同項各号に定める割合を乗じて得た額（療養の給付に係る同項の一部負担金について第七十五条の二第一項各号の措置が採られるべきときは、当該措置が採られたものとした場合の額）を控除した額とする。
- (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 厚生労働大臣は、前項の定めをしようとするときは、中央社会保険医療協議会に諮問するものとする。
- (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 被保険者が指定訪問看護事業者から指定訪問看護を受けたときは、保険者は、その被保険者が当該指定訪問看護事業者に支払うべき当該指定訪問看護に要した費用について、訪問看護療養費として被保険者に対し支給すべき額の限度において、被保険者に代わり、当該指定訪問看護事業者に支払うことができる。
- (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 前項の規定による支払があったときは、被保険者に対し訪問看護療養費の支給があったものとみなす。

- (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 第七十五条の規定は、第六項の場合において第四項の規定により算定した費用の額から当該指定訪問看護に要した費用について訪問看護療養費として支給される額に相当する額を控除した額の支払について準用する。
- (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 指定訪問看護事業者は、指定訪問看護に要した費用につき、その支払を受ける際、当該支払をした被保険者に対し、厚生労働省令で定めるところにより、領収証を交付しなければならない。
- (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 保険者は、指定訪問看護事業者から訪問看護療養費の請求があったときは、第四項の定め及び第九十二条第二項に規定する指定訪問看護の事業の運営に関する基準（指定訪問看護の取扱いに関する部分に限る。）に照らして審査の上、支払うものとする。
- (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 保険者は、前項の規定による審査及び支払に関する事務を基金又は国保連合会に委託することができる。
- (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 指定訪問看護は、第六十三条第一項各号に掲げる療養に含まれないものとする。
- (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 前各項に定めるもののほか、指定訪問看護事業者の訪問看護療養費の請求に関して必要な事項は、厚生労働省令で定める。
- (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.

(指定訪問看護事業者の指定)

(Designation of Home-Nursing Providers)

第八十九条 前条第一項の指定は、厚生労働省令で定めるところにより、訪問看護事業を行う者の申請により、訪問看護事業を行う事業所（以下「訪問看護事業所」という。）ごとに行う。

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 指定訪問看護事業者以外の訪問看護事業を行う者について、介護保険法第四十一条第一項本文の規定による指定居宅サービス事業者（訪問看護事業を行う者のうち、厚生労働省令で定める基準に該当するものに限る。次項において同じ。）の指定、同法第四十二条の二第一項本文の規定による指定地域密着型サービス事業者（訪問看護事業を行う者のうち、厚生労働省令で定める基準に該当するものに限る。次項において同じ。）の指定又は同法第五十三条第一項本文の規定による指定介護予防サービス事業者（訪問看護事業を行う者のうち、厚生労働省令で定める基準に該当するものに限る。次項において同じ。）の指定があったときは、その指定の際、当該訪問看護事業を行う者について、前条第一項の指定があったものとみなす。ただし、当該訪問看護事業を行う者が、厚生労働省令で定めるところにより、別段の申出をしたときは、この限りでない。

(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 介護保険法第七十条の二第一項の規定による指定居宅サービス事業者の指定の失効若しくは同法第七十七条第一項若しくは第百十五条の三十五第六項の規定による指定居宅サービス事業者の指定の取消し若しくは効力の停止、同法第七十八条の十（同法第七十八条の十七の規定により読み替えて適用される場合を含む。）の規定による指定地域密着型サービス事業者の指定の取消し若しくは効力の停止若しくは同法第七十八条の十二において準用する同法第七十条の二第一項若しくは同法第七十八条の十五第一項若しくは第三項（同条第五項において準用する場合を含む。）の規定による指定地域密着型サービス事業者の指定の失効又は同法第百十五条の九第一項若しくは第百十五条の三十五第六項の規定による指定介護予防サービス事業者の指定の取消し若しくは効力の停止若しくは同法第百十五条の十一において準用する同法第七十条の二第一項の規定による指定介護予防サービス事業者の指定の失効は、前項本文の規定により受けたものとみなされた前条第一項の指定の効力に影響を及ぼさないものとする。

(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 厚生労働大臣は、第一項の申請があった場合において、次の各号のいずれかに該当するときは、前条第一項の指定をしてはならない。

(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:

一 申請者が地方公共団体、医療法人、社会福祉法人その他厚生労働大臣が定める者でないとき。

- (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;
- 二 当該申請に係る訪問看護事業所の看護師その他の従業者の知識及び技能並びに人員が、第九十二条第一項の厚生労働省令で定める基準及び同項の厚生労働省令で定める員数を満たしていないとき。
- (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);
- 三 申請者が、第九十二条第二項（第百十一条第三項及び第百四十九条において準用する場合を含む。）に規定する指定訪問看護の事業の運営に関する基準に従って適正な指定訪問看護事業の運営をすることができないと認められるとき。
- (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);
- 四 申請者が、この法律の規定により指定訪問看護事業者に係る前条第一項の指定を取り消され、その取消の日から五年を経過しない者であるとき。
- (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;
- 五 申請者が、この法律その他国民の保健医療に関する法律で政令で定めるものの規定により罰金の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者であるとき。
- (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;
- 六 申請者が、禁錮以上の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者であるとき。
- (vi) the applicant is sentenced to imprisonment or a more severe penalty and the sentence has not been completed or has not yet expired;
- 七 申請者が、社会保険料について、当該申請をした日の前日までに、社会保険各法又は地方税法の規定に基づく滞納処分を受け、かつ、当該処分を受けた日から正当な理由なく三月以上の期間にわたり、当該処分を受けた日以降に納期限の到来した社会保険料のすべてを引き続き滞納している者であるとき。
- (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
八 前各号のほか、申請者が、指定訪問看護事業者として著しく不相当と認められる者であるとき。

(viii) beyond what is provided for in the preceding items, the applicant is deemed significantly inappropriate as a designated home-nursing provider.

(指定訪問看護事業者の責務)

(Responsibilities of Designated Home-Nursing Provider)

第九十条 指定訪問看護事業者は、第九十二条第二項に規定する指定訪問看護の事業の運営に関する基準に従い、訪問看護を受ける者の心身の状況等に応じて自ら適切な指定訪問看護を提供するものとする。

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 指定訪問看護事業者は、前項（第百十一条第三項及び第百四十九条において準用する場合を含む。）の規定によるほか、この法律以外の医療保険各法による被保険者及び被扶養者の指定訪問看護並びに高齢者の医療の確保に関する法律による被保険者の指定訪問看護を提供するものとする。

(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.

(厚生労働大臣の指導)

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

第九十一条 指定訪問看護事業者及び当該指定に係る訪問看護事業所の看護師その他の従業者は、指定訪問看護に関し、厚生労働大臣の指導を受けなければならない。

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.

(指定訪問看護の事業の運営に関する基準)

(Standards for Operations in Designated Home-Nursing Services)

第九十二条 指定訪問看護事業者は、当該指定に係る訪問看護事業所ごとに、厚生労働省令で定める基準に従い厚生労働省令で定める員数の看護師その他の従業者を有しなければならない。

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 前項に規定するもののほか、指定訪問看護の事業の運営に関する基準は、厚生労働大臣が定める。

(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 厚生労働大臣は、前項に規定する指定訪問看護の事業の運営に関する基準（指定訪問看護の取扱いに関する部分に限る。）を定めようとするときは、中央社会保険医療協議会に諮問するものとする。

(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.

(変更の届出等)

(Notification of Change)

第九十三条 指定訪問看護事業者は、当該指定に係る訪問看護事業所の名称及び所在地その他厚生労働省令で定める事項に変更があったとき、又は当該指定訪問看護の事業を廃止し、休止し、若しくは再開したときは、厚生労働省令で定めるところにより、十日以内に、その旨を厚生労働大臣に届け出なければならない。

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.

(指定訪問看護事業者等の報告等)

(Reports of Designated Home-Nursing Providers)

第九十四条 厚生労働大臣は、訪問看護療養費の支給に関して必要があると認めるときは、指定訪問看護事業者又は指定訪問看護事業者であった者若しくは当該指定に係る訪問看護事業所の看護師その他の従業者であった者（以下この項において「指定訪問

看護事業者であった者等」という。) に対し報告若しくは帳簿書類の提出若しくは提示を命じ、指定訪問看護事業者若しくは当該指定に係る訪問看護事業所の看護師その他の従業者(指定訪問看護事業者であった者等を含む。) に対し出頭を求め、又は当該職員に関係者に対して質問させ、若しくは当該指定訪問看護事業者の当該指定に係る訪問看護事業所について帳簿書類その他の物件を検査させることができる。

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 第七条の三十八第二項の規定は前項の規定による質問又は検査について、同条第三項の規定は前項の規定による権限について準用する。

(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.

(指定訪問看護事業者の指定の取消し)

(Recession of Designation of Designated Home-Nursing Provider)

第九十五条 厚生労働大臣は、次の各号のいずれかに該当する場合には、当該指定訪問看護事業者に係る第八十八条第一項の指定を取り消すことができる。

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:

一 指定訪問看護事業者が、当該指定に係る訪問看護事業所の看護師その他の従業者について、第九十二条第一項の厚生労働省令で定める基準又は同項の厚生労働省令で定める員数を満たすことができなくなったとき。

(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;

二 指定訪問看護事業者が、第九十二条第二項（第百十一条第三項及び第百四十九条において準用する場合を含む。）に規定する指定訪問看護の事業の運営に関する基準に従って適正な指定訪問看護事業の運営をすることができなくなったとき。

(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);

三 第八十八条第六項（第百十一条第三項及び第百四十九条において準用する場合を含む。）の規定による支払に関する請求について不正があったとき。

(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);

四 指定訪問看護事業者が、前条第一項（第百十一条第三項及び第百四十九条において準用する場合を含む。以下この条において同じ。）の規定により報告若しくは帳簿書類の提出若しくは提示を命ぜられてこれに従わず、又は虚偽の報告をしたとき。

(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;

五 指定訪問看護事業者又は当該指定に係る訪問看護事業所の看護師その他の従業者が、前条第一項の規定により出頭を求められてこれに応ぜず、同項の規定による質問に対して答弁せず、若しくは虚偽の答弁をし、又は同項の規定による検査を拒み、妨げ、若しくは忌避したとき（当該指定に係る訪問看護事業所の看護師その他の従業者がその行為をした場合において、その行為を防止するため、当該指定訪問看護事業者が相当の注意及び監督を尽くしたときを除く。）。

(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);

六 この法律以外の医療保険各法による被保険者若しくは被扶養者の指定訪問看護又は高齢者の医療の確保に関する法律による被保険者の指定訪問看護に関し、第二号から前号までのいずれかに相当する事由があったとき。

(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;

七 指定訪問看護事業者が、不正の手段により指定訪問看護事業者の指定を受けたとき。

(vii) the designated home-nursing provider received its designation by wrongful means;

八 指定訪問看護事業者が、この法律その他国民の保健医療に関する法律で政令で定めるものの規定により罰金の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者に該当するに至ったとき。

(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;

九 指定訪問看護事業者が、禁錮以上の刑に処せられ、その執行を終わり、又は執行を受けることがなくなるまでの者に該当するに至ったとき。

(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

十 前各号に掲げる場合のほか、指定訪問看護事業者が、この法律その他国民の保健医療に関する法律で政令で定めるもの又はこれらの法律に基づく命令若しくは処分に違反したとき。

(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.

(公示)

(Public Notice)

第九十六条 厚生労働大臣は、次に掲げる場合には、その旨を公示しなければならない。

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

一 指定訪問看護事業者の指定をしたとき。

(i) a home-nursing provider is designated;

二 第九十三条の規定による届出（同条の厚生労働省令で定める事項の変更並びに同条に規定する事業の休止及び再開に係るものを除く。）があったとき。

(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
三 前条の規定により指定訪問看護事業者の指定を取り消したとき。
(iii) the designation of a designated home-nursing provider is rescinded pursuant to the provisions of the preceding Article.

第三款 移送費の支給

Subsection 3 Payment of Transport Expenses

第九十七条 被保険者が療養の給付（保険外併用療養費に係る療養を含む。）を受けるため、病院又は診療所に移送されたときは、移送費として、厚生労働省令で定めるところにより算定した金額を支給する。

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 前項の移送費は、厚生労働省令で定めるところにより、保険者が必要であると認める場合に限り、支給するものとする。

(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.

第四款 補則

Subsection 4 Auxiliary Provisions

（被保険者が日雇労働者又はその被扶養者となった場合）

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

第九十八条 被保険者が資格を喪失し、かつ、日雇特例被保険者又はその被扶養者となった場合において、その資格を喪失した際に療養の給付、入院時食事療養費に係る療養、入院時生活療養費に係る療養、保険外併用療養費に係る療養、療養費に係る療養若しくは訪問看護療養費に係る療養又は介護保険法の規定による居宅介護サービス費に係る指定居宅サービス（同法第四十一条第一項に規定する指定居宅サービスをいう。第二百二十九条第二項第二号において同じ。）、特例居宅介護サービス費に係る居宅サービス（同法第八条第一項に規定する居宅サービスをいう。同号及び第百三十五条第一項において同じ。）若しくはこれに相当するサービス、地域密着型介護サービス費に係る指定地域密着型サービス（同法第四十二条の二第一項に規定する指定地域密着型サービスをいう。同号において同じ。）、特例地域密着型介護サービス費に係る地域密着型サービス（同法第八条第十四項に規定する地域密着型サービスをいう。同号及び第百三十五条第一項において同じ。）若しくはこれに相当するサービス、施設介護サービス費に係る指定施設サービス等（同法第四十八条第一項に規定する指定施設

サービス等をいう。同号において同じ。)、特例施設介護サービス費に係る施設サービス(同法第八条第二十六項に規定する施設サービスをいう。同号及び第百三十五条第一項において同じ。)、介護予防サービス費に係る指定介護予防サービス(同法第五十三条第一項に規定する指定介護予防サービスをいう。同号において同じ。)若しくは特例介護予防サービス費に係る介護予防サービス(同法第八条の二第一項に規定する介護予防サービスをいう。同号及び第百三十五条第一項において同じ。)若しくはこれに相当するサービスのうち、療養に相当するものを受けているときは、当該疾病又は負傷及びこれにより発した疾病につき、当該保険者から療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費若しくは移送費の支給を受けることができる。

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 前項の規定による療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費若しくは移送費の支給は、次の各号のいずれかに該当するに至ったときは、行わない。

(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:

一 当該疾病又は負傷について、次章の規定により療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、家族療養費、家族訪問看護療養費若しくは家族移送費の支給を受けることができるに至ったとき。

(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;

二 その者が、被保険者若しくは船員保険の被保険者若しくはこれらの者の被扶養者、国民健康保険の被保険者又は後期高齢者医療の被保険者等となったとき。

(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

三 被保険者の資格を喪失した日から起算して六月を経過したとき。

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

3 第一項の規定による療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費若しくは移送費の支給は、当該疾病又は負傷について、次章の規定により特別療養費（第四百四十五条第六項において準用する第三十二条の規定により支給される療養費を含む。）又は移送費若しくは家族移送費の支給を受けることができる間は、行わない。

(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 第一項の規定による療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費若しくは訪問看護療養費の支給は、当該疾病又は負傷について、介護保険法の規定によりそれぞれの給付に相当する給付を受けることができる場合には、行わない。

(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.

第三節 傷病手当金、埋葬料、出産育児一時金及び出産手当金の支給

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

（傷病手当金）

(Injury and Sickness Allowance)

第九十九条 被保険者（任意継続被保険者を除く。第二条第一項において同じ。）が療養のため労務に服することができないときは、その労務に服することができなくなった日から起算して三日を経過した日から労務に服することができない期間、傷病手当金を支給する。

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 傷病手当金の額は、一日につき、傷病手当金の支給を始める日の属する月以前の直近の継続した十二月間の各月の標準報酬月額（被保険者が現に属する保険者等により定められたものに限る。以下この項において同じ。）を平均した額の三十分の一に相当する額（その額に、五円未満の端数があるときは、これを切り捨て、五円以上十円未満の端数があるときは、これを十円に切り上げるものとする。）の三分の二に相当する金額（その金額に、五十銭未満の端数があるときは、これを切り捨て、五十銭以上一円未満の端数があるときは、これを一円に切り上げるものとする。）とする。ただし、同日の属する月以前の直近の継続した期間において標準報酬月額が定められている月が十二月に満たない場合にあっては、次の各号に掲げる額のうちいずれか少ない額の三分の二に相当する金額（その金額に、五十銭未満の端数があるときは、これを切り捨て、五十銭以上一円未満の端数があるときは、これを一円に切り上げるものとする。）とする。

(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).

一 傷病手当金の支給を始める日の属する月以前の直近の継続した各月の標準報酬月額を平均した額の三十分の一に相当する額（その額に、五円未満の端数があるときは、これを切り捨て、五円以上十円未満の端数があるときは、これを十円に切り上げるものとする。）

(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

二 傷病手当金の支給を始める日の属する年度の前年度の九月三十日における全被保険者の同月の標準報酬月額を平均した額を標準報酬月額の基礎となる報酬月額とみなしたときの標準報酬月額の三十分の一に相当する額（その額に、五円未満の端数があるときは、これを切り捨て、五円以上十円未満の端数があるときは、これを十円に切り上げるものとする。）

(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 前項に規定するもののほか、傷病手当金の額の算定に関して必要な事項は、厚生労働省令で定める。

(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 傷病手当金の支給期間は、同一の疾病又は負傷及びこれにより発した疾病に関しては、その支給を始めた日から起算して一年六月を超えないものとする。

(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.

(埋葬料)

(Burial Charges)

第百条 被保険者が死亡したときは、その者により生計を維持していた者であつて、埋葬を行うものに対し、埋葬料として、政令で定める金額を支給する。

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 前項の規定により埋葬料の支給を受けるべき者が不在の場合においては、埋葬を行った者に対し、同項の金額の範囲内においてその埋葬に要した費用に相当する金額を支給する。

(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.

(出産育児一時金)

(Lump-sum Allowance for Childbirth and Childcare)

第百一条 被保険者が出産したときは、出産育児一時金として、政令で定める金額を支給する。

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.

(出産手当金)

(Childbirth Allowance)

第百二条 被保険者が出産したときは、出産の日（出産の日が出産の予定日後であるときは、出産の予定日）以前四十二日（多胎妊娠の場合においては、九十八日）から出産の日後五十六日までの間において労務に服さなかった期間、出産手当金を支給する。

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 第九十九条第二項及び第三項の規定は、出産手当金の支給について準用する。

(2) The provisions of Article 99, paragraphs (2) and (3) apply mutatis mutandis to the payment of childbirth allowance.

(出産手当金と傷病手当金との調整)

(Coordination of Childbirth Allowance with Injury and Sickness Allowance)

第百三条 出産手当金を支給する場合（第百八条第三項又は第四項に該当するときを除く。）においては、その期間、傷病手当金は、支給しない。ただし、その受けることができる出産手当金の額（同条第二項ただし書の場合においては、同項ただし書に規定する報酬の額と同項ただし書の規定により算定される出産手当金の額との合算額）が、第九十九条第二項の規定により算定される額より少ないときは、その差額を支給する。

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 出産手当金を支給すべき場合において傷病手当金が支払われたときは、その支払わ

れた傷病手当金（前項ただし書の規定により支払われたものを除く。）は、出産手当金の内払とみなす。

- (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.

（傷病手当金又は出産手当金の継続給付）

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

第百四条 被保険者の資格を喪失した日（任意継続被保険者の資格を喪失した者にあつては、その資格を取得した日）の前日まで引き続き一年以上被保険者（任意継続被保険者又は共済組合の組合員である被保険者を除く。）であつた者（第百六条において「一年以上被保険者であつた者」という。）であつて、その資格を喪失した際に傷病手当金又は出産手当金の支給を受けているものは、被保険者として受けることができるはずであつた期間、継続して同一の保険者からその給付を受けることができる。

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.

（資格喪失後の死亡に関する給付）

(Payment of Benefits Concerning Death after Loss of Eligibility)

第百五条 前条の規定により保険給付を受ける者が死亡したとき、同条の規定により保険給付を受けていた者がその給付を受けなくなった日後三月以内に死亡したとき、又はその他の被保険者であつた者が被保険者の資格を喪失した日後三月以内に死亡したときは、被保険者であつた者により生計を維持していた者であつて、埋葬を行うものは、その被保険者の最後の保険者から埋葬料の支給を受けることができる。

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 第百条の規定は、前項の規定により埋葬料の支給を受けるべき者がいない場合及び同項の埋葬料の金額について準用する。

(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.

(資格喪失後の出産育児一時金の給付)

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

第百六条 一年以上被保険者であった者が被保険者の資格を喪失した日後六月以内に出産したときは、被保険者として受けることができるはずであった出産育児一時金の支給を最後の保険者から受けることができる。

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.

(船員保険の被保険者となった場合)

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

第百七条 前三条の規定にかかわらず、被保険者であった者が船員保険の被保険者となったときは、保険給付は、行わない。

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.

(傷病手当金又は出産手当金と報酬等との調整)

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

第百八条 疾病にかかり、又は負傷した場合において報酬の全部又は一部を受けることができる者に対しては、これを受けることができる期間は、傷病手当金を支給しない。ただし、その受けることができる報酬の額が、第九十九条第二項の規定により算定される額より少ないとき（第百三条第一項又は第三項若しくは第四項に該当するときを除く。）は、その差額を支給する。

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 出産した場合において報酬の全部又は一部を受けることができる者に対しては、これを受けることができる期間は、出産手当金を支給しない。ただし、その受けることができる報酬の額が、出産手当金の額より少ないときは、その差額を支給する。

(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 傷病手当金の支給を受けるべき者が、同一の疾病又は負傷及びこれにより発した疾病につき厚生年金保険法による障害厚生年金の支給を受けることができるときは、傷病手当金は、支給しない。ただし、その受けることができる障害厚生年金の額（当該障害厚生年金と同一の支給事由に基づき国民年金法による障害基礎年金の支給を受けることができるときは、当該障害厚生年金の額と当該障害基礎年金の額との合算額）につき厚生労働省令で定めるところにより算定した額（以下この項において「障害年金の額」という。）が、第九十九条第二項の規定により算定される額より少ないときは、当該額と次の各号に掲げる場合の区分に応じて当該各号に定める額との差額を支給する。

(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:

一 報酬を受けることができない場合であつて、かつ、出産手当金の支給を受けることができない場合 障害年金の額

(i) if the person is ineligible for remuneration and ineligible to receive payment of childbirth allowance: the amount of disability pension;

二 報酬を受けることができない場合であつて、かつ、出産手当金の支給を受けることができる場合 出産手当金の額（当該額が第九十九条第二項の規定により算定される額を超える場合にあつては、当該額）と障害年金の額のいずれか多い額

(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;

三 報酬の全部又は一部を受けることができる場合であつて、かつ、出産手当金の支給を受けることができない場合 当該受けることができる報酬の全部又は一部の額（当該額が第九十九条第二項の規定により算定される額を超える場合にあつては、当該額）と障害年金の額のいずれか多い額

(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

四 報酬の全部又は一部を受けることができる場合であつて、かつ、出産手当金の支給を受けることができる場合 当該受けることができる報酬の全部又は一部の額及び前項ただし書の規定により算定される出産手当金の額の合算額（当該合算額が第九十九条第二項の規定により算定される額を超える場合にあつては、当該額）と障害年金の額のいずれか多い額

(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 傷病手当金の支給を受けるべき者が、同一の疾病又は負傷及びこれにより発した疾病につき厚生年金保険法による障害手当金の支給を受けるときは、当該障害手当金の支給を受けることとなった日からその者がその日以後に傷病手当金の支給を受けるとする場合の第九十九条第二項の規定により算定される額の合計額が当該障害手当金の額に達するに至る日まで、傷病手当金は、支給しない。ただし、当該合計額が当該障害手当金の額に達するに至った日において当該合計額が当該障害手当金の額を超える場合において、報酬の全部若しくは一部又は出産手当金の支給を受けることができるときその他の政令で定めるときは、当該合計額と当該障害手当金の額との差額その他の政令で定める差額については、この限りでない。

(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 傷病手当金の支給を受けるべき者（第百四条の規定により受けるべき者であつて、政令で定める要件に該当するものに限る。）が、国民年金法又は厚生年金保険法による老齢を支給事由とする年金たる給付その他の老齢又は退職を支給事由とする年金である給付であつて政令で定めるもの（以下この項及び次項において「老齢退職年金給付」という。）の支給を受けることができるときは、傷病手当金は、支給しない。ただし、その受けることができる老齢退職年金給付の額（当該老齢退職年金給付が二以上あるときは、当該二以上の老齢退職年金給付の額の合算額）につき厚生労働省令で定めるところにより算定した額が、傷病手当金の額より少ないときは、その差額を支給する。

(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 保険者は、前三項の規定により傷病手当金の支給を行うにつき必要があると認めるときは、老齢退職年金給付の支払をする者（次項において「年金保険者」という。）に対し、第二項の障害厚生年金若しくは障害基礎年金、第三項の障害手当金又は前項の老齢退職年金給付の支給状況につき、必要な資料の提供を求めることができる。

(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 年金保険者（厚生労働大臣を除く。）は、厚生労働大臣の同意を得て、前項の規定による資料の提供の事務を厚生労働大臣に委託して行わせることができる。

(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.

第百九条 前条第一項から第四項までに規定する者が、疾病にかかり、負傷し、又は出産した場合において、その受けることができるはずであった報酬の全部又は一部につき、その全額を受けることができなかつたときは傷病手当金又は出産手当金の全額、その一部を受けることができなかつた場合においてその受けた額が傷病手当金又は出産手当金の額より少ないときはその額と傷病手当金又は出産手当金との差額を支給する。ただし、同条第一項ただし書、第二項ただし書、第三項ただし書又は第四項ただし書の規定により傷病手当金又は出産手当金の一部を受けたときは、その額を支給額から控除する。

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 前項の規定により保険者が支給した金額は、事業主から徴収する。

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

第四節 家族療養費、家族訪問看護療養費、家族移送費、家族埋葬料及び家族出産育児一時金の支給

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

(家族療養費)

(Dependent's Medical Expenses)

第百十条 被保険者の被扶養者が保険医療機関等のうち自己の選定するものから療養を受けたときは、被保険者に対し、その療養に要した費用について、家族療養費を支給する。

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 家族療養費の額は、第一号に掲げる額（当該療養に食事療養が含まれるときは当該額及び第二号に掲げる額の合算額、当該療養に生活療養が含まれるときは当該額及び第三号に掲げる額の合算額）とする。

(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):

一 当該療養（食事療養及び生活療養を除く。）につき算定した費用の額（その額が現に当該療養に要した費用の額を超えるときは、当該現に療養に要した費用の額）に次のイからニまでに掲げる場合の区分に応じ、当該イからニまでに定める割合を乗じて得た額

(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):

イ 被扶養者が六歳に達する日以後の最初の三月三十一日の翌日以後であって七十歳に達する日の属する月以前である場合 百分の七十

(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;

ロ 被扶養者が六歳に達する日以後の最初の三月三十一日以前である場合 百分の八十

(b) if the first March 31 after the dependent's 6th birthday has not yet passed: 0.80;

ハ 被扶養者（ニに規定する被扶養者を除く。）が七十歳に達する日の属する月の翌月以後である場合 百分の八十

(c) if the month which contains the dependent's 70th birthday has elapsed (excluding dependents prescribed in (d)): 0.80;

ニ 第七十四条第一項第三号に掲げる場合に該当する被保険者その他政令で定める被保険者の被扶養者が七十歳に達する日の属する月の翌月以後である場合 百分の七十

(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;

二 当該食事療養につき算定した費用の額（その額が現に当該食事療養に要した費用の額を超えるときは、当該現に食事療養に要した費用の額）から食事療養標準負担

額を控除した額

(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

三 当該生活療養につき算定した費用の額（その額が現に当該生活療養に要した費用の額を超えるときは、当該現に生活療養に要した費用の額）から生活療養標準負担額を控除した額

(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 前項第一号の療養についての費用の額の算定に関しては、保険医療機関等から療養（評価療養、患者申出療養及び選定療養を除く。）を受ける場合にあつては第七十六条第二項の費用の額の算定、保険医療機関等から評価療養、患者申出療養又は選定療養を受ける場合にあつては第八十六条第二項第一号の費用の額の算定、前項第二号の食事療養についての費用の額の算定に関しては、第八十五条第二項の費用の額の算定、前項第三号の生活療養についての費用の額の算定に関しては、第八十五条の二第二項の費用の額の算定の例による。

(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 被扶養者が第六十三条第三項第一号又は第二号に掲げる病院若しくは診療所又は薬局から療養を受けたときは、保険者は、その被扶養者が当該病院若しくは診療所又は薬局に支払うべき療養に要した費用について、家族療養費として被保険者に対し支給すべき額の限度において、被保険者に代わり、当該病院若しくは診療所又は薬局に支払うことができる。

(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 前項の規定による支払があったときは、被保険者に対し家族療養費の支給があったものとみなす。

(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 被扶養者が第六十三条第三項第三号に掲げる病院若しくは診療所又は薬局から療養を受けた場合において、保険者がその被扶養者の支払うべき療養に要した費用のうち家族療養費として被保険者に支給すべき額に相当する額の支払を免除したときは、被保険者に対し家族療養費の支給があったものとみなす。

(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 第六十三条、第六十四条、第七十条第一項、第七十二条第一項、第七十三条、第七十六条第三項から第六項まで、第七十八条、第八十四条第一項、第八十五条第八項、第八十七条及び第九十八条の規定は、家族療養費の支給及び被扶養者の療養について準用する。

(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 第七十五条の規定は、第四項の場合において療養につき第三項の規定により算定した費用の額（その額が現に療養に要した費用の額を超えるときは、当該現に療養に要した費用の額）から当該療養に要した費用について家族療養費として支給される額に相当する額を控除した額の支払について準用する。

(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.

(家族療養費の額の特例)

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

第一百条の二 保険者は、第七十五条の二第一項に規定する被保険者の被扶養者に係る

家族療養費の支給について、前条第二項第一号イからニまでに定める割合を、それぞれの割合を超え百分の百以下の範囲内において保険者が定めた割合とする措置を採ることができる。

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 前項に規定する被扶養者に係る前条第四項の規定の適用については、同項中「家族療養費として被保険者に対し支給すべき額」とあるのは、「当該療養につき算定した費用の額（その額が現に当該療養に要した費用の額を超えるときは、当該現に療養に要した費用の額）」とする。

(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).

この場合において、保険者は、当該支払をした額から家族療養費として被保険者に対し支給すべき額を控除した額をその被扶養者に係る被保険者から直接に徴収することとし、その徴収を猶予することができる。

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.

(家族訪問看護療養費)

(Dependent's Medical Expenses for Home-Nursing)

第百十一条 被保険者の被扶養者が指定訪問看護事業者から指定訪問看護を受けたときは、被保険者に対し、その指定訪問看護に要した費用について、家族訪問看護療養費を支給する。

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 家族訪問看護療養費の額は、当該指定訪問看護につき第八十八条第四項の厚生労働大臣の定め例により算定した費用の額に第百十条第二項第一号イからニまでに掲げる場合の区分に応じ、同号イからニまでに定める割合を乗じて得た額（家族療養費の支給について前条第一項又は第二項の規定が適用されるべきときは、当該規定が適用されたものとした場合の額）とする。

(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 第八十八条第二項、第三項、第六項から第十一項まで及び第十三項、第九十条第一項、第九十一条、第九十二条第二項及び第三項、第九十四条並びに第九十八条の規定は、家族訪問看護療養費の支給及び被扶養者の指定訪問看護について準用する。

(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.

(家族移送費)

(Dependent's Transport Expenses)

第百十二条 被保険者の被扶養者が家族療養費に係る療養を受けるため、病院又は診療所に移送されたときは、家族移送費として、被保険者に対し、第九十七条第一項の厚生労働省令で定めるところにより算定した金額を支給する。

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 第九十七条第二項及び第九十八条の規定は、家族移送費の支給について準用する。

(2) The provisions of Article 97, paragraphs (2) and Article 98 apply mutatis mutandis to the payment of dependent's transport expenses.

(家族埋葬料)

(Dependent's Burial Charges)

第百十三条 被保険者の被扶養者が死亡したときは、家族埋葬料として、被保険者に対し、第百条第一項の政令で定める金額を支給する。

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.

(家族出産育児一時金)

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

第百十四条 被保険者の被扶養者が出産したときは、家族出産育児一時金として、被保

険者に対し、第百一条の政令で定める金額を支給する。

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.

第五節 高額療養費及び高額介護合算療養費の支給

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

(高額療養費)

(High-Cost Medical Expenses)

第百十五条 療養の給付について支払われた一部負担金の額又は療養（食事療養及び生活療養を除く。次項において同じ。）に要した費用の額からその療養に要した費用につき保険外併用療養費、療養費、訪問看護療養費、家族療養費若しくは家族訪問看護療養費として支給される額に相当する額を控除した額（次条第一項において「一部負担金等の額」という。）が著しく高額であるときは、その療養の給付又はその保険外併用療養費、療養費、訪問看護療養費、家族療養費若しくは家族訪問看護療養費の支給を受けた者に対し、高額療養費を支給する。

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 高額療養費の支給要件、支給額その他高額療養費の支給に関して必要な事項は、療養に必要な費用の負担の家計に与える影響及び療養に要した費用の額を考慮して、政令で定める。

(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.

(高額介護合算療養費)

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

第百十五条の二 一部負担金等の額（前条第一項の高額療養費が支給される場合にあっては、当該支給額に相当する額を控除して得た額）並びに介護保険法第五十一条第一項に規定する介護サービス利用者負担額（同項の高額介護サービス費が支給される場合にあっては、当該支給額を控除して得た額）及び同法第六十一条第一項に規定する介護予防サービス利用者負担額（同項の高額介護予防サービス費が支給される場合にあっては、当該支給額を控除して得た額）の合計額が著しく高額であるときは、当該一部負担金等の額に係る療養の給付又は保険外併用療養費、療養費、訪問看護療養費、家族療養費若しくは家族訪問看護療養費の支給を受けた者に対し、高額介護合算療養費を支給する。

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 前条第二項の規定は、高額介護合算療養費の支給について準用する。

(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.

第六節 保険給付の制限

Section 6 Limitation of Insurance Benefits

第百十六条 被保険者又は被保険者であった者が、自己の故意の犯罪行為により、又は故意に給付事由を生じさせたときは、当該給付事由に係る保険給付は、行わない。

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.

第百十七条 被保険者が闘争、泥酔又は著しい不行跡によって給付事由を生じさせたときは、当該給付事由に係る保険給付は、その全部又は一部を行わないことができる。

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.

第百十八条 被保険者又は被保険者であった者が、次の各号のいずれかに該当する場合には、疾病、負傷又は出産につき、その期間に係る保険給付（傷病手当金及び出産手当金の支給にあつては、厚生労働省令で定める場合に限る。）は、行わない。

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):

一 少年院その他これに準ずる施設に収容されたとき。

(i) the person is committed to a juvenile training school or any other institution equivalent thereto; or

二 刑事施設、労役場その他これらに準ずる施設に拘禁されたとき。

(ii) the person is confined to a penal institution, work facility, or any other facility equivalent thereto.

2 保険者は、被保険者又は被保険者であった者が前項各号のいずれかに該当する場合であっても、被扶養者に係る保険給付を行うことを妨げない。

(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.

第百十九条 保険者は、被保険者又は被保険者であった者が、正当な理由なしに療養に関する指示に従わないときは、保険給付の一部を行わないことができる。

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.

第百二十条 保険者は、偽りその他不正の行為により保険給付を受け、又は受けようとした者に対して、六月以内の期間を定め、その者に支給すべき傷病手当金又は出産手当金の全部又は一部を支給しない旨の決定をすることができる。ただし、偽りその他

不正の行為があった日から一年を経過したときは、この限りでない。

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.

第二百一十一条 保険者は、保険給付を受ける者が、正当な理由なしに、第五十九条の規定による命令に従わず、又は答弁若しくは受診を拒んだときは、保険給付の全部又は一部を行わないことができる。

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.

第二百二十二条 第一百六条、第一百七条、第一百八条第一項及び第一百九条の規定は、被保険者の被扶養者について準用する。

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. この場合において、これらの規定中「保険給付」とあるのは、「当該被扶養者に係る保険給付」と読み替えるものとする。

In this case, the phrase "insurance benefits" in those provisions is deemed to be replaced with "insurance benefits pertaining to the dependent".

第五章 日雇特例被保険者に関する特例

Chapter V Special Provisions Concerning Specially-Insured Day Laborers

第一節 日雇特例被保険者の保険の保険者

Section 1 Insurer Providing Insurance for Specially-Insured Day Laborers

第二百二十三条 日雇特例被保険者の保険の保険者は、協会とする。

Article 123 (1) The insurer providing insurance for specially-insured day laborers is JHIA.

2 日雇特例被保険者の保険の保険者の業務のうち、日雇特例被保険者手帳の交付、日雇特例被保険者に係る保険料の徴収及び日雇拠出金の徴収並びにこれらに附帯する業務は、厚生労働大臣が行う。

(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.

第二節 標準賃金日額等
Section 2 Standard Daily Wages

(標準賃金日額)

(Daily Amount of Standard Wages)

第二百二十四条 標準賃金日額は、日雇特例被保険者の賃金日額に基づき、次の等級区分（次項の規定により等級区分の改定が行われたときは、改定後の等級区分）による。

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).

標準賃金日額等級 Standard Daily Wage Grade	標準賃金日額 Standard daily wages	賃金日額 Daily Amount of Wages
第一級 Level 1	三、〇〇〇円 3,000 yen	三、五〇〇円未満 Less than 3,500 yen
第二級 Level 2	四、四〇〇円 4,400 yen	三、五〇〇円以上 五、〇〇〇円未満 Not less than 3,500 yen but less than 5,000 yen
第三級 Level 3	五、七五〇円 5,750 yen	五、〇〇〇円以上 六、五〇〇円未満 Not less than 5,000 yen but less than 6,500 yen
第四級 Level 4	七、二五〇円 7,250 yen	六、五〇〇円以上 八、〇〇〇円未満 Not less than 6,500 yen but less than 8,000 yen
第五級 Level 5	八、七五〇円 8,750 yen	八、〇〇〇円以上 九、五〇〇円未満 Not less than 8,000 yen but less than 9,500 yen
第六級 Level 6	一〇、七五〇円 10,750 yen	九、五〇〇円以上 一二、〇〇〇円未満 Not less than 9,500 yen but less than 12,000 yen
第七級 Level 7	一三、二五〇円 13,250 yen	一二、〇〇〇円以上 一四、五〇〇円未満 Not less than 12,000 yen but less than 14,500 yen

第八級 Level 8	一五、七五〇円 15,750 yen	一四、五〇〇円以上 一七、〇〇〇円未満 Not less than 14,500 yen but less than 17,000 yen
第九級 Level 9	一八、二五〇円 18,250 yen	一七、〇〇〇円以上 一九、五〇〇円未満 Not less than 17,000 yen but less than 19,500 yen
第一〇級 Level 10	二一、二五〇円 21,250 yen	一九、五〇〇円以上 二三、〇〇〇円未満 Not less than 19,500 yen but less than 23,000 yen
第一一級 Level 11	二四、七五〇円 24,750 yen	二三、〇〇〇円以上 Not less than 23,000 yen

2 一の年度における標準賃金日額等級の最高等級に対応する標準賃金日額に係る保険料の延べ納付日数の当該年度における日雇特例被保険者に関する保険料の総延べ納付日数に占める割合が百分の三を超える場合において、その状態が継続すると認められるときは、翌年度の九月一日から、政令で、当該最高等級の上に更に等級を加える標準賃金日額の等級区分の改定を行うことができる。ただし、当該一の年度において、改定後の標準賃金日額等級の最高等級に対応する標準賃金日額に係る保険料の延べ納付日数の日雇特例被保険者に関する保険料の総延べ納付日数に占める割合が百分の一を下回ってはならない。

(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 第四十条第三項の規定は、前項の政令の制定又は改正について準用する。

(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.

(賃金日額)

(Daily Amount of Wages)

第二百二十五条 賃金日額は、次の各号によって算定する。

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

一 賃金が日又は時間によって定められる場合、一日における出来高によって定められる場合その他日雇特例被保険者が使用された日の賃金を算出することができる場合には、その額

(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;

二 賃金が二日以上の間における出来高によって定められる場合その他日雇特例被保険者が使用された日の賃金を算出することができない場合（次号に該当する場合を除く。）には、当該事業所において同様の業務に従事し同様の賃金を受ける者のその前日（その前日において同様の業務に従事し同様の賃金を受ける者がなかったときは、これに該当する者のあったその直近の日）における賃金日額の平均額

(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;

三 賃金が二日以上の間によって定められる場合には、その額をその期間の総日数（月の場合は、一月を三十日として計算する。）で除して得た額

(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);

四 前三号の規定により算定することができないものについては、その地方において同様の業務に従事し同様の賃金を受ける者が一日において受ける賃金の額

(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;

五 前各号のうち二以上に該当する賃金を受ける場合には、それぞれの賃金につき、前各号によって算定した額の合算額

(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

六 一日において二以上の事業所に使用される場合には、初めに使用される事業所から受ける賃金につき、前各号によって算定した額

(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 前項の場合において、賃金のうち通貨以外のもので支払われるものについては、その価額は、その地方の時価により、厚生労働大臣が定める。

(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.

(日雇特例被保険者手帳)

(Specially-Insured Day Laborer's Insurance Book)

第二百二十六条 日雇労働者は、日雇特例被保険者となったときは、日雇特例被保険者となった日から起算して五日以内に、厚生労働大臣に日雇特例被保険者手帳の交付を申請しなければならない。ただし、既に日雇特例被保険者手帳の交付を受け、これを所持している場合において、その日雇特例被保険者手帳に健康保険印紙をはり付けるべき余白があるときは、この限りでない。

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 厚生労働大臣は、前項の申請があったときは、日雇特例被保険者手帳を交付しなければならない。

(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 日雇特例被保険者手帳の交付を受けた者は、その日雇特例被保険者手帳に健康保険印紙をはり付けるべき余白の残存する期間内において日雇特例被保険者となる見込みのないことが明らかになったとき、又は第三条第二項ただし書の規定による承認を受けたときは、厚生労働大臣に日雇特例被保険者手帳を返納しなければならない。

(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 日雇特例被保険者手帳の様式、交付及び返納その他日雇特例被保険者手帳に関して必要な事項は、厚生労働省令で定める。

(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.

第三節 日雇特例被保険者に係る保険給付

Section 3 Insurance Benefits Pertaining to Specially-Insured Day Laborers

(保険給付の種類)

(Types of Insurance Benefits)

第二百二十七条 日雇特例被保険者（日雇特例被保険者であった者を含む。以下この節において同じ。）に係るこの法律による保険給付は、次のとおりとする。

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:

一 療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費及び移送費の支給

(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;

二 傷病手当金の支給

(ii) payment of injury and sickness allowance;

三 埋葬料の支給

(iii) payment of burial charges;

四 出産育児一時金の支給

(iv) payment of lump-sum allowance for childbirth and childcare;

五 出産手当金の支給

(v) payment of childbirth allowance;

六 家族療養費、家族訪問看護療養費及び家族移送費の支給

(vi) payment of dependent's medical expenses, dependent's medical expenses for home-nursing, and dependent's transport expenses;

七 家族埋葬料の支給

(vii) payment of dependent's burial charges;

八 家族出産育児一時金の支給

(viii) lump-sum allowance for dependent's childbirth and childcare;

九 特別療養費の支給

(ix) payment of special medical expenses; and

十 高額療養費及び高額介護合算療養費の支給

(x) payment of high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care.

(他の医療保険による給付等との調整)

(Coordination with Benefits by Medical Insurance)

第二百二十八条 日雇特例被保険者に係る療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、傷病手当金、埋葬料、

出産育児一時金若しくは出産手当金の支給は、同一の疾病、負傷、死亡又は出産について、前章の規定、この法律以外の医療保険各法（国民健康保険法を除く。以下この条において同じ。）の規定若しくは第五十五条第一項に規定する法令の規定又は介護保険法の規定によりこれらに相当する給付を受けることができる場合には、行わない。

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 日雇特例被保険者に係る療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、埋葬料若しくは出産育児一時金の支給は、同一の疾病、負傷、死亡又は出産について、前章の規定又はこの法律以外の医療保険各法の規定によりこの章の規定による家族療養費（第百四十条第二項において準用する第百三十二条の規定により支給される療養費を含む。次項において同じ。）、家族訪問看護療養費、家族移送費、家族埋葬料又は家族出産育児一時金の支給に相当する給付を受けたときは、その限度において、行わない。

(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 日雇特例被保険者に係る家族療養費、家族訪問看護療養費、家族移送費、家族埋葬料又は家族出産育児一時金の支給は、同一の疾病、負傷、死亡又は出産について、前章の規定若しくはこの法律以外の医療保険各法の規定又は介護保険法の規定によりこれらに相当する給付又はこの章の規定による療養の給付若しくは入院時食事療養費、

入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、埋葬料若しくは出産育児一時金の支給に相当する給付を受けることができる場合には、行わない。

(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 特別療養費（第百四十五条第六項において準用する第百三十二条の規定により支給される療養費を含む。）の支給は、同一の疾病又は負傷について、前章の規定、この法律以外の医療保険各法の規定若しくは第五十五条第一項に規定する法令の規定又は介護保険法の規定によりこの章の規定による療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、家族療養費若しくは家族訪問看護療養費の支給に相当する給付を受けることができる場合には、行わない。

(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 日雇特例被保険者に係る療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、家族療養費、家族訪問看護療養費、家族移送費若しくは特別療養費の支給は、同一の疾病又は負傷について、他の法令の規定により国又は地方公共団体の負担で療養又は療養費の支給を受けたときは、その限度において、行わない。

(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.

(療養の給付)

(Benefits for Medical Treatment)

第二百二十九条 日雇特例被保険者の疾病又は負傷に関しては、第六十三条第一項各号に掲げる療養の給付を行う。

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 日雇特例被保険者が療養の給付を受けるには、これを受ける日において次の各号のいずれかに該当していなければならない。ただし、第二号に該当する場合には、第一号に該当したことにより療養の給付を受けた疾病又は負傷及びこれにより発した疾病以外の疾病又は負傷については、療養の給付を行わない。

(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:

一 当該日の属する月の前二月間に通算して二十六日分以上又は当該日の属する月の前六月間に通算して七十八日分以上の保険料が、その日雇特例被保険者について、納付されていること。

(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

二 前号に該当することにより当該疾病（その原因となった疾病又は負傷を含む。以下この項において同じ。）又は負傷につき受けた療養の給付の開始の日（その開始の日前に当該疾病又は負傷につき特別療養費（第百四十五条第六項において準用する第百三十二条の規定により支給される療養費を含む。以下この号において同じ。）の支給又は介護保険法の規定による居宅介護サービス費の支給（その支給のうち療養に相当する指定居宅サービスに係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。））、特例居宅介護サービス費の支給（その支給のうち療養に相当する居宅サービス又はこれに相当するサービスに係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。））、地域密着型介護サービス費の支給（その支給のうち療養に相当する指定

地域密着型サービスに係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。）、特例地域密着型介護サービス費の支給（その支給のうち療養に相当する地域密着型サービス又はこれに相当するサービスに係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。）、施設介護サービス費の支給（その支給のうち療養に相当する指定施設サービス等に係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。）、特例施設介護サービス費の支給（その支給のうち療養に相当する施設サービスに係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。）、介護予防サービス費の支給（その支給のうち療養に相当する指定介護予防サービスに係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。）若しくは特例介護予防サービス費の支給（その支給のうち療養に相当する介護予防サービス又はこれに相当するサービスに係るものに限る。以下この号、第百三十五条第四項及び第百四十五条第一項において同じ。）が行われたときは、特別療養費の支給又は介護保険法の規定による居宅介護サービス費の支給、特例居宅介護サービス費の支給、地域密着型介護サービス費の支給、特例地域密着型介護サービス費の支給、施設介護サービス費の支給、特例施設介護サービス費の支給、介護予防サービス費の支給若しくは特例介護予防サービス費の支給の開始の日）から一年（厚生労働大臣が指定する疾病に関しては、五年）を経過していないこと（前号に該当する場合を除く。）。

- (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 保険者は、日雇特例被保険者が、前項第一号に該当することを、日雇特例被保険者手帳によって証明して申請したときは、これを確認したことを表示した受給資格者票を発行し、又は既に発行した受給資格者票にこれを確認したことを表示しなければならない。

(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 日雇特例被保険者が第六十三条第一項各号に掲げる療養の給付を受けようとするときは、受給資格者票を同条第三項第一号又は第二号に掲げるもののうち自己の選定するものに提出して、そのものから受けるものとする。

(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 前項の受給資格者票は、第三項の規定による確認を受けたものでなければならず、

かつ、その確認によって、当該疾病又は負傷につき第二項に規定する受給要件が満たされていることが証明されるものでなければならない。

(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 受給資格者票の様式、第三項の規定による確認その他受給資格者票に関して必要な事項は、厚生労働省令で定める。

(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.

(入院時食事療養費)

(Dietary Treatment Expenses for Inpatients)

第百三十条 日雇特例被保険者（療養病床への入院及びその療養に伴う世話その他の看護である療養を受ける際、六十五歳に達する日の属する月の翌月以後である者（次条第一項において「特定長期入院日雇特例被保険者」という。）を除く。）が第六十三条第三項第一号又は第二号に掲げる病院又は診療所のうち自己の選定するものに受給資格者票を提出して、そのものから同条第一項第五号に掲げる療養の給付と併せて受けた食事療養に要した費用について、入院時食事療養費を支給する。

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 前条第二項、第四項及び第五項の規定は、入院時食事療養費の支給について準用する。

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

(入院時生活療養費)

(Living Support Expenses for Inpatients)

第百三十条の二 特定長期入院日雇特例被保険者が第六十三条第三項第一号又は第二号に掲げる病院又は診療所のうち自己の選定するものに受給資格者票を提出して、その

ものから同条第一項第五号に掲げる療養の給付と併せて受けた生活療養に要した費用について、入院時生活療養費を支給する。

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 第二百二十九条第二項、第四項及び第五項の規定は、入院時生活療養費の支給について準用する。

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

(保険外併用療養費)

(Medical Expenses Combined with Treatment Outside Insurance Coverage)

第三百十一条 日雇特例被保険者が受給資格者票を提出して、第六十三条第三項第一号又は第二号に掲げる病院若しくは診療所又は薬局のうち自己の選定するものから、評価療養、患者申出療養又は選定療養を受けたときは、その療養に要した費用について、保険外併用療養費を支給する。

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 第二百二十九条第二項、第四項及び第五項の規定は、保険外併用療養費の支給について準用する。

(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.

(療養費)

(Medical Expenses)

第三百十二条 保険者は、療養の給付若しくは入院時食事療養費、入院時生活療養費若しくは保険外併用療養費の支給（以下この項において「療養の給付等」という。）を行うことが困難であると認めるとき、又は日雇特例被保険者が第六十三条第三項第一号若しくは第二号に掲げる病院若しくは診療所若しくは薬局以外の病院、診療所、薬局その他の者から診療、薬剤の支給若しくは手当を受けた場合において、保険者がやむを得ないものと認めるときは、療養の給付等に代えて、療養費を支給することができる。

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 日雇特例被保険者が、第百二十九条第三項に規定する確認を受けないで、第六十三条第三項第一号又は第二号に掲げる病院若しくは診療所又は薬局から診療又は薬剤の支給を受けた場合において、保険者が、その確認を受けなかったことを緊急やむを得ない理由によるものと認めるときも、前項と同様とする。

(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.

(訪問看護療養費)

(Medical Expenses for Home-Nursing)

第百三十三条 日雇特例被保険者が指定訪問看護事業者のうち自己の選定するものに支給資格者票を提出して、指定訪問看護を受けたときは、その指定訪問看護に要した費用について、訪問看護療養費を支給する。

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 第百二十九条第二項及び第五項の規定は、訪問看護療養費の支給について準用する。

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

(移送費)

(Transport Expenses)

第百三十四条 日雇特例被保険者が療養の給付（保険外併用療養費に係る療養及び特別療養費に係る療養を含む。）を受けるため、病院又は診療所に移送されたときは、移送費として、第九十七条第一項の厚生労働省令で定めるところにより算定した金額を支給する。

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.

(傷病手当金)

(Injury and Sickness Allowance)

第百三十五条 日雇特例被保険者が療養の給付（保険外併用療養費、療養費及び訪問看護療養費の支給並びに介護保険法の規定による居宅介護サービス費、特例居宅介護サービス費、地域密着型介護サービス費、特例地域密着型介護サービス費、施設介護サービス費、特例施設介護サービス費、介護予防サービス費及び特例介護予防サービス費の支給（これらの支給のうち療養に相当する居宅サービス若しくはこれに相当するサービス、地域密着型サービス若しくはこれに相当するサービス、施設サービス又は介護予防サービス若しくはこれに相当するサービスに係るものに限る。）であって、第百二十九条第三項の受給資格者票（同条第五項の規定に該当するものに限る。）を有する者に対して行われるものを含む。次項及び次条において同じ。）を受けている場合において、その療養（居宅サービス及びこれに相当するサービス並びに施設サービス並びに介護予防サービス及びこれに相当するサービスのうち、療養に相当するものを含む。）のため労務に服することができないときは、その労務に服することができなくなった日から起算して三日を経過した日から労務に服することができない期間、傷病手当金を支給する。

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 傷病手当金の額は、次の各号に掲げる場合の区分に応じ、一日につき、当該各号に定める金額とする。ただし、次の各号のいずれにも該当するときは、いずれか高い金額とする。

(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:

一 当該日雇特例被保険者について、その者が初めて当該療養の給付を受けた日の属する月の前二月間に通算して二十六日分以上の保険料が納付されている場合 当該期間において保険料が納付された日に係るその者の標準賃金日額の各月ごとの合算額のうち最大のものの四十五分の一に相当する金額

(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

二 当該日雇特例被保険者について、その者が初めて当該療養の給付を受けた日の属する月の前六月間に通算して七十八日分以上の保険料が納付されている場合 当該期間において保険料が納付された日に係るその者の標準賃金日額の各月ごとの合算額のうち最大のものの四十五分の一に相当する金額

(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 日雇特例被保険者に係る傷病手当金の支給期間は、同一の疾病又は負傷及びこれにより発した疾病に関しては、その支給を始めた日から起算して六月（厚生労働大臣が指定する疾病に関しては、一年六月）を超えないものとする。

(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 日雇特例被保険者が、その疾病又は負傷について、第二百二十八条の規定により療養の給付若しくは保険外併用療養費、療養費若しくは訪問看護療養費の支給の全部を受

けることができない場合又は介護保険法第二十条の規定により同法の規定による居宅介護サービス費の支給、特例居宅介護サービス費の支給、地域密着型介護サービス費の支給、特例地域密着型介護サービス費の支給、施設介護サービス費の支給、特例施設介護サービス費の支給、介護予防サービス費の支給若しくは特例介護予防サービス費の支給（これらの給付のうち第二百二十九条第三項の受給資格者票（同条第五項の規定に該当するものに限る。）を有する者に対して行われるものに限る。以下この項において同じ。）の全部を受けることができない場合においては、療養の給付若しくは保険外併用療養費、療養費若しくは訪問看護療養費の支給又は介護保険法の規定による居宅介護サービス費の支給、特例居宅介護サービス費の支給、地域密着型介護サービス費の支給、特例地域密着型介護サービス費の支給、施設介護サービス費の支給、特例施設介護サービス費の支給、介護予防サービス費の支給若しくは特例介護予防サービス費の支給に相当する当該給付又は当該療養若しくは療養費の支給をこの章の規定による療養の給付若しくは保険外併用療養費、療養費若しくは訪問看護療養費の支給又は介護保険法の規定による居宅介護サービス費の支給、特例居宅介護サービス費の支給、地域密着型介護サービス費の支給、特例地域密着型介護サービス費の支給、施設介護サービス費の支給、特例施設介護サービス費の支給、介護予防サービス費の支給若しくは特例介護予防サービス費の支給とみなして、第一項及び第二項の規定を適用する。

- (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.

(埋葬料)

(Burial Charges)

第百三十六条 日雇特例被保険者が死亡した場合において、その死亡の日の属する月の前二月間に通算して二十六日以上若しくは当該月の前六月間に通算して七十八日以上以上の保険料がその者について納付されているとき、その死亡の際その者が療養の給付若しくは保険外併用療養費、療養費若しくは訪問看護療養費の支給を受けていたとき、又はその死亡が療養の給付若しくは保険外併用療養費、療養費若しくは訪問看護療養費の支給を受けなくなった日後三月以内であったときは、その者により生計を維持していた者であって、埋葬を行うものに対し、第百条第一項の政令で定める金額の埋葬料を支給する。

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 前項の規定により埋葬料の支給を受けるべき者が不在の場合においては、埋葬を行った者に対し、同項の埋葬料の金額の範囲内においてその埋葬に要した費用に相当する

金額を支給する。

- (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.

(出産育児一時金)

(Lump-sum Allowance for Childbirth and Childcare)

第百三十七条 日雇特例被保険者が出産した場合において、その出産の日の属する月の前四月間に通算して二十六日分以上の保険料がその者について納付されているときは、出産育児一時金として、第百一条の政令で定める金額を支給する。

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.

(出産手当金)

(Childbirth Allowance)

第百三十八条 出産育児一時金の支給を受けることができる日雇特例被保険者には、出産の日（出産の日が出産の予定日後であるときは、出産の予定日）以前四十二日（多胎妊娠の場合においては、九十八日）から出産の日後五十六日までの間において労務に服さなかった期間、出産手当金を支給する。

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 出産手当金の額は、一日につき、出産の日の属する月の前四月間の保険料が納付された日に係る当該日雇特例被保険者の標準賃金日額の各月ごとの合算額のうち最大のものの四十五分の一に相当する金額とする。

- (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.

(出産手当金と傷病手当金との調整)

(Coordination of Childbirth Allowance with Injury and Sickness Allowance)

第百三十九条 日雇特例被保険者に対し出産手当金を支給する場合においては、その期間、その者に対し、傷病手当金は、支給しない。ただし、傷病手当金の額が出産手当

金の額を超えるときは、その超える部分については、この限りでない。

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.

(家族療養費)

(Dependent's Medical Expenses)

第百四十条 日雇特例被保険者の被扶養者が受給資格者票を第六十三条第三項第一号又は第二号に掲げる病院若しくは診療所又は薬局のうち自己の選定するものに提出して、そのものから療養を受けたときは、日雇特例被保険者に対し、その療養に要した費用について、家族療養費を支給する。

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 第百二十九条第二項、第四項及び第五項並びに第百三十二条の規定は、家族療養費の支給について準用する。

(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 第八十七条第二項及び第三項の規定は、前項において準用する第百三十二条第一項又は第二項の規定により支給する療養費の額の算定について準用する。

(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.

(家族訪問看護療養費)

(Dependent Medical's Expenses for Home-Nursing)

第百四十一条 日雇特例被保険者の被扶養者が指定訪問看護事業者のうち自己の選定するものに受給資格者票を提出して、指定訪問看護を受けたときは、日雇特例被保険者に対し、その指定訪問看護に要した費用について、家族訪問看護療養費を支給する。

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 第二百二十九条第二項及び第五項の規定は、家族訪問看護療養費の支給について準用する。

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

(家族移送費)

(Dependent's Transport Expenses)

第四百二十二条 日雇特例被保険者の被扶養者が家族療養費に係る療養（特別療養費に係る療養を含む。）を受けるため、病院又は診療所に移送されたときは、家族移送費として、日雇特例被保険者に対し、第九十七条第一項の厚生労働省令で定めるところにより算定した金額を支給する。

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.

(家族埋葬料)

(Dependent's Burial Charges)

第四百十三条 日雇特例被保険者の被扶養者が死亡したときは、日雇特例被保険者に対し、家族埋葬料を支給する。

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 日雇特例被保険者が家族埋葬料の支給を受けるには、死亡の日の属する月の前二ヶ月間に通算して二十六日分以上又は当該月の前六月間に通算して七十八日分以上の保険料が、その日雇特例被保険者について、納付されていなければならない。

(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 家族埋葬料の額は、第百十三条の政令で定める金額とする。

(3) The amount of dependent's burial charges is an amount specified by Cabinet Order referred to in Article 113.

(家族出産育児一時金)

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

第四百十四条 日雇特例被保険者の被扶養者が出産したときは、日雇特例被保険者に対し、家族出産育児一時金を支給する。

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 日雇特例被保険者が家族出産育児一時金の支給を受けるには、出産の日の属する月の前二月間に通算して二十六日分以上又は当該月の前六月間に通算して七十八日分以上の保険料が、その日雇特例被保険者について、納付されていなければならない。

(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 家族出産育児一時金の額は、第一百一条の政令で定める金額とする。

(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.

(特別療養費)

(Special Medical Expenses)

第百四十五条 次の各号のいずれかに該当する日雇特例被保険者でその該当するに至った日の属する月の初日から起算して三月（月の初日に該当するに至った者については、二月。第五項において同じ。）を経過しないもの又はその被扶養者が、特別療養費受給票を第六十三条第三項第一号若しくは第二号に掲げる病院若しくは診療所若しくは薬局のうち自己の選定するものに提出して、そのものから療養を受けたとき、又は特別療養費受給票を指定訪問看護事業者のうち自己の選定するものに提出して、そのものから指定訪問看護を受けたときは、日雇特例被保険者に対し、その療養又は指定訪問看護に要した費用について、特別療養費を支給する。ただし、当該疾病又は負傷につき、療養の給付若しくは入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、家族療養費若しくは家族訪問看護療養費の支給又は介護保険法の規定による居宅介護サービス費の支給、特例居宅介護サービス費の支給、地域密着型介護サービス費の支給、特例地域密着型介護サービス費の支給、施設介護サービス費の支給、特例施設介護サービス費の支給、介護予防サービス費の支給若しくは特例介護予防サービス費の支給を受けることができるときは、この限りでない。

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:

一 初めて日雇特例被保険者手帳の交付を受けた者

(i) the specially-insured day laborer receives a specially-insured day laborer's insurance book for the first time;

二 一月間若しくは継続する二月間に通算して二十六日分以上又は継続する三月ないし六月間に通算して七十八日分以上の保険料が納付されるに至った月において日雇特例被保険者手帳に健康保険印紙をはり付けるべき余白がなくなり、又はその月の翌月中に第二百二十六条第三項の規定により日雇特例被保険者手帳を返納した後、初めて日雇特例被保険者手帳の交付を受けた者

(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

三 前に交付を受けた日雇特例被保険者手帳（前に二回以上にわたり日雇特例被保険者手帳の交付を受けたことがある場合においては、最後に交付を受けた日雇特例被保険者手帳）に健康保険印紙をはり付けるべき余白がなくなった日又は第二百二十六条第三項の規定によりその日雇特例被保険者手帳を返納した日から起算して一年以上を経過した後に日雇特例被保険者手帳の交付を受けた者

(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 特別療養費の額は、第六十三条第三項第一号又は第二号に掲げる病院若しくは診療所又は薬局から受けた療養については第一号に掲げる額（当該療養に食事療養が含まれるときは当該額及び第二号に掲げる額の合算額、当該療養に生活療養が含まれるときは当該額及び第三号に掲げる額の合算額）とし、指定訪問看護事業者から受けた指定訪問看護については第四号に掲げる額とする。

(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:

一 当該療養（食事療養及び生活療養を除く。）につき算定された費用の額（その額が、現に当該療養に要した費用の額を超えるときは、当該現に療養に要した費用の額）の百分の七十に相当する額

(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);

二 当該食事療養につき算定された費用の額（その額が、現に当該食事療養に要した費用の額を超えるときは、当該現に食事療養に要した費用の額）から食事療養標準負担額を控除した額

(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);

三 当該生活療養につき算定された費用の額（その額が、現に当該生活療養に要した費用の額を超えるときは、当該現に生活療養に要した費用の額）から生活療養標準負担額を控除した額

(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

四 当該指定訪問看護につき算定された費用の額の百分の七十に相当する額

(iv) an amount equivalent to 0.70 of the amount of expenses calculated for designated home-nursing.

3 第一項の療養又は指定訪問看護を受ける者が六歳に達する日以後の最初の三月三十

一日以前である場合における前項の規定の適用については、同項第一号及び第四号中「百分の七十」とあるのは、「百分の八十」とする。

(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 第一項の療養又は指定訪問看護を受ける者（第百四十九条において準用する第七十四条第一項第三号に掲げる場合に該当する被保険者若しくはその被扶養者又は政令で定める被保険者の被扶養者を除く。）が七十歳に達する日の属する月の翌月以後である場合における第二項の規定の適用については、同項第一号及び第四号中「百分の七十」とあるのは、「百分の八十」とする。

(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 特別療養費受給票は、第一項各号のいずれかに該当する日雇特例被保険者でその該当するに至った日の属する月の初日から起算して三月を経過していないものの申請により、保険者が交付する。

(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 第百三十二条の規定は、特別療養費の支給について準用する。

(6) The provisions of Article 132 apply mutatis mutandis to the payment of special medical expenses.

この場合において、同条第二項中「第百二十九条第三項に規定する確認」及び「その確認」とあるのは、「特別療養費受給票の交付」と読み替えるものとする。

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 第八十七条第二項及び第三項の規定は、前項において準用する第百三十二条第一項又は第二項の規定により支給する療養費の額の算定について準用する。

(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 特別療養費受給票の様式及び交付その他特別療養費受給票に関して必要な事項は、

厚生労働省令で定める。

- (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.

第百四十六条 特別療養費の支給は、日雇特例被保険者が第三条第二項ただし書の承認を受けたときは、その承認により日雇特例被保険者とならないこととなった日以後、日雇特例被保険者が第百二十六条第三項の規定により日雇特例被保険者手帳を返納したときは、返納の日の翌日以後は、行わない。

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.

(高額療養費)

(High-Cost Medical Expenses)

第百四十七条 日雇特例被保険者に係る療養の給付について支払われた一部負担金の額又は日雇特例被保険者若しくはその被扶養者の療養（食事療養及び生活療養を除く。）に要した費用の額からその療養に要した費用につき保険外併用療養費、療養費、訪問看護療養費、家族療養費、家族訪問看護療養費若しくは特別療養費として支給される額に相当する額を控除した額（次条において「日雇特例被保険者に係る一部負担金等の額」という。）が著しく高額であるときは、その療養の給付又はその保険外併用療養費、療養費、訪問看護療養費、家族療養費、家族訪問看護療養費若しくは特別療養費の支給を受けた日雇特例被保険者に対し、高額療養費を支給する。

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.

(高額介護合算療養費)

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

第百四十七条の二 日雇特例被保険者に係る一部負担金等の額（前条の高額療養費が支給される場合にあつては、当該支給額に相当する額を控除して得た額）並びに介護保険法第五十一条第一項に規定する介護サービス利用者負担額（同項の高額介護サービス費が支給される場合にあつては、当該支給額を控除して得た額）及び同法第六十一条第一項に規定する介護予防サービス利用者負担額（同項の高額介護予防サービス費が支給される場合にあつては、当該支給額を控除して得た額）の合計額が著しく高額であるときは、当該一部負担金等の額に係る療養の給付又は保険外併用療養費、療養費、訪問看護療養費、家族療養費、家族訪問看護療養費若しくは特別療養費の支給を受けた日雇特例被保険者に対し、高額介護合算療養費を支給する。

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.

(受給方法)

(Receiving Method)

第百四十八条 日雇特例被保険者に係る入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、傷病手当金、埋葬料、出産育児一時金、出産手当金、家族療養費、家族訪問看護療養費、家族移送費、家族埋葬料、家族出産育児一時金又は特別療養費の支給を受けようとする者は、厚生労働省令で定める

ところにより、受給要件を備えることを証明できる日雇特例被保険者手帳又は受給資格者票及びその他の書類を添えて、申請しなければならない。

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.

(準用)

(Application Mutatis Mutandis)

第百四十九条 次の表の上欄に掲げる規定は、それぞれ同表の下欄に掲げる日雇特例被保険者に係る事項について準用する。

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.

第五十六条から第六十二条まで Articles 56 through 62	保険給付 Insurance benefits
第六十三条第二項、第六十四条、第七十条第一項、第七十二条第一項、第七十三条、第七十六条第三項から第六項まで、第七十八条及び第八十四条第一項 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)	療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、家族療養費及び特別療養費の支給 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
第七十四条、第七十五条、第七十五条の二、第七十六条第一項及び第二項並びに第八十四条第二項 Articles 74, 75-1, 75-2, Article 76, paragraphs 1 and 2, as well as Article 84, paragraph (2)	療養の給付 Benefits for Medical Treatment

第七十七条 Article 77	療養の給付及び保険外併用療養費の支給 Benefits of Medical Treatment and Payment of Medical Expenses Combined with Treatment Outside Insurance Coverage
第八十五条第二項及び第四項 Article 85, paragraphs (2) and (4)	入院時食事療養費の支給 Payment of Dietary Treatment Expenses for Inpatients
第八十五条第五項及び第六項 Article 85, paragraphs (5) and (6)	入院時食事療養費、入院時生活療養費及び 保険外併用療養費の支給 Payment of dietary treatment expenses for inpatients, living support expenses for inpatients, and medical expenses combined with treatment outside insurance coverage
第八十五条第八項 Article 85, paragraph (8)	入院時食事療養費、入院時生活療養費、保 険外併用療養費、家族療養費及び特別療養 費の支給 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
第八十五条の二第二項及び第四項 Article 85-2, paragraphs (2) and (4)	入院時生活療養費の支給 Payment of Living Support Expenses for Inpatients
第八十六条第二項及び第五項 Article 86, paragraphs (2) and (5)	保険外併用療養費の支給 Payment of Medical Expenses Combined with Treatment Outside Insurance Coverage
第八十七条第二項及び第三項 Article 87, paragraphs (2) and (3)	療養費の支給 Payment of medical expenses
第八十八条第二項、第六項から第十一 項まで及び第十三項、第九十条第一 項、第九十一条、第九十二条第二項及 び第三項並びに第九十四条 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	訪問看護療養費、家族訪問看護療養費及び 特別療養費の支給 payment of medical expenses for home- nursing, dependent medical expenses for home-nursing, and special medical expenses
第八十八条第四項及び第十二項 Article 88, paragraphs (4) and (12)	訪問看護療養費の支給 Payment of Medical Expenses for Home- Nursing
第九十七条第二項 Article 97, paragraph (2)	移送費及び家族移送費の支給 Payment of transport expenses and dependent transport expenses

<p>第百三条第二項、第百八条第一項から第三項まで及び第五項並びに第百九条 Article 103, paragraph (2), Article 108 paragraphs (1) through (3) and (5), as well as Article 109</p>	<p>傷病手当金及び出産手当金の支給 Payment of injury and sickness allowance and childbirth allowance</p>
<p>第百十条第二項 Article 110, paragraph (2)</p>	<p>家族療養費の支給 Payment of dependent medical expenses</p>
<p>第百十条第三項から第五項まで及び第八項並びに第百十条の二 Article 110, paragraphs (3) through (5) and (8), as well as Article 110-2</p>	<p>家族療養費及び特別療養費の支給 Payment of dependent medical expenses and special medical expenses</p>
<p>第百十一条第二項 Article 101, paragraph (2)</p>	<p>家族訪問看護療養費の支給 Payment of Dependent Medical Expenses for Home-Nursing</p>
<p>第百十五条第二項 Article 115, paragraph (2)</p>	<p>高額療養費及び高額介護合算療養費の支給 Payment of High-Cost Medical Expenses and Expenses for High-Cost Benefits for Medical Treatment Combined with Long-Term Care</p>
<p>第百十六条から第百二十一条まで Articles 116 through 121</p>	<p>日雇特例被保険者又はその被扶養者 Specially-insured day laborer or a dependent thereof</p>

第六章 保健事業及び福祉事業

Chapter VI Healthcare Services and Welfare Services

第百五十条 保険者は、高齢者の医療の確保に関する法律第二十条の規定による特定健康診査及び同法第二十四条の規定による特定保健指導（以下この項及び第百五十四条の二において「特定健康診査等」という。）を行うものとするほか、特定健康診査等以外の事業であって、健康教育、健康相談及び健康診査並びに健康管理及び疾病の予防に係る被保険者及びその被扶養者（以下この条において「被保険者等」という。）の自助努力についての支援その他の被保険者等の健康の保持増進のために必要な事業を行うように努めなければならない。

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 保険者は、前項の事業を行うに当たっては、高齢者の医療の確保に関する法律第十六条第二項の情報を活用し、適切かつ有効に行うものとする。

(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 保険者は、被保険者等の療養のために必要な費用に係る資金若しくは用具の貸付けその他の被保険者等の療養若しくは療養環境の向上又は被保険者等の出産のために必要な費用に係る資金の貸付けその他の被保険者等の福祉の増進のために必要な事業を行うことができる。

(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 保険者は、第一項及び前項の事業に支障がない場合に限り、被保険者等でない者にこれらの事業を利用させることができる。

(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.

この場合において、保険者は、これらの事業の利用者に対し、厚生労働省令で定めるところにより、利用料を請求することができる。

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 厚生労働大臣は、健康保険組合に対し、厚生労働省令で定めるところにより、第一項又は第三項の事業を行うことを命ずることができる。

(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 厚生労働大臣は、第一項の規定により保険者が行う被保険者等の健康の保持増進のために必要な事業に関して、その適切かつ有効な実施を図るため、指針の公表、情報の提供その他の必要な支援を行うものとする。

(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 前項の指針は、健康増進法（平成十四年法律第百三号）第九条第一項に規定する健康診査等指針と調和が保たれたものでなければならない。

(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).

第七章 費用の負担

Chapter VII Sharing of Costs

(国庫負担)

(Share of National Treasury)

第百五十一条 国庫は、毎年度、予算の範囲内において、健康保険事業の事務（前期高齢者納付金等、後期高齢者支援金等及び第一百七十三条の規定による拠出金並びに介護納付金の納付に関する事務を含む。）の執行に要する費用を負担する。

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.

第百五十二条 健康保険組合に対して交付する国庫負担金は、各健康保険組合における被保険者数を基準として、厚生労働大臣が算定する。

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 前項の国庫負担金については、概算払をすることができる。

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

(国庫補助)

(Government Subsidy)

第百五十三条 国庫は、第百五十一条に規定する費用のほか、協会が管掌する健康保険の事業の執行に要する費用のうち、被保険者に係る療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、傷病手当金、出産手当金、家族療養費、家族訪問看護療養費、家族移送費、高額療養費及び高額介護合算療養費の支給に要する費用（療養の給付については、一部負担金に相当する額を控除するものとする。）の額並びに高齢者の医療の確保に関する法律の規定による前期高齢者納付金（以下「前期高齢者納付金」という。）の納付に要する費用の額に給付費割合（同法第三十四条第一項第一号及び第二号に掲げる額の合計額に対する同項第一号に掲げる額の割合をいう。以下この条及び次条において同じ。）を乗じて得た額の合算額（同法の規定による前期高齢者交付金（以下「前期高齢者交付金」という。）がある場合には、当該合算額から当該前期高齢者交付金の額に給付費割合を乗じて得た額を控除した額）に千分の百三十から千分の二百までの範囲内において政令で定める割合を乗じて得た額を補助する。

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 国庫は、第百五十一条及び前項に規定する費用のほか、協会が拠出すべき介護納付金（日雇特例被保険者に係るものを除く。）の納付に要する費用の額に同項の政令で定める割合を乗じて得た額を補助する。

(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.

第百五十四条 国庫は、第百五十一条及び前条に規定する費用のほか、毎年度、健康保険事業の執行に要する費用のうち、日雇特例被保険者に係る療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、傷病手当金、出産手当金、家族療養費、家族訪問看護療養費、家族移送費、特別療養費、高額療養費及び高額介護合算療養費の支給に要する費用（療養の給付については、一部負担金に相当する額を控除するものとする。）の額並びに前期高齢者納付金の納付に要する費用の額に給付費割合を乗じて得た額の合算額（前期高齢者交付金

がある場合には、当該合算額から当該前期高齢者交付金の額に給付費割合を乗じて得た額を控除した額)に健康保険組合(第三条第一項第八号の承認を受けた者の国民健康保険を行う国民健康保険の保険者を含む。第七十一条第二項及び第三項において同じ。)を設立する事業主以外の事業主から当該年度に納付された日雇特例被保険者に関する保険料の総延べ納付日数を当該年度に納付された日雇特例被保険者に関する保険料の総延べ納付日数で除して得た率を乗じて得た額に前条第一項に規定する政令で定める割合を乗じて得た額を補助する。

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 国庫は、第百五十一条、前条及び前項に規定する費用のほか、協会が拠出すべき介護納付金のうち日雇特例被保険者に係るものの納付に要する費用の額に同項に規定する率を乗じて得た額に同条第一項に規定する政令で定める割合を乗じて得た額を補助する。

(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.

第百五十四条の二 国庫は、第百五十一条及び前二条に規定する費用のほか、予算の範囲内において、健康保険事業の執行に要する費用のうち、特定健康診査等の実施に要する費用の一部を補助することができる。

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.

(保険料)

(Insurance Premiums)

第百五十五条 保険者等は、健康保険事業に要する費用（前期高齢者納付金等及び後期高齢者支援金等並びに介護納付金並びに健康保険組合においては、第百七十三条の規定による拠出金の納付に要する費用を含む。）に充てるため、保険料を徴収する。

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 前項の規定にかかわらず、協会が管掌する健康保険の任意継続被保険者に関する保険料は、協会が徴収する。

(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.

(保険料等の交付)

(Delivery of Insurance Premiums)

第百五十五条の二 政府は、協会が行う健康保険事業に要する費用に充てるため、協会に対し、政令で定めるところにより、厚生労働大臣が徴収した保険料その他この法律の規定による徴収金の額及び印紙をもつてする歳入金納付に関する法律（昭和二十三年法律第百四十二号）の規定による納付金に相当する額から厚生労働大臣が行う健康保険事業の事務の執行に要する費用に相当する額（第百五十一条の規定による当該費用に係る国庫負担金の額を除く。）を控除した額を交付する。

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.

(被保険者の保険料額)

(Insured Person's Amount of Insurance Premiums)

第百五十六条 被保険者に関する保険料額は、各月につき、次の各号に掲げる被保険者の区分に応じ、当該各号に定める額とする。

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:

一 介護保険法第九条第二号に規定する被保険者（以下「介護保険第二号被保険者」という。）である被保険者 一般保険料額（各被保険者の標準報酬月額及び標準賞与額にそれぞれ一般保険料率（基本保険料率と特定保険料率とを合算した率をいう。）を乗じて得た額をいう。以下同じ。）と介護保険料額（各被保険者の標準報酬月額及び標準賞与額にそれぞれ介護保険料率を乗じて得た額をいう。以下同じ。）との合算額

(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

二 介護保険第二号被保険者である被保険者以外の被保険者 一般保険料額

(ii) an insured person other than an item (ii) insured person: the amount of general insurance premiums.

2 前項第一号の規定にかかわらず、介護保険第二号被保険者である被保険者が介護保険第二号被保険者に該当しなくなった場合においては、その月分の保険料額は、一般保険料額とする。ただし、その月に再び介護保険第二号被保険者となった場合その他政令で定める場合は、この限りでない。

(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 前二項の規定にかかわらず、前月から引き続き被保険者である者がその資格を喪失した場合においては、その月分の保険料は、算定しない。

(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.

(任意継続被保険者の保険料)

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

第百五十七条 任意継続被保険者に関する保険料は、任意継続被保険者となった月から算定する。

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 前項の場合において、各月の保険料の算定方法は、前条の例による。

(2) In the case of the preceding paragraph, the method for calculating monthly insurance premiums is governed by the preceding Article.

(保険料の徴収の特例)

(Special Provisions for Insurance Premium Collection)

第百五十八条 前月から引き続き被保険者（任意継続被保険者を除く。以下この条、次条及び第百五十九条の三において同じ。）である者が第百十八条第一項各号のいずれかに該当するに至った場合はその月以後、被保険者がその資格を取得した月に同項各号のいずれかに該当するに至った場合はその翌月以後、同項各号のいずれかに該当しなくなった月の前月までの期間、保険料を徴収しない。ただし、被保険者が同項各号のいずれかに該当するに至った月に同項各号のいずれかに該当しなくなったときは、この限りでない。

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.

第百五十九条 育児休業等をしている被保険者（第百五十九条の三の規定の適用を受けている被保険者を除く。）が使用される事業所の事業主が、厚生労働省令で定めるところにより保険者等に申出をしたときは、その育児休業等を開始した日の属する月からその育児休業等が終了する日の翌日が属する月の前月までの期間、当該被保険者に関する保険料を徴収しない。

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.

第百五十九条の二 厚生労働大臣が保険料を徴収する場合において、適用事業所の事業主から保険料、厚生年金保険法第八十一条に規定する保険料（以下「厚生年金保険料」という。）及び子ども・子育て支援法（平成二十四年法律第六十五号）第六十九条に規定する拠出金（以下「子ども・子育て拠出金」という。）の一部の納付があったときは、当該事業主が納付すべき保険料、厚生年金保険料及び子ども・子育て拠出金の額を基準として按分した額に相当する保険料の額が納付されたものとする。

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.

第百五十九条の三 産前産後休業をしている被保険者が使用される事業所の事業主が、厚生労働省令で定めるところにより保険者等に申出をしたときは、その産前産後休業を開始した日の属する月からその産前産後休業が終了する日の翌日が属する月の前月までの期間、当該被保険者に関する保険料を徴収しない。

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.

(保険料率)

(Insurance Premium Rate)

第百六十条 協会が管掌する健康保険の被保険者に関する一般保険料率は、千分の三十から千分の百三十までの範囲内において、支部被保険者（各支部の都道府県に所在する適用事業所に使用される被保険者及び当該都道府県の区域内に住所又は居所を有する任意継続被保険者をいう。以下同じ。）を単位として協会が決定するものとする。

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 前項の規定により支部被保険者を単位として決定する一般保険料率（以下「都道府県単位保険料率」という。）は、当該支部被保険者に適用する。

(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 都道府県単位保険料率は、支部被保険者を単位として、次に掲げる額に照らし、毎事業年度において財政の均衡を保つことができるものとなるよう、政令で定めるところにより算定するものとする。

(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:

一 第五十二条第一号に掲げる療養の給付その他の厚生労働省令で定める保険給付（以下この項及び次項において「療養の給付等」という。）のうち、当該支部被保険者に係るものに要する費用の額（当該支部被保険者に係る療養の給付等に関する第五十三条第一項の規定による国庫補助の額を除く。）に次項の規定に基づく調整を行うことにより得られると見込まれる額

(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);

二 保険給付（支部被保険者に係る療養の給付等を除く。）、前期高齢者納付金等及び後期高齢者支援金等に要する費用の予想額（第百五十三条及び第百五十四条の規定による国庫補助の額（前号の国庫補助の額を除く。）並びに第百七十三条の規定による拠出金の額を除く。）に総報酬按分率（当該都道府県の支部被保険者の総報酬額（標準報酬月額及び標準賞与額の合計額をいう。以下同じ。）の総額を協会が管掌する健康保険の被保険者の総報酬額の総額で除して得た率をいう。）を乗じて得た額

(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);

三 保健事業及び福祉事業に要する費用の額（第百五十四条の二の規定による国庫補助の額を除く。）並びに健康保険事業の事務の執行に要する費用及び次条の規定による準備金の積立ての予定額（第百五十一条の規定による国庫負担金の額を除く。）のうち当該支部被保険者が分担すべき額として協会が定める額

(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 協会は、支部被保険者及びその被扶養者の年齢階級別の分布状況と協会が管掌する健康保険の被保険者及びその被扶養者の年齢階級別の分布状況との差異によって生ずる療養の給付等に要する費用の額の負担の不均衡並びに支部被保険者の総報酬額の平均額と協会が管掌する健康保険の被保険者の総報酬額の平均額との差異によって生ずる財政力の不均衡を是正するため、政令で定めるところにより、支部被保険者を単位とする健康保険の財政の調整を行うものとする。

(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 協会は、二年ごとに、翌事業年度以降の五年間についての協会が管掌する健康保険の被保険者数及び総報酬額の見通し並びに保険給付に要する費用の額、保険料の額（各事業年度において財政の均衡を保つことができる保険料率の水準を含む。）その他の健康保険事業の収支の見通しを作成し、公表するものとする。

(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 協会が都道府県単位保険料率を変更しようとするときは、あらかじめ、理事長が当該変更に係る都道府県に所在する支部の支部長の意見を聴いた上で、運営委員会の議を経なければならない。

(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 支部長は、前項の意見を求められた場合のほか、都道府県単位保険料率の変更が必要と認める場合には、あらかじめ、当該支部に設けられた評議会の意見を聴いた上で、理事長に対し、当該都道府県単位保険料率の変更について意見の申出を行うものとする。

(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 協会が都道府県単位保険料率を変更しようとするときは、理事長は、その変更について厚生労働大臣の認可を受けなければならない。

(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 厚生労働大臣は、前項の認可をしたときは、遅滞なく、その旨を告示しなければならない。

(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 厚生労働大臣は、都道府県単位保険料率が、当該都道府県における健康保険事業の収支の均衡を図る上で不適當であり、協会が管掌する健康保険の事業の健全な運営に支障があると認めるときは、協会に対し、相当の期間を定めて、当該都道府県単位保険料率の変更の認可を申請すべきことを命ずることができる。

(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 厚生労働大臣は、協会が前項の期間内に同項の申請をしないときは、社会保障審議会の議を経て、当該都道府県単位保険料率を変更することができる。

(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 第九項の規定は、前項の規定により行う都道府県単位保険料率の変更について準用する。

(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 第一項及び第八項の規定は、健康保険組合が管掌する健康保険の一般保険料率について準用する。

(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.

この場合において、第一項中「支部被保険者（各支部の都道府県に所在する適用事業所に使用される被保険者及び当該都道府県の区域内に住所又は居所を有する任意継続被保険者をいう。以下同じ。）を単位として協会が決定するものとする」とあるのは「決定するものとする」と、第八項中「都道府県単位保険料率」とあるのは「健康保険組合が管掌する健康保険の一般保険料率」と読み替えるものとする。

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".

1 4 特定保険料率は、各年度において保険者が納付すべき前期高齢者納付金等の額及び後期高齢者支援金等の額（協会が管掌する健康保険及び日雇特例被保険者の保険においては、その額から第百五十三条及び第百五十四条の規定による国庫補助額を控除した額）の合算額（前期高齢者交付金がある場合には、これを控除した額）を当該年度における当該保険者が管掌する被保険者の総報酬額の総額の見込額で除して得た率を基準として、保険者が定める。

(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.

1 5 基本保険料率は、一般保険料率から特定保険料率を控除した率を基準として、保険者が定める。

(15) The insurer specifies a basic insurance rate based on the rate obtained by deducting the specific insurance rate from the general insurance rate.

1 6 介護保険料率は、各年度において保険者が納付すべき介護納付金（日雇特例被保険者に係るものを除く。）の額（協会が管掌する健康保険においては、その額から第百五十三条第二項の規定による国庫補助額を控除した額）を当該年度における当該保険者が管掌する介護保険第二号被保険者である被保険者の総報酬額の総額の見込額で除して得た率を基準として、保険者が定める。

(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.

1 7 協会は、第十四項及び第十五項の規定により基本保険料率及び特定保険料率を定め、又は前項の規定により介護保険料率を定めたときは、遅滞なく、その旨を厚生労働大臣に通知しなければならない。

(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.

(準備金)

(Reserves)

第百六十条の二 保険者は、政令で定めるところにより、健康保険事業に要する費用の支出に備えるため、毎事業年度末において、準備金を積み立てなければならない。

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.

(保険料の負担及び納付義務)

(Share and Payment Obligation for Insurance Premiums)

第百六十一条 被保険者及び被保険者を使用する事業主は、それぞれ保険料額の二分の一を負担する。ただし、任意継続被保険者は、その全額を負担する。

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 事業主は、その使用する被保険者及び自己の負担する保険料を納付する義務を負う。

(2) An employer is obliged to pay the insurance premiums shared between itself and the insured persons it employs.

3 任意継続被保険者は、自己の負担する保険料を納付する義務を負う。

(3) An insured person with optional and continued coverage is obliged to pay the insurance premiums the person shares.

4 被保険者が同時に二以上の事業所に使用される場合における各事業主の負担すべき保険料の額及び保険料の納付義務については、政令で定めるところによる。

(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.

(健康保険組合の保険料の負担割合の特例)

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

第百六十二条 健康保険組合は、前条第一項の規定にかかわらず、規約で定めるところにより、事業主の負担すべき一般保険料額又は介護保険料額の負担の割合を増加することができる。

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.

第百六十三条 削除

Article 163 Deleted

(保険料の納付)

(Payment of Insurance Premiums)

第百六十四条 被保険者に関する毎月の保険料は、翌月末日までに、納付しなければならない。ただし、任意継続被保険者に関する保険料については、その月の十日（初めて納付すべき保険料については、保険者が指定する日）までとする。

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 保険者等（被保険者が協会が管掌する健康保険の任意継続被保険者である場合は協会、被保険者が健康保険組合が管掌する健康保険の被保険者である場合は当該健康保険組合、これら以外の場合は厚生労働大臣をいう。次項において同じ。）は、被保険者に関する保険料の納入の告知をした後に告知をした保険料額が当該納付義務者の納付すべき保険料額を超えていることを知ったとき、又は納付した被保険者に関する保険料額が当該納付義務者の納付すべき保険料額を超えていることを知ったときは、その超えている部分に関する納入の告知又は納付を、その告知又は納付の日の翌日から六月以内の期日に納付されるべき保険料について納期を繰り上げてしたものとみなすことができる。

(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 前項の規定によって、納期を繰り上げて納入の告知又は納付をしたものとみなしたときは、保険者等は、その旨を当該納付義務者に通知しなければならない。

(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.

(任意継続被保険者の保険料の前納)

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

第百六十五条 任意継続被保険者は、将来の一定期間の保険料を前納することができる。

Article 165 (1) An insured person with optional and conditional coverage may prepay insurance premiums for a certain period.

2 前項の場合において前納すべき額は、当該期間の各月の保険料の額から政令で定める額を控除した額とする。

(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 第一項の規定により前納された保険料については、前納に係る期間の各月の初日が到来したときに、それぞれその月の保険料が納付されたものとみなす。

(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 前三項に定めるもののほか、保険料の前納の手續、前納された保険料の還付その他保険料の前納に関して必要な事項は、政令で定める。

(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.

(口座振替による納付)

(Payment by Account Transfer)

第百六十六条 厚生労働大臣は、納付義務者から、預金又は貯金の払出しとその払い出した金銭による保険料の納付をその預金口座又は貯金口座のある金融機関に委託して行うことを希望する旨の申出があった場合においては、その納付が確実と認められ、かつ、その申出を承認することが保険料の徴収上有利と認められるときに限り、その申出を承認することができる。

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.

(保険料の源泉控除)

(Deduction at Source of Insurance Premiums)

第百六十七条 事業主は、被保険者に対して通貨をもって報酬を支払う場合においては、被保険者の負担すべき前月の標準報酬月額に係る保険料（被保険者がその事業所に使用されなくなった場合においては、前月及びその月の標準報酬月額に係る保険料）を報酬から控除することができる。

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 事業主は、被保険者に対して通貨をもって賞与を支払う場合においては、被保険者の負担すべき標準賞与額に係る保険料に相当する額を当該賞与から控除することができる。

(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 事業主は、前二項の規定によって保険料を控除したときは、保険料の控除に関する計算書を作成し、その控除額を被保険者に通知しなければならない。

(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.

(日雇特例被保険者の保険料額)

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

第百六十八条 日雇特例被保険者に関する保険料額は、一日につき、次に掲げる額の合算額とする。

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:

一 その者の標準賃金日額の等級に応じ、次に掲げる額の合算額を基準として政令で定めるところにより算定した額

(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:

イ 標準賃金日額に平均保険料率（各都道府県単位保険料率に各支部被保険者の総報酬額の総額を乗じて得た額の総額を協会が管掌する健康保険の被保険者の総報酬額の総額で除して得た率をいう。以下同じ。）と介護保険料率とを合算した率（介護保険第二号被保険者である日雇特例被保険者以外の日雇特例被保険者については、平均保険料率）を乗じて得た額

(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

ロ イに掲げる額に百分の三十一を乗じて得た額

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

二 賞与額（その額に千円未満の端数がある場合には、これを切り捨てるものとし、その額が四十万円（第二百二十四条第二項の規定による標準賃金日額の等級区分の改定が行われたときは、政令で定める額。以下この号において同じ。）を超える場合には、四十万円とする。）に平均保険料率と介護保険料率とを合算した率（介護保険第二号被保険者である日雇特例被保険者以外の日雇特例被保険者については、平均保険料率）を乗じて得た額

(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 第四十条第三項の規定は前項第二号の政令の制定又は改正について、第四十八条の規定は日雇特例被保険者の賞与額に関する事項について、第二百五条第二項の規定は賞与の全部又は一部が通貨以外のもので支払われる場合におけるその価額の算定について準用する。

(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.

（日雇特例被保険者に係る保険料の負担及び納付義務）

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

第百六十九条 日雇特例被保険者は前条第一項第一号イの額の二分の一に相当する額と

して政令で定めるところにより算定した額及び同項第二号の額の二分の一の額の合算額を負担し、日雇特例被保険者を使用する事業主は当該算定した額、同項第一号ロの額に相当する額として政令で定めるところにより算定した額及び同項第二号の額の二分の一の額の合算額を負担する。

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 事業主（日雇特例被保険者が一日において二以上の事業所に使用される場合においては、初めにその者を使用する事業主。第四項から第六項まで、次条第一項及び第二項並びに第七十一条において同じ。）は、日雇特例被保険者を使用する日ごとに、その者及び自己の負担すべきその日の標準賃金日額に係る保険料を納付する義務を負う。

(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 前項の規定による保険料の納付は、日雇特例被保険者が提出する日雇特例被保険者手帳に健康保険印紙をはり、これに消印して行わなければならない。

(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 cancellation mark thereto.

4 日雇特例被保険者手帳を所持する日雇特例被保険者は、適用事業所に使用される日ごとに、その日雇特例被保険者手帳を事業主に提出しなければならない。

(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 事業主は、日雇特例被保険者を使用する日ごとに、日雇特例被保険者にその所持する日雇特例被保険者手帳の提出を求めなければならない。

(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 事業主は、第二項の規定により保険料を納付したときは、日雇特例被保険者の負担すべき保険料額に相当する額をその者に支払う賃金から控除することができる。

(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.

この場合においては、事業主は、その旨を日雇特例被保険者に告げなければならない。

In this case, the employer must notify the specially-insured day laborer to that effect.

7 事業主は、日雇特例被保険者に対して賞与を支払った日の属する月の翌月末日までに、その者及び自己の負担すべきその日の賞与額に係る保険料を納付する義務を負う。

(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 第百六十四条第二項及び第三項並びに第百六十六条の規定は前項の規定による保険料の納付について、第百六十七条第二項及び第三項の規定は日雇特例被保険者に対して通貨をもって賞与を支払う場合について準用する。

(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.

(日雇特例被保険者の標準賃金日額に係る保険料額の告知等)

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

第百七十条 事業主が前条第二項の規定による保険料の納付を怠ったときは、厚生労働大臣は、その調査に基づき、その納付すべき保険料額を決定し、これを事業主に告知する。

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 事業主が、正当な理由がないと認められるにもかかわらず、前条第二項の規定による保険料の納付を怠ったときは、厚生労働大臣は、厚生労働省令で定めるところにより、前項の規定により決定された保険料額の百分の二十五に相当する額の追徴金を徴収する。ただし、決定された保険料額が千円未満であるときは、この限りでない。

(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 追徴金を計算するに当たり、決定された保険料額に千円未満の端数があるときは、その端数は、切り捨てる。

(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 第二項に規定する追徴金は、その決定された日から十四日以内に、厚生労働大臣に納付しなければならない。

(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.

(健康保険印紙の受払等の報告)

(Report of Receipts and Payments of Health Insurance Stamps)

第七十一条 事業主は、その事業所ごとに健康保険印紙の受払及び前条第一項に規定する告知に係る保険料の納付（以下この条において「受払等」という。）に関する帳簿を備え付け、その受払等の都度、その受払等の状況を記載し、かつ、翌月末日までに、厚生労働大臣にその受払等の状況を報告しなければならない。

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 前項の場合において、健康保険組合を設立する事業主は、併せて当該健康保険組合に同項の報告をしなければならない。

(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 前項の規定により報告を受けた健康保険組合は、厚生労働省令で定めるところにより、毎年度、厚生労働大臣に当該健康保険組合を設立する事業主の前年度の受払等の報告をしなければならない。

(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.

(保険料の繰上徴収)

(Advance Collection of Insurance Premiums)

第百七十二条 保険料は、次に掲げる場合においては、納期前であっても、すべて徴収することができる。

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

一 納付義務者が、次のいずれかに該当する場合

(i) a person obliged to pay falls under any of the following:

イ 国税、地方税その他の公課の滞納によって、滞納処分を受けるとき。

(a) the person receives a disposition of delinquency due to delinquency in payment of national tax, local tax, or other public charges;

ロ 強制執行を受けるとき。

(b) compulsory execution is implemented;

ハ 破産手続開始の決定を受けたとき。

(c) notice of a decision to commence bankruptcy proceedings has been given;

ニ 企業担保権の実行手続の開始があったとき。

(d) the exercise of an enterprise mortgage has begun;

ホ 競売の開始があったとき。

(e) an auction has begun;

二 法人である納付義務者が、解散をした場合

(ii) a corporation obliged to pay is dissolved; or

三 被保険者の使用される事業所が、廃止された場合

(iii) the office at which an insured person is employed is abolished.

(日雇拋出金の徴収及び納付義務)

(Collection and Payment Obligation of Day Laborer Contributions)

第百七十三条 厚生労働大臣は、日雇特例被保険者に係る健康保険事業に要する費用（前期高齢者納付金等及び後期高齢者支援金等並びに介護納付金の納付に要する費用を含む。第百七十五条において同じ。）に充てるため、第百五十五条の規定により保険料を徴収するほか、毎年度、日雇特例被保険者を使用する事業主の設立する健康保険組合（以下「日雇関係組合」という。）から拋出金を徴収する。

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 日雇関係組合は、前項に規定する拋出金（以下「日雇拋出金」という。）を納付す

る義務を負う。

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

(日雇拠出金の額)

(Amounts of Day Laborer Contributions)

第百七十四条 前条第一項の規定により日雇関係組合から徴収する日雇拠出金の額は、当該年度の概算日雇拠出金の額とする。ただし、前年度の概算日雇拠出金の額が前年度の確定日雇拠出金の額を超えるときは、当該年度の概算日雇拠出金の額からその超える額を控除して得た額とするものとし、前年度の概算日雇拠出金の額が前年度の確定日雇拠出金の額に満たないときは、当該年度の概算日雇拠出金の額にその満たない額を加算して得た額とする。

Article 174 The amount of day laborer contributions collected from a day labor 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.

(概算日雇拠出金)

(Estimated Day Laborer Contributions)

第百七十五条 前条の概算日雇拠出金の額は、当該年度の日雇特例被保険者に係る健康保険事業に要する費用の見込額から当該年度の日雇特例被保険者に関する保険料相当額の見込額を控除した額として厚生労働省令で定めるところにより算定する額に、当該日雇関係組合を設立する事業主から前年度に納付された日雇特例被保険者に関する保険料の総延べ納付日数を前年度に納付された日雇特例被保険者に関する保険料の総延べ納付日数で除して得た率を乗じて得た額とする。

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.

(確定日雇拠出金)

(Fixed Day Laborer Contributions)

第百七十六条 第百七十四条の確定日雇拠出金の額は、前年度の日雇特例被保険者に係る健康保険事業に要した費用（前期高齢者納付金等及び後期高齢者支援金等並びに介護納付金の納付に要した費用を含む。）から前年度の日雇特例被保険者に関する保険料相当額を控除した額として厚生労働省令で定めるところにより算定した額に、当該日雇関係組合を設立する事業主から前年度に納付された日雇特例被保険者に関する保険料の総延べ納付日数を前年度に納付された日雇特例被保険者に関する保険料の総延べ納付日数で除して得た率を乗じて得た額とする。

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.

(日雇拠出金の額の算定の特例)

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

第百七十七条 合併又は分割により成立した日雇関係組合、合併又は分割後存続する日雇関係組合及び解散をした日雇関係組合の権利義務を承継した健康保険組合に係る日雇拠出金の額の算定の特例については、高齢者の医療の確保に関する法律第四十一条に規定する前期高齢者交付金及び前期高齢者納付金等の額の算定の特例の例による。

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.

(政令への委任)

(Delegation to Cabinet Order)

第百七十八条 第百七十三条から前条までに定めるもののほか、日雇拋出金の額の決定、納付の方法、納付の期限、納付の猶予その他日雇拋出金の納付に関して必要な事項は、政令で定める。

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.

(国民健康保険の保険者への適用)

(Application to Insurers Providing National Health Insurance)

第百七十九条 第三条第一項第八号の承認を受けた者の国民健康保険を行う国民健康保険の保険者は、健康保険組合とみなして、第百七十三条から前条までの規定を適用する。

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.

(保険料等の督促及び滞納処分)

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

第百八十条 保険料その他この法律の規定による徴収金（第二百四条の二第一項及び第二百四条の六第一項を除き、以下「保険料等」という。）を滞納する者（以下「滞納者」という。）があるときは、保険者等（被保険者が協会が管掌する健康保険の任意継続被保険者である場合、協会が管掌する健康保険の被保険者若しくは日雇特例被保険者であって第五十八条、第七十四条第二項及び第百九条第二項（第百四十九条においてこれらの規定を準用する場合を含む。）の規定による徴収金を納付しなければならない場合又は解散により消滅した健康保険組合の権利を第二十六条第四項の規定により承継した場合であって当該健康保険組合の保険料等で未収のものに係るものがあるときは協会、被保険者が健康保険組合が管掌する健康保険の被保険者である場合は当該健康保険組合、これら以外の場合は厚生労働大臣をいう。以下この条及び次条第一項において同じ。）は、期限を指定して、これを督促しなければならない。ただし、第百七十二条の規定により保険料を徴収するときは、この限りでない。

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 前項の規定によって督促をしようとするときは、保険者等は、納付義務者に対して、督促状を発する。

(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 前項の督促状により指定する期限は、督促状を発する日から起算して十日以上を経過した日でなければならない。ただし、第七十二条各号のいずれかに該当する場合は、この限りでない。

(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 保険者等は、納付義務者が次の各号のいずれかに該当する場合には、国税滞納処分の例によってこれを処分し、又は納付義務者の居住地若しくはその者の財産所在地の市町村（特別区を含むものとし、地方自治法（昭和二十二年法律第六十七号）第二百五十二条の十九第一項の指定都市にあっては、区又は総合区とする。第六項において同じ。）に対して、その処分を請求することができる。

(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.

一 第一項の規定による督促を受けた者がその指定の期限までに保険料等を納付しないとき。

(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

二 第一百七十二条各号のいずれかに該当したことにより納期を繰り上げて保険料納入の告知を受けた者がその指定の期限までに保険料を納付しないとき。

(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 前項の規定により協会又は健康保険組合が国税滞納処分の例により処分を行う場合においては、厚生労働大臣の認可を受けなければならない。

(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 市町村は、第四項の規定による処分の請求を受けたときは、市町村税の例によってこれを処分することができる。

(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.

この場合においては、保険者は、徴収金の百分の四に相当する額を当該市町村に交付しなければならない。

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

(延滞金)

(Delinquent Charges)

第八十一条 前条第一項の規定によって督促をしたときは、保険者等は、徴収金額に、納期限の翌日から徴収金完納又は財産差押えの日の前日までの期間の日数に応じ、年十四・六パーセント（当該督促が保険料に係るものであるときは、当該納期限の翌日から三月を経過する日までの期間については、年七・三パーセント）の割合を乗じて計算した延滞金を徴収する。ただし、次の各号のいずれかに該当する場合又は滞納につきやむを得ない事情があると認められる場合は、この限りでない。

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:

一 徴収金額が千円未満であるとき。

(i) the amount of money to be collected is less than 1,000 yen;

二 納期を繰り上げて徴収するとき。

(ii) the money is collected before the due date; or

三 納付義務者の住所若しくは居所が国内にないため、又はその住所及び居所がいずれも明らかでないため、公示送達の方法によって督促をしたとき。

(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 前項の場合において、徴収金額の一部につき納付があったときは、その納付の日以後の期間に係る延滞金の計算の基礎となる徴収金は、その納付のあった徴収金額を控除した金額による。

(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 延滞金を計算するに当たり、徴収金額に千円未満の端数があるときは、その端数は、切り捨てる。

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

4 督促状に指定した期限までに徴収金を完納したとき、又は前三項の規定によって計算した金額が百円未満であるときは、延滞金は、徴収しない。

(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 延滞金の金額に百円未満の端数があるときは、その端数は、切り捨てる。

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

(協会による広報及び保険料の納付の勧奨等)

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

第百八十一条の二 協会は、その管掌する健康保険の事業の円滑な運営が図られるよう、当該事業の意義及び内容に関する広報を実施するとともに、保険料の納付の勧奨その他厚生労働大臣の行う保険料の徴収に係る業務に対する適切な協力を行うものとする。

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.

(協会による保険料の徴収)

(Insurance Premium Collection by JHIA)

第百八十一条の三 厚生労働大臣は、協会と協議を行い、効果的な保険料の徴収を行うために必要があると認めるときは、協会に保険料の滞納者に関する情報その他必要な情報を提供するとともに、当該滞納者に係る保険料の徴収を行わせることができる。

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 厚生労働大臣は、前項の規定により協会に滞納者に係る保険料の徴収を行わせることとしたときは、当該滞納者に対し、協会が当該滞納者に係る保険料の徴収を行うこととなる旨その他の厚生労働省令で定める事項を通知しなければならない。

(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 第一項の規定により協会が保険料の徴収を行う場合においては、協会を保険者等とみなして、第百八十条及び第百八十一条の規定を適用する。

(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 第一項の規定により協会が保険料を徴収したときは、その徴収した額に相当する額については、第百五十五条の二の規定により、政府から協会に対し、交付されたものとみなす。

(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 前各項に定めるもののほか、協会による保険料の徴収に関し必要な事項は、政令で定める。

(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.

(先取特権の順位)

(Lien Priority)

第百八十二条 保険料等の先取特権の順位は、国税及び地方税に次ぐものとする。

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

(徴収に関する通則)

(General Rules Concerning Collection)

第百八十三条 保険料等は、この法律に別段の規定があるものを除き、国税徴収の例により徴収する。

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

第八章 健康保険組合連合会

Chapter VIII Federation of Health Insurance Societies

(設立、人格及び名称)

(Establishment, Personality and Name)

第百八十四条 健康保険組合は、共同してその目的を達成するため、健康保険組合連合会（以下「連合会」という。）を設立することができる。

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 連合会は、法人とする。

(2) A federation is a corporation.

3 連合会は、その名称中に健康保険組合連合会という文字を用いなければならない。

(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 連合会でない者は、健康保険組合連合会という名称を用いてはならない。

(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".

(設立の認可等)

(Authorization of Establishment)

第百八十五条 連合会を設立しようとするときは、規約を作り、厚生労働大臣の認可を受けなければならない。

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 連合会は、設立の認可を受けた時に成立する。

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

3 厚生労働大臣は、健康保険組合に対し、組合員である被保険者の共同の福祉を増進するため必要があると認めるときは、連合会に加入することを命ずることができる。

(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.

(規約の記載事項)

(Particulars to be Included in the Constitution)

第百八十六条 連合会は、規約において、次に掲げる事項を定めなければならない。

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

一 目的及び事業

(i) its purpose and business;

二 名称

(ii) its name;

三 事務所の所在地

(iii) the location of its office;

四 総会に関する事項

(iv) particulars relating to general meetings;

五 役員に関する事項

(v) particulars relating to officers;

六 会員の加入及び脱退に関する事項

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

七 資産及び会計に関する事項

(vii) particulars relating to assets and accounting;

八 公告に関する事項

(viii) particulars relating to giving public notice; and

九 前各号に掲げる事項のほか、厚生労働省令で定める事項

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

(役員)

(Officers)

第百八十七条 連合会に、役員として会長、副会長、理事及び監事を置く。

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

2 会長は、連合会を代表し、その業務を執行する。

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

3 副会長は、会長を補佐して連合会の業務を執行し、会長に事故があるときはその職務を代理し、会長が欠員のときはその職務を行う。

(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 理事は、会長の定めるところにより、会長及び副会長を補佐して連合会の業務を掌理し、会長及び副会長に事故があるときはその職務を代理し、会長及び副会長が欠員のときはその職務を行う。

(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 監事は、連合会の業務の執行及び財産の状況を監査する。

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

(準用)

(Application Mutatis Mutandis)

第百八十八条 第七条の三十八、第七条の三十九、第九条第二項、第十六条第二項及び第三項、第十八条第一項及び第二項、第十九条、第二十条、第二十六条第一項（第二号に係る部分を除く。）及び第二項、第二十九条第二項、第三十条、第百五十条並びに第百九十五条の規定は、連合会について準用する。

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.

この場合において、これらの規定中「組合会」とあるのは「総会」と、第七条の三十九第一項中「厚生労働大臣は」とあるのは「厚生労働大臣は、第百八十八条において準用する前条の規定により報告を徴し、又は質問し、若しくは検査した場合において」と、「定款」とあるのは「規約」と、第十六条第二項中「前項」とあるのは「第百八十六条」と、第二十九条第二項中「前項」とあるのは「第百八十八条」と、「前条第二項の規定に違反した指定健康保険組合、同条第三項の求めに応じない指定健康保険組合その他政令で定める指定健康保険組合の事業」とあるのは「その事業」と読み替えるものとする。

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".

第九章 不服申立て Chapter IX Appeals

(審査請求及び再審査請求)

(Applications for Examination or Reexamination)

第百八十九条 被保険者の資格、標準報酬又は保険給付に関する処分に不服がある者は、社会保険審査官に対して審査請求をし、その決定に不服がある者は、社会保険審査会に対して再審査請求をすることができる。

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 審査請求をした日から二月以内に決定がないときは、審査請求人は、社会保険審査官が審査請求を棄却したものとみなすことができる。

(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 第一項の審査請求及び再審査請求は、時効の中断に関しては、裁判上の請求とみなす。

(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 被保険者の資格又は標準報酬に関する処分が確定したときは、その処分についての不服を当該処分に基づく保険給付に関する処分についての不服の理由とすることができない。

(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.

第九十条 保険料等の賦課若しくは徴収の処分又は第九十条の規定による処分に不服がある者は、社会保険審査会に対して審査請求をすることができる。

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.

(行政不服審査法の適用関係)

(Application of the Administrative Appeal Act)

第九十一条 前二条の審査請求及び第九十条第一項の再審査請求については、行政不服審査法（平成二十六年法律第六十八号）第二章（第二十二条を除く。）及び第四章の規定は、適用しない。

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).

(審査請求と訴訟との関係)

(Relationship between Application for Examination and Litigation)

第九十二条 第九十条第一項に規定する処分の取消しの訴えは、当該処分についての審査請求に対する社会保険審査官の決定を経た後でなければ、提起することができない。

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.

第十章 雑則

Chapter X Miscellaneous Provisions

(時効)

(Prescription)

第九十三条 保険料等を徴収し、又はその還付を受ける権利及び保険給付を受ける権利は、二年を経過したときは、時効によって消滅する。

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 保険料等の納入の告知又は督促は、民法（明治二十九年法律第八十九号）第一百五十三条の規定にかかわらず、時効中断の効力を有する。

(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).

(期間の計算)

(Calculation of Period)

第九十四条 この法律又はこの法律に基づく命令に規定する期間の計算については、民法の期間に関する規定を準用する。

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.

(印紙税の非課税)

(Stamp Tax Exemption)

第九十五条 健康保険に関する書類には、印紙税を課さない。

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

(戸籍事項の無料証明)

(Free Certification of Family Registers)

第九十六条 市町村長（特別区の区長を含むものとし、地方自治法第二百五十二条の十九第一項の指定都市にあつては、区長又は総合区長とする。第二百三条において同じ。）は、保険者又は保険給付を受けるべき者に対して、当該市町村（特別区を含む。）の条例で定めるところにより、被保険者又は被保険者であった者の戸籍に関し、無料で証明を行うことができる。

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 前項の規定は、被扶養者に係る保険給付を行う場合においては、被扶養者又は被扶養者であった者の戸籍について準用する。

(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.

(報告等)

(Reports)

第九十七条 保険者（厚生労働大臣が行う第五条第二項及び第二百二十三条第二項に規定する業務に関しては、厚生労働大臣。次項において同じ。）は、厚生労働省令で定

めるところにより、被保険者を使用する事業主に、第四十八条に規定する事項以外の事項に関し報告をさせ、又は文書を提示させ、その他この法律の施行に必要な事務を行わせることができる。

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 保険者は、厚生労働省令で定めるところにより、被保険者（日雇特例被保険者であった者を含む。）又は保険給付を受けるべき者に、保険者又は事業主に対して、この法律の施行に必要な申出若しくは届出をさせ、又は文書を提出させることができる。

(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.

（立入検査等）

(On-site Inspections)

第百九十八条 厚生労働大臣は、被保険者の資格、標準報酬、保険料又は保険給付に関して必要があると認めるときは、事業主に対し、文書その他の物件の提出若しくは提示を命じ、又は当該職員をして事業所に立ち入って関係者に質問し、若しくは帳簿書類その他の物件を検査させることができる。

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 第七条の三十八第二項の規定は前項の規定による質問又は検査について、同条第三項の規定は前項の規定による権限について準用する。

(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.

（資料の提供）

(Provision of Materials)

第百九十九条 厚生労働大臣は、被保険者の資格、標準報酬又は保険料に関し必要があ

ると認めるときは、官公署に対し、法人の事業所の名称、所在地その他必要な資料の提供を求めることができる。

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 厚生労働大臣は、第六十三条第三項第一号又は第八十八条第一項の指定に関し必要があると認めるときは、当該指定に係る開設者若しくは管理者又は申請者の社会保険料の納付状況につき、当該社会保険料を徴収する者に対し、必要な書類の閲覧又は資料の提供を求めることができる。

(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.

(厚生労働大臣と協会の連携)

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

第百九十九条の二 厚生労働大臣及び協会は、この法律に基づく協会が管掌する健康保険の事業が、適正かつ円滑に行われるよう、必要な情報交換を行う等、相互の緊密な連携の確保に努めるものとする。

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.

(共済組合に関する特例)

(Special Provisions Concerning Mutual Aid Associations)

第二百条 国に使用される被保険者、地方公共団体の事務所に使用される被保険者又は法人に使用される被保険者であつて共済組合の組合員であるものに対しては、この法律による保険給付は、行わない。

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 共済組合の給付の種類及び程度は、この法律の給付の種類及び程度以上であることを要する。

(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.

第二百一条 厚生労働大臣は、共済組合について、必要があると認めるときは、その事業及び財産に関する報告を徴し、又はその運営に関する指示をすることができる。

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.

第二百二条 第二百条第一項の規定により保険給付を受けない者に関しては、保険料を徴収しない。

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).

(市町村が処理する事務等)

(Affairs Handled by Municipalities)

第二百三条 日雇特例被保険者の保険の保険者の事務のうち厚生労働大臣が行うものの一部は、政令で定めるところにより、市町村長が行うこととすることができる。

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 協会は、市町村（特別区を含む。）に対し、政令で定めるところにより、日雇特例被保険者の保険の保険者の事務のうち協会が行うものの一部を委託することができる。

(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.

(機構への厚生労働大臣の権限に係る事務の委任)

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

第二百四条 次に掲げる厚生労働大臣の権限に係る事務（第百八十一条の三第一項の規定により協会が行うこととされたもの、前条第一項の規定により市町村長が行うこととされたもの及び第二百四条の七第一項に規定するものを除く。）は、日本年金機構（以下「機構」という。）に行わせるものとする。ただし、第十八号から第二十号までに掲げる権限は、厚生労働大臣が自ら行うことを妨げない。

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:

一 第三条第一項第八号の規定による承認

(i) approval pursuant to the provisions of Article 3, paragraph (1), item (viii);

二 第三条第二項ただし書（同項第一号及び第二号に係る部分に限る。）の規定による承認

(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);

三 第三十一条第一項及び第三十三条第一項の規定による認可（健康保険組合に係る場合を除く。）、第三十四条第一項の規定による承認（健康保険組合に係る場合を除く。）並びに第三十一条第二項及び第三十三条第二項の規定による申請の受理（健康保険組合に係る場合を除く。）

(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);

四 第三十九条第一項の規定による確認

(iv) confirmation pursuant to the provisions of Article 39, paragraph (1);

五 第四十一条第一項、第四十二条第一項、第四十三条第一項、第四十三条の二第一項及び第四十三条の三第一項の規定による標準報酬月額の設定又は改定（第四十三条の二第一項及び第四十三条の三第一項の規定による申出の受理を含み、第四十四条第一項の規定により算定する額を報酬月額として決定又は改定する場合を含む。）

(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));

六 第四十五条第一項の規定による標準賞与額の設定（同条第二項において準用する第四十四条第一項の規定により算定する額を標準賞与額として決定する場合を含む。）

(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);

七 第四十八条（第百六十八条第二項において準用する場合を含む。）の規定による

- 届出の受理及び第五十条第一項の規定による通知
- (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);
- 八 第四十九条第一項の規定による認可に係る通知（健康保険組合に係る場合を除く。）、同条第三項の規定による届出の受理（健康保険組合に係る場合を除く。）並びに同条第四項及び第五項の規定による公告（健康保険組合に係る場合を除く。）
- (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);
- 九 第四十九条第一項の規定による確認又は標準報酬の決定若しくは改定に係る通知、同条第三項（第五十条第二項において準用する場合を含む。）の規定による届出の受理並びに第四十九条第四項及び第五項（第五十条第二項においてこれらの規定を準用する場合を含む。）の規定による公告
- (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));
- 十 第五十一条第一項の規定による請求の受理及び同条第二項の規定による請求の却下
- (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;
- 十一 第二百二十六条第一項の規定による申請の受理、同条第二項の規定による交付及び同条第三項の規定による日雇特例被保険者手帳の受領
- (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;
- 十二 第二百五十九条及び第百五十九条の三の規定による申出の受理
- (xii) acceptance of a request pursuant to the provisions of Articles 159 and 159-3;
- 十三 第百六十六条（第百六十九条第八項において準用する場合を含む。）の規定に

- よる申出の受理及び承認
- (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));
- 十四 第一百七十一条第一項及び第三項の規定による報告の受理
- (xiv) acceptance of reports pursuant to the provisions of Article 171, paragraphs (1) and (3);
- 十五 第一百八十条第四項の規定による国税滞納処分の例による処分及び同項の規定による市町村に対する処分の請求
- (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;
- 十六 第一百八十三条の規定により国税徴収の例によるものとされる徴収に係る権限
(国税通則法(昭和三十七年法律第六十六号)第三十六条第一項の規定の例による納入の告知、同法第四十二条において準用する民法第四百二十三条第一項の規定の例による納付義務者に属する権利の行使、国税通則法第四十六条の規定の例による納付の猶予その他の厚生労働省令で定める権限並びに次号に掲げる質問及び検査並びに搜索を除く。)
- (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);
- 十七 第一百八十三条の規定によりその例によるものとされる国税徴収法(昭和三十四年法律第四百七十七号)第四百四十一条の規定による質問及び検査並びに同法第四百四十二条の規定による搜索
- (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;
- 十八 第一百九十七条第一項の規定による報告、文書の提示その他この法律の施行に必要な事務を行わせること並びに同条第二項の規定による申出及び届出並びに文書の提出をさせること。
- (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;

十九 第九百九十八条第一項の規定による命令並びに質問及び検査（健康保険組合に係る場合を除く。）

(xix) orders, questions, and inspections pursuant to the provisions of Article 198, paragraph (1) (excluding cases pertaining to health insurance societies);

二十 第九百九十九条第一項の規定による資料の提供の求め

(xx) requests for the provision of materials pursuant to the provisions of Article 199, paragraph (1); and

二十一 前各号に掲げるもののほか、厚生労働省令で定める権限

(xxi) beyond the matters listed in the preceding items, the authority specified by Order of the Ministry of Health, Labour and Welfare.

2 機構は、前項第十五号に掲げる国税滞納処分の例による処分及び同項第十七号に掲げる権限（以下「滞納処分等」という。）その他同項各号に掲げる権限のうち厚生労働省令で定める権限に係る事務を効果的に行うため必要があると認めるときは、厚生労働省令で定めるところにより、厚生労働大臣に当該権限の行使に必要な情報を提供するとともに、厚生労働大臣自らその権限を行うよう求めることができる。

(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 厚生労働大臣は、前項の規定による求めがあった場合において必要があると認めるとき、又は機構が天災その他の事由により第一項各号に掲げる権限に係る事務の全部若しくは一部を行うことが困難若しくは不適當となったと認めるときは、同項各号に掲げる権限の全部又は一部を自ら行うものとする。

(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 厚生年金保険法第百条の四第四項から第七項までの規定は、機構による第一項各号に掲げる権限に係る事務の実施又は厚生労働大臣による同項各号に掲げる権限の行使

について準用する。

- (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.

(財務大臣への権限の委任)

(Delegation of Authorities to the Minister of Finance)

第二百四条の二 厚生労働大臣は、前条第三項の規定により滞納処分等及び同条第一項第十六号に掲げる権限の全部又は一部を自らが行うこととした場合におけるこれらの権限並びに同号に規定する厚生労働省令で定める権限のうち厚生労働省令で定めるもの（以下この項において「滞納処分等その他の処分」という。）に係る納付義務者が滞納処分等その他の処分の執行を免れる目的でその財産について隠ぺいしているおそれがあることその他の政令で定める事情があるため保険料その他この法律の規定による徴収金（第五十八条、第七十四条第二項及び第九十九条第二項（第一百四十九条においてこれらの規定を準用する場合を含む。）の規定による徴収金を除く。第二百四条の六第一項において「保険料等」という。）の効果的な徴収を行う上で必要があると認めるときは、政令で定めるところにより、財務大臣に、当該納付義務者に関する情報その他必要な情報を提供するとともに、当該納付義務者に係る滞納処分等その他の処分の権限の全部又は一部を委任することができる。

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 厚生年金保険法第百条の五第二項から第七項までの規定は、前項の規定による財務大臣への権限の委任について準用する。

(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.

(機構が行う滞納処分等に係る認可等)

(Authorization Pertaining to Disposition of Delinquency Executed by JPS)

第二百四条の三 機構は、滞納処分等を行う場合には、あらかじめ、厚生労働大臣の認可を受けるとともに、次条第一項に規定する滞納処分等実施規程に従い、徴収職員に行わせなければならない。

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 厚生年金保険法第百条の六第二項及び第三項の規定は、前項の規定による機構が行う滞納処分等について準用する。

(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.

(滞納処分等実施規程の認可等)

(Authorization of Regulations for Disposition of Delinquency)

第二百四条の四 機構は、滞納処分等の実施に関する規程（次項において「滞納処分等実施規程」という。）を定め、厚生労働大臣の認可を受けなければならない。

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.

これを変更しようとするときも、同様とする。

The same applies when JPS revises the standards.

2 厚生年金保険法第百条の七第二項及び第三項の規定は、滞納処分等実施規程の認可及び変更について準用する。

(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.

(機構が行う立入検査等に係る認可等)

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

第二百四条の五 機構は、第二百四条第一項第十九号に掲げる権限に係る事務を行う場

合には、あらかじめ、厚生労働大臣の認可を受けなければならない。

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 前項に規定する場合における第百九十八条第一項の規定の適用については、同項中「、保険料又は保険給付」とあるのは「又は保険料」と、「当該職員」とあるのは「日本年金機構の職員」とする。

(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".

(機構が行う収納)

(Collection Executed by JPS)

第二百四条の六 厚生労働大臣は、会計法（昭和二十二年法律第三十五号）第七条第一項の規定にかかわらず、政令で定める場合における保険料等の収納を、政令で定めるところにより、機構に行わせることができる。

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 厚生年金保険法第百条の十一第二項から第六項までの規定は、前項の規定による機構が行う収納について準用する。この場合において、必要な技術的読替えは、政令で定める。

(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.

(協会への厚生労働大臣の権限に係る事務の委任)

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

第二百四条の七 第百九十八条第一項の規定による厚生労働大臣の命令並びに質問及び検査の権限（健康保険組合に係る場合を除き、保険給付に関するものに限る。）に係る事務は、協会に行わせるものとする。ただし、当該権限は、厚生労働大臣が自ら行うことを妨げない。

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 前項に定めるもののほか、協会による同項に規定する権限に係る事務の実施に関し必要な事項は、厚生労働省令で定める。

(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.

(協会が行う立入検査等に係る認可等)

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

第二百四条の八 協会は、前条第一項に規定する権限に係る事務を行う場合には、あらかじめ、厚生労働大臣の認可を受けなければならない。

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 前項に規定する場合における第百九十八条第一項の規定の適用については、同項中「被保険者の資格、標準報酬、保険料又は保険給付」とあるのは「保険給付」と、「当該職員」とあるのは「協会の職員」とする。

(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".

(地方厚生局長等への権限の委任)

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

第二百五条 この法律に規定する厚生労働大臣の権限（第二百四条の二第一項及び同条第二項において準用する厚生年金保険法第百条の五第二項に規定する厚生労働大臣の権限を除く。）は、厚生労働省令で定めるところにより、地方厚生局長に委任することができる。

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 前項の規定により地方厚生局長に委任された権限は、厚生労働省令で定めるところ

により、地方厚生支局長に委任することができる。

- (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.

(機構への事務の委託)

(Delegation of Administration to JPS)

第二百五条の二 厚生労働大臣は、機構に、次に掲げる事務（第百八十一条の三第一項の規定により協会が行うこととされたもの及び第二百三条第一項の規定により市町村長が行うこととされたものを除く。）を行わせるものとする。

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)):

一 第三条第二項ただし書（同項第三号に係る部分に限る。）の規定による承認に係る事務（当該承認を除く。）

(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);

二 第四十六条第一項及び第百二十五条第二項（第百六十八条第二項において準用する場合を含む。）の規定による価額の決定に係る事務（当該決定を除く。）

(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));

三 第五十一条の二の規定による情報の提供に係る事務（当該情報の提供を除く。）

(iii) affairs pertaining to the provision of information pursuant to the provisions of Article 51-2 (excluding the provision of the information);

四 第百八条第六項の規定による資料の提供に係る事務（当該資料の提供を除く。）

(iv) affairs pertaining to the provision of materials pursuant to the provisions of Article 108, paragraph (6) (excluding the provision of the materials);

五 第百五十五条第一項、第百五十八条、第百五十九条、第百五十九条の三及び第七十二条の規定による保険料の徴収に係る事務（第二百四条第一項第十二号、第十三号及び第十五号から第十七号までに掲げる権限を行使する事務並びに第二百四条の六第一項の規定により機構が行う収納、第百八十条第一項の規定による督促その他の厚生労働省令で定める権限を行使する事務並びに次号、第七号、第九号及び第十一号に掲げる事務を除く。）

(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));

六 第六十四條第二項及び第三項（第六十九條第八項においてこれらの規定を準用する場合を含む。）の規定による納付に係る事務（納期を繰り上げて納入の告知又は納付をしたものとみなす決定及びその旨の通知を除く。）

(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);

七 第七十條第一項の規定による保険料額の決定及び告知に係る事務（当該保険料額の決定及び告知を除く。）並びに同條第二項の規定による追徴金の徴収に係る事務（第二百四條第一項第十五号から第十七号までに掲げる権限を行使する事務及び第二百四條の六第一項の規定により機構が行う収納、第八十條第一項の規定による督促その他の厚生労働省令で定める権限を行使する事務並びに第九号及び第十一号に掲げる事務を除く。）

(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));

八 第七十三條第一項の規定による拠出金の徴収に係る事務（第二百四條第一項第十五号から第十七号までに掲げる権限を行使する事務及び第二百四條の六第一項の規定により機構が行う収納、第八十條第一項の規定による督促その他の厚生労働省令で定める権限を行使する事務並びに次号及び第十一号に掲げる事務を除く。）

(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));
- 九 第一百八十条第一項及び第二項の規定による督促に係る事務（当該督促及び督促状を発すること（督促状の発送に係る事務を除く。）を除く。）
- (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));
- 十 第一百八十一条第一項及び第四項の規定による延滞金の徴収に係る事務（第二百四条第一項第十五号から第十七号までに掲げる権限を行使する事務及び第二百四条の六第一項の規定により機構が行う収納、第一百八十条第一項の規定による督促その他の厚生労働省令で定める権限を行使する事務並びに前号及び次号に掲げる事務を除く。）
- (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);
- 十一 第二百四条第一項第十六号に規定する厚生労働省令で定める権限に係る事務（当該権限を行使する事務を除く。）
- (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);
- 十二 介護保険法第六十八条第五項その他の厚生労働省令で定める法律の規定による求めに応じたこの法律の実施に関し厚生労働大臣が保有する情報の提供に係る事務（当該情報の提供及び厚生労働省令で定める事務を除く。）
- (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
- 十三 前各号に掲げるもののほか、厚生労働省令で定める事務
- (xiii) beyond what is provided for in the preceding items, affairs specified by Order of the Ministry of Health, Labour and Welfare.
- 2 厚生年金保険法第百条の十第二項及び第三項の規定は、前項の規定による機構への事務の委託について準用する。この場合において、必要な技術的読替えは、政令で定める。
- (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.

(情報の提供等)

(Provision of Information)

第二百五条の三 機構は、厚生労働大臣に対し、厚生労働省令で定めるところにより、被保険者の資格に関する事項、標準報酬に関する事項その他厚生労働大臣の権限の行使に関して必要な情報の提供を行うものとする。

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 厚生労働大臣及び機構は、この法律に基づく協会が管掌する健康保険の事業が、適正かつ円滑に行われるよう、必要な情報交換を行うことその他相互の密接な連携の確保に努めるものとする。

(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.

(基金等への事務の委託)

(Delegation of Administration to the Social Insurance Fund)

第二百五条の四 保険者は、第七十六条第五項（第八十五条第九項、第八十五条の二第五項、第八十六条第四項、第一百条第七項及び第一百四十九条において準用する場合を含む。第一号において同じ。）及び第八十八条第十一項（第一百一十一条第三項及び第一百四十九条において準用する場合を含む。同号において同じ。）に規定する事務のほか、次に掲げる事務を基金又は国保連合会に委託することができる。

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:

一 第四章の規定による保険給付及び第五章第三節の規定による日雇特例被保険者に係る保険給付のうち厚生労働省令で定めるものの支給に関する事務（第七十六条第五項及び第八十八条第十一項に規定する事務を除く。）

(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));

二 第四章の規定による保険給付及び第五章第三節の規定による日雇特例被保険者に係る保険給付の支給、第六章の規定による保健事業及び福祉事業の実施、第百五十五条の規定による保険料の徴収その他の厚生労働省令で定める事務に係る被保険者若しくは被保険者であった者又はこれらの被扶養者（次号において「被保険者等」という。）に係る情報の収集又は整理に関する事務

(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

三 第四章の規定による保険給付及び第五章第三節の規定による日雇特例被保険者に係る保険給付の支給、第百五十五条の規定による保険料の徴収その他の厚生労働省令で定める事務に係る被保険者等に係る情報の利用又は提供に関する事務

(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 保険者は、前項の規定により同項第二号又は第三号に掲げる事務を委託する場合は、他の社会保険診療報酬支払基金法第一条に規定する保険者と共同して委託するものとする。

(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.

(経過措置)

(Transitional Measures)

第二百六条 この法律に基づき命令を制定し、又は改廃する場合には、その命令

で、その制定又は改廃に伴い合理的に必要と判断される範囲内において、所要の経過措置（罰則に関する経過措置を含む。）を定めることができる。

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.

(実施規定)

(Enforcement Provisions)

第二百七条 この法律に特別の規定があるものを除くほか、この法律の実施のための手続その他その執行について必要な細則は、厚生労働省令で定める。

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.

第十一章 罰則

Chapter XI Penal Provisions

第二百七条の二 第七条の三十七第一項（同条第二項及び第二十二條の二において準用する場合を含む。）の規定に違反して秘密を漏らした者は、一年以下の懲役又は百万円以下の罰金に処する。

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.

第二百八条 事業主が、正当な理由がなく次各号のいずれかに該当するときは、六月以下の懲役又は五十万円以下の罰金に処する。

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:

一 第四十八条（第百六十八条第二項において準用する場合を含む。）の規定に違反して、届出をせず、又は虚偽の届出をしたとき。

(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;

二 第四十九条第二項（第五十条第二項において準用する場合を含む。）の規定に違反して、通知をしないとき。

(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;

三 第六十一条第二項又は第六十九条第七項の規定に違反して、督促状に指定する期限までに保険料を納付しないとき。

(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);

四 第六十九条第二項の規定に違反して、保険料を納付せず、又は第七十一条第一項の規定に違反して、帳簿を備え付けず、若しくは同項若しくは同条第二項の規定に違反して、報告せず、若しくは虚偽の報告をしたとき。

(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

五 第九十八条第一項の規定による文書その他の物件の提出若しくは提示をせず、又は同項の規定による当該職員（第二百四条の五第二項において読み替えて適用される第九十八条第一項に規定する機構の職員及び第二百四条の八第二項において読み替えて適用される第九十八条第一項に規定する協会の職員を含む。次条において同じ。）の質問に対して、答弁せず、若しくは虚偽の答弁をし、若しくは第九十八条第一項の規定による検査を拒み、妨げ、若しくは忌避したとき。

(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.

第二百九条 事業主以外の者が、正当な理由がなく第九十八条第一項の規定による当該職員の質問に対して、答弁せず、若しくは虚偽の答弁をし、又は同項の規定による検査を拒み、妨げ、若しくは忌避したときは、六月以下の懲役又は三十万円以下の罰金に処する。

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.

第二百十条 被保険者又は被保険者であった者が、第六十条第二項（第四百九条において準用する場合を含む。）の規定により、報告を命ぜられ、正当な理由がなくてこれに従わず、又は同項の規定による当該職員の質問に対して、正当な理由がなくて答弁せず、若しくは虚偽の答弁をしたときは、三十万円以下の罰金に処する。

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.

第二百十一条 第二百二十六条第一項の規定による申請に関し虚偽の申請をした者は、六月以下の懲役又は三十万円以下の罰金に処する。

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.

第二百十二条 第二百二十六条第一項の規定に違反して、申請をせず、又は第六十九条第四項の規定に違反して、日雇特例被保険者手帳を提出しなかった者は、三十万円以下の罰金に処する。

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.

第二百十二条の二 第七条の三十八第一項の規定による報告をせず、若しくは虚偽の報告をし、若しくは同項の規定による当該職員の質問に対して、答弁をせず、若しくは虚偽の答弁をし、若しくは同項の規定による検査を拒み、妨げ、若しくは忌避し、又は第七条の三十九第一項の規定による命令に違反したときは、その違反行為をした協会の役員又は職員は、三十万円以下の罰金に処する。

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.

第二百十三条 健康保険組合又は第五十四条第一項に規定する国民健康保険の保険者

である国民健康保険組合の役員、清算人又は職員が、第七十一条第三項の規定に違反して、報告をせず、又は虚偽の報告をしたときは、五十万円以下の罰金に処する。

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.

第二百十三条の二 次の各号のいずれかに該当する者は、五十万円以下の罰金に処する。

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:

一 第八十三条の規定によりその例によるものとされる国税徴収法第四十一条の規定による徴収職員の質問（協会又は健康保険組合の職員が行うものを除く。）に対して答弁をせず、又は偽りの陳述をした者

(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;

二 第八十三条の規定によりその例によるものとされる国税徴収法第四十一条の規定による検査（協会又は健康保険組合の職員が行うものを除く。）を拒み、妨げ、若しくは忌避し、又は当該検査に関し偽りの記載若しくは記録をした帳簿書類を提示した者

(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.

第二百十四条 法人（法人でない社団又は財団で代表者又は管理人の定めがあるもの（以下この条において「人格のない社団等」という。）を含む。以下この項において同じ。）の代表者（人格のない社団等の管理人を含む。）又は法人若しくは人の代理人、使用人その他の従業者が、その法人又は人の業務又は財産に関して、第二百八条又は前条の違反行為をしたときは、行為者を罰するほか、その法人又は人に対しても、各本条の罰金刑を科する。

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 人格のない社団等について前項の規定の適用がある場合においては、その代表者又は管理人がその訴訟行為につき当該人格のない社団等を代表するほか、法人を被告人又は被疑者とする場合の刑事訴訟に関する法律の規定を準用する。

(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.

第二百十五条 医師、歯科医師、薬剤師若しくは手当を行った者又はこれを使用する者が、第六十条第一項（第百四十九条において準用する場合を含む。）の規定により、報告若しくは診療録、帳簿書類その他の物件の提示を命ぜられ、正当な理由がなくてこれに従わず、又は同項の規定による当該職員の質問に対して、正当な理由がなくて答弁せず、若しくは虚偽の答弁をしたときは、十万円以下の過料に処する。

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.

第二百十六条 事業主が、正当な理由がなくて第百九十七条第一項の規定に違反して、報告をせず、若しくは虚偽の報告をし、文書の提示をせず、又はこの法律の施行に必要な事務を行うことを怠ったときは、十万円以下の過料に処する。

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.

第二百十七条 被保険者又は保険給付を受けるべき者が、正当な理由がなくて第百九十七条第二項の規定に違反して、申出をせず、若しくは虚偽の申出をし、届出をせず、若しくは虚偽の届出をし、又は文書の提出を怠ったときは、十万円以下の過料に処する。

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.

第二百十七条の二 次の各号のいずれかに該当する場合には、その違反行為をした協会の役員は、二十万円以下の過料に処する。

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:

一 第七条の七第一項の規定による政令に違反して登記することを怠ったとき。

(i) the person fails to make a registration in violation of Cabinet Order prescribed in Article 7-7, paragraph (1);

二 第七条の二十七、第七条の三十一第一項若しくは第二項又は第七条の三十四の規定により厚生労働大臣の認可を受けなければならない場合において、その認可を受けなかったとき。

(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;

三 第七条の二十八第二項の規定により厚生労働大臣の承認を受けなければならない場合において、その承認を受けなかったとき。

(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);

四 第七条の二十八第四項の規定に違反して財務諸表、事業報告書等若しくは監事及び会計監査人の意見を記載した書面を備え置かず、又は閲覧に供しなかったとき。

(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);

五 第七条の三十三の規定に違反して協会の業務上の余裕金を運用したとき。

(v) the person invests surplus funds that accrue in the course of JHIA's operations, in violation of the provisions of Article 7-33;

六 第七条の三十五第二項又は第七条の三十六第二項の規定による届出をせず、又は虚偽の届出をしたとき。

(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;

七 第七条の三十五第二項又は第七条の三十六第二項の規定による公表をせず、又は虚偽の公表をしたとき。

(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

八 この法律に規定する業務又は他の法律により協会が行うものとされた業務以外の業務を行ったとき。

(viii) the person engages in any operations other than those prescribed by this Act or those specified by other laws as JHIA's operations.

第二百十八条 健康保険組合の設立を命ぜられた事業主が、正当な理由がなくて厚生労働大臣が指定する期日までに設立の認可を申請しなかったときは、その手続の遅延した期間、その負担すべき保険料額の二倍に相当する金額以下の過料に処する。

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.

第二百十九条 健康保険組合又は連合会が、第十六条第三項（第八十八条において準用する場合を含む。）の規定による届出をせず、若しくは虚偽の届出をし、第二十九条第一項若しくは第八十八条において準用する第七条の三十八の規定による報告をせず、若しくは虚偽の報告をし、若しくは第二十九条第一項若しくは第八十八条において準用する第七条の三十八の規定による当該職員の質問に対して、答弁せず、若しくは虚偽の答弁をし、若しくは同条の規定による検査を拒み、妨げ、若しくは忌避し、又は第二十九条第一項若しくは第八十八条において準用する第七条の三十九第一項の規定による命令に違反したときは、その役員を二十万円以下の過料に処する。

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.

第二百二十条 第七条の八、第十条第二項又は第八十四条第四項の規定に違反して、全国健康保険協会という名称、健康保険組合という名称又は健康保険組合連合会という名称を用いた者は、十万円以下の過料に処する。

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.

第二百二十一条 機構の役員は、次の各号のいずれかに該当する場合には、二十万円以下の過料に処する。

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:

一 第二百四条の三第一項、同条第二項において準用する厚生年金保険法第百条の六第二項、第二百四条の四第一項、第二百四条の五第一項及び第二百四条の六第二項において準用する同法第百条の十一第二項の規定により厚生労働大臣の認可を受けなければならない場合において、その認可を受けなかったとき。

(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

二 第二百四条の四第二項において準用する厚生年金保険法第百条の七第三項の規定による命令に違反したとき。

(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).

第二百二十二条 協会の役員は、第二百四条の八第一項の規定により厚生労働大臣の認可を受けなければならない場合において、その認可を受けなかったときは、二十万円以下の過料に処する。

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.

附 則

Supplementary Provisions

(施行期日)

(Date of Enforcement)

第一条 この法律は、大正十五年七月一日から施行する。ただし、保険給付及び費用の負担に関する規定は、大正十六年一月一日から施行する。

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.

(健康保険組合の財政調整)

(Financial Coordination of Health Insurance Societies)

第二条 健康保険組合が管掌する健康保険の医療に関する給付、保健事業及び福祉事業の実施又は健康保険組合に係る前期高齢者納付金等、後期高齢者支援金等、日雇拋出金若しくは介護納付金の納付に要する費用の財源の不均衡を調整するため、連合会は、政令で定めるところにより、会員である健康保険組合（以下この条において「組合」という。）に対する交付金の交付の事業を行うものとする。

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 組合は、前項の事業に要する費用に充てるため、連合会に対し、政令で定めるところにより、拋出金を拋出するものとする。

(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 組合は、前項の規定による拋出金の拋出に要する費用に充てるため、調整保険料を徴収する。

(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 調整保険料額は、各月につき、各被保険者の標準報酬月額及び標準賞与額にそれぞれ調整保険料率を乗じて得た額とする。

(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 調整保険料率は、交付金の交付に要する費用並びに組合の組合員である被保険者の数及び標準報酬を基礎として、政令で定める。

(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 第七条の三十九、第二十九条第二項及び第百八十五条第三項の規定は、第一項の事業について準用する。

(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).

この場合において、第七条の三十九第一項中「事業若しくは財産」とあるのは「事業」と、「定款」とあるのは「規約」と、第二十九条第二項中「前項」とあるのは「附則第二条第六項」と、「とき、又は前条第二項の規定に違反した指定健康保険組合、同条第三項の求めに応じない指定健康保険組合その他政令で定める指定健康保険組合の事業若しくは財産の状況によりその事業の継続が困難であると認めるとき」とあるのは「とき」と、第百八十五条第三項中「組合員である被保険者の共同の福祉を増進するため」とあるのは「附則第二条第一項の事業を推進するため」と読み替えるものとする。

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 第百五十八条、第百五十九条、第百五十九条の三、第百六十一条、第百六十二条、第百六十四条、第百六十五条、第百六十七条及び第百九十三条の規定は、第三項の規定による調整保険料について準用する。

(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 一般保険料率と調整保険料率とを合算した率の変更が生じない一般保険料率の変更の決定は、第百六十条第十三項において準用する同条第八項の規定にかかわらず、同項の認可を受けることを要しない。

(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 前項の規定による決定をしたときは、当該変更後の一般保険料率を厚生労働大臣に届け出なければならない。

(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.

(特定健康保険組合)

(Specified Health Insurance Society)

第三条 厚生労働省令で定める要件に該当するものとして厚生労働大臣の認可を受けた健康保険組合（以下この条において「特定健康保険組合」という。）の組合員である被保険者であった者であつて、改正法第十三条の規定による改正前の国民健康保険法第八条の二第一項に規定する退職被保険者であるべきもののうち当該特定健康保険組合の規約で定めるものは、当該特定健康保険組合に申し出て、当該特定健康保険組合の被保険者（以下この条において「特例退職被保険者」という。）となることができる。ただし、任意継続被保険者であるときは、この限りでない。

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 特例退職被保険者は、同時に二以上の保険者（共済組合を含む。）の被保険者となることができない。

(2) A special retired insured person may not be insured by two or more insurers (including mutual aid associations) at the same time.

3 特例退職被保険者は、第一項の申出が受理された日から、その資格を取得する。

(3) A special retired insured person acquires such eligibility on the date on which the request referred to in paragraph (1) is accepted.

4 特例退職被保険者の標準報酬月額については、第四十一条から第四十四条までの規定にかかわらず、当該特定健康保険組合が管掌する前年（一月から三月までの標準報酬月額については、前々年）の九月三十日における特例退職被保険者以外の全被保険者の同月の標準報酬月額を平均した額の範囲内においてその規約で定めた額を標準報酬月額の基礎となる報酬月額とみなしたときの標準報酬月額とする。

(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 第百四条の規定にかかわらず、特例退職被保険者には、傷病手当金は、支給しない。
(5) Notwithstanding the provisions of Article 104, injury and sickness allowance is not paid to a special retired insured person.

6 特例退職被保険者は、この法律の規定（第三十八条第二号、第四号及び第五号を除く。）の適用については、任意継続被保険者とみなす。

(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)).

この場合において、同条第一号中「任意継続被保険者となった日から起算して二年を経過したとき」とあるのは「改正法第十三条の規定による改正前の国民健康保険法第八条の二第一項に規定する退職被保険者であるべき者に該当しなくなったとき」と、同条第三号中「保険者」とあるのは「附則第三条第一項に規定する特定健康保険組合」とする。

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 特例退職被保険者に対する保険給付の特例その他特例退職被保険者に関して必要な事項は、政令で定める。

(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.

(地域型健康保険組合)

(Regional Health Insurance Societies)

第三条の二 第二十三条第三項の合併により設立された健康保険組合又は合併後存続する健康保険組合のうち次の要件のいずれにも該当する合併に係るもの（以下この条において「地域型健康保険組合」という。）は、当該合併が行われた日の属する年度及びこれに続く五箇年度に限り、第百六十条第十三項において準用する同条第一項に規定する範囲内において、不均一の一般保険料率を決定することができる。

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:

一 合併前の健康保険組合の設立事業所がいずれも同一都道府県の区域にあること。

(i) all of the establishments of the health insurance society before the merger are located in the same prefecture; and

二 当該合併が第二十八条第一項に規定する指定健康保険組合、被保険者の数が第十一条第一項又は第二項の政令で定める数に満たなくなった健康保険組合その他事業運営基盤の安定が必要と認められる健康保険組合として厚生労働省令で定めるものを含むこと。

(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 前項の一般保険料率の決定は、厚生労働大臣の認可を受けなければならない。

(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 地域型健康保険組合の一般保険料率の認可の手続その他地域型健康保険組合に関して必要な事項は、政令で定める。

(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.

(協会が管掌する健康保険の被保険者に係る給付の事業)

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

第四条 被保険者を使用する事業主（健康保険組合が組織されている事業所の事業主を除く。）及び当該被保険者で組織する法人その他の政令で定めるもの（次項において「法人等」という。）であって、政令で定める要件に該当するものとして厚生労働大臣の承認を受けたもの（以下この条において「承認法人等」という。）は、当該被保険者の療養に関して保険給付があった場合において、第七十四条第一項の規定により当該被保険者が支払った一部負担金に相当する額の範囲内において、当該被保険者に対し、給付をすることができる。

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 前項の法人等が承認を受けようとするときは、あらかじめ、協会の同意を得なければならない。

(2) When a corporation referred to in the preceding paragraph intends to receive approval, it must obtain consent from JHIA in advance.

3 承認法人等は、第一項の給付に要する費用に充てるため、厚生労働省令で定めるところにより、事業主又は被保険者から費用を徴収することができる。

(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 承認法人等の事業に関して必要な事項は、厚生労働省令で定める。

(4) Necessary matters concerning the business of approved corporations are specified by Order of the Ministry of Health, Labour and Welfare.

第四条の二 削除

Article 4-2 Deleted

(退職者給付拠出金の経過措置)

(Transitional Measures for Retiree Benefit Contributions)

第四条の三 国民健康保険法附則第十条第一項の規定により基金が同項に規定する拠出金を徴収する間、第七条の二第三項中「及び同法」とあるのは「、同法」と、「並びに介護保険法」とあるのは「及び国民健康保険法（昭和三十三年法律第百九十二号）附則第十条第一項に規定する拠出金（以下「退職者給付拠出金」という。）並びに介護保険法」と、第一百五十一条中「及び第七十三条の規定による拠出金」とあるのは「、第七十三条の規定による拠出金及び退職者給付拠出金」と、第一百五十五条第一項中「及び後期高齢者支援金等」とあるのは「、後期高齢者支援金等及び退職者給付拠出金」と、第一百六十条第三項第二号中「及び後期高齢者支援金等」とあるのは「、後期高齢者支援金等及び退職者給付拠出金」と、同条第十四項中「国庫補助額を控除した額」とあるのは「国庫補助額を控除した額）並びに退職者給付拠出金の額」と、附則第二条第一項中「日雇拠出金」とあるのは「日雇拠出金、退職者給付拠出金」とする。

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".

(病床転換支援金の経過措置)

(Transitional Measures for Ward Transfer Aid)

第四条の四 高齢者の医療の確保に関する法律附則第二条に規定する政令で定める日までの間、前条の規定により読み替えられた第七条の二第三項中「及び国民健康保険法」とあるのは「、同法附則第七条第一項に規定する病床転換支援金等（以下「病床転換支援金等」という。）及び国民健康保険法」と、前条の規定により読み替えられた第一百五十一条中「第七十三条」とあるのは「病床転換支援金等、第七十三条」と、次条の規定により読み替えられた第五十三条第二項中「介護納付金」とあるのは「高齢者の医療の確保に関する法律附則第七条第一項に規定する病床転換支援金（日雇特例被保険者に係るものを除く。）及び介護納付金」と、「額に」とあるのは「額の合算額に」と、次条の規定により読み替えられた第五十四条第二項中「介護納付金」とあるのは「高齢者の医療の確保に関する法律附則第七条第一項に規定する病床転換支援金及び介護納付金」と、「費用の額」とあるのは「費用の額の合算額」と、前条の規定により読み替えられた第五十五条第一項中「及び退職者給付拠出金」とあるのは「、病床転換支援金等及び退職者給付拠出金」と、前条の規定により読み替えられた第六十条第三項第二号中「及び退職者給付拠出金」とあるのは「、病床転換支援金等及び退職者給付拠出金」と、前条の規定により読み替えられた第六十条第十四項中「及び後期高齢者支援金等」とあるのは「、後期高齢者支援金等の額及び病床転換支援金等」と、第七十三条第一項及び第七十六条中「及び後期高齢者支援金等」とあるのは「、後期高齢者支援金等及び病床転換支援金等」と、前条の規定により読み替えられた附則第二条第一項中「後期高齢者支援金等」とあるのは「後期高齢者支援金等、病床転換支援金等」とする。

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".

(国庫補助の経過措置)

(Transitional Measures for National Subsidies)

第五条 当分の間、第百五十三条第一項中「千分の百三十から千分の二百までの範囲内において政令で定める割合」とあり、同条第二項中「同項の政令で定める割合」とあり、第百五十四条第一項中「前条第一項に規定する政令で定める割合」とあり、及び同条第二項中「同条第一項に規定する政令で定める割合」とあるのは、「千分の百六十四」とする。

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".

(国庫補助の特例)

(Special Provisions for National Subsidies)

第五条の二 平成二十九年度以降の一の事業年度においては、第百五十三条及び第百五十四条並びに附則第四条の四及び前条の規定にかかわらず、国庫は、同条の規定により読み替えて適用される第百五十三条第一項、附則第四条の四の規定により読み替えて適用される前条の規定により読み替えられた第百五十三条第二項、前条の規定により読み替えて適用される第百五十四条第一項及び附則第四条の四の規定により読み替えて適用される前条の規定により読み替えられた第百五十四条第二項の規定により算定される額から、第一号に掲げる額（第三号に掲げる額がある場合には、第一号に掲げる額から第三号に掲げる額を控除して得た額）から第二号に掲げる額を控除して得た額（当該額が零を下回る場合には、零とする。）に千分の百六十四を乗じて得た額を控除して得た額を補助する。

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:

一 平成二十七年度から当該一の事業年度の前事業年度までの間において毎年度継続して協会の一般保険料率を千分の百とし、かつ、持続可能な医療保険制度を構築す

るための国民健康保険法等の一部を改正する法律（平成二十七年法律第三十一号。次号ロにおいて「国保法等一部改正法」という。）第六条の規定による改正前の附則第五条の四から第五条の六までの規定を適用しないとしたならば積み立てられることとなる当該一の事業年度の前事業年度末における協会の準備金の額

- (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:

二 次に掲げる額のうちいずれか高い額

- (ii) whichever is the higher of the amounts listed below:

イ 平成二十六年末における協会の準備金の額及び平成二十六年において独立行政法人年金・健康保険福祉施設整理機構法の一部を改正する法律（平成二十三年法律第七十三号）附則第五条の規定によりなお従前の例によることとされた同法による改正前の独立行政法人年金・健康保険福祉施設整理機構法（平成十七年法律第七十一号）第十五条第一項の規定により年金特別会計の健康勘定に納付された額を原資として平成二十七年度中に協会に対して交付された額の合算額

- (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

ロ 平成二十七年度から当該一の事業年度の前々事業年度までの間において毎年度継続して協会の一般保険料率を千分の百とし、かつ、国保法等一部改正法第六条の規定による改正前の附則第五条の四から第五条の六までの規定を適用しないとしたならば積み立てられることとなる平成二十七年度から当該一の事業年度の前々事業年度までの間の各事業年度の事業年度末における協会の準備金の額（平成二十七年度から当該各事業年度までの間において独立行政法人通則法（平成十一年法律第百三号）第四十六条の二第一項から第三項まで及び独立行政法人地域医療機能推進機構法（平成十七年法律第七十一号）第十六条第二項の規定により年金特別会計の健康勘定に納付された額（次号において「納付額」という。）を原資として、協会に対して交付された額がある場合には、当該各事業年度の事業年度末における協会の準備金の額から、平成二十七年度から当該各事業年度まで

の間における当該交付された額の累計額を控除して得た額)のうち最も高い額
(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

三 平成二十七年度から当該一の事業年度の前事業年度までの間における納付額を原資として、協会に対して交付された額の累計額

(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.

(検討)

(Examination)

第五条の三 政府は、協会が作成する第百六十条第五項に規定する健康保険事業の収支の見通しを踏まえ、その財政の均衡を保つために協会の一般保険料率を引き上げる必要があると見込まれる場合において、協会以外の保険者の一般保険料率の動向、国の財政状況その他の社会経済情勢の変化等を勘案し、第百五十三条及び第百五十四条並びに附則第五条の規定について検討を加え、必要があると認めるときは、その結果に基づいて所要の措置を講ずるものとする。

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.

(日本私立学校振興・共済事業団等の適用)

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

第六条 この法律の適用については、日本私立学校振興・共済事業団は共済組合と、私立学校教職員共済法の規定による私立学校教職員共済制度の加入者は共済組合の組合員とみなす。

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.

(特定被保険者)

(Specified Insured Person)

第七条 健康保険組合は、第百五十六条第一項第二号及び第百五十七条第二項の規定にかかわらず、規約で定めるところにより、介護保険第二号被保険者である被保険者以外の被保険者（介護保険第二号被保険者である被扶養者があるものに限る。以下この条及び次条において「特定被保険者」という。）に関する保険料額を一般保険料額と介護保険料額との合算額とすることができる。

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 前項の規定によりその保険料額を一般保険料額と介護保険料額との合算額とされた特定被保険者に対する第百五十六条第三項の規定の適用については、同項中「前二項」とあるのは、「附則第七条第一項及び第三項」とする。

(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 第百五十六条第二項の規定は、介護保険第二号被保険者である被扶養者（第一項の規定によりその保険料額を一般保険料額と介護保険料額との合算額とされた特定被保険者の被扶養者に限る。）が介護保険第二号被保険者に該当しなくなった場合について準用する。

(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 第一項の規定により特定被保険者に関する保険料額を一般保険料額と介護保険料額との合算額とした健康保険組合の介護保険料率の算定の特例に関して必要な事項は、政令で定める。

(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.

(承認健康保険組合)

(Approved Health Insurance Society)

第八条 政令で定める要件に該当するものとして厚生労働大臣の承認を受けた健康保険組合（以下この条において「承認健康保険組合」という。）は、第百五十六条第一項第一号、第百五十七条第二項、第百六十条第十六項及び前条第一項の規定にかかわらず、介護保険第二号被保険者である被保険者（同項の規定によりその保険料額を一般保険料額と介護保険料額との合算額とされた特定被保険者を含む。第四項において同じ。）に関する保険料額を一般保険料額と特別介護保険料額との合算額とすることができる。

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 前項の特別介護保険料額の算定方法は、政令で定める基準に従い、各年度における当該承認健康保険組合の特別介護保険料額の総額と当該承認健康保険組合が納付すべき介護納付金の額とが等しくなるように規約で定めるものとする。

(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 前項の政令は、介護保険法第二百二十九条第二項に規定する政令で定める基準を勘案して定める。

(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 承認健康保険組合の介護保険第二号被保険者である被保険者に対する第百六十二条の規定の適用については、同条中「介護保険料額」とあるのは、「特別介護保険料額」とする。

(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".

(平成二十二年度等における子ども手当の支給に関する法律により適用される旧児童手当法の特例)

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

第八条の二 平成二十二年度等における子ども手当の支給に関する法律（平成二十二年法律第十九号）第二十条第一項の規定により適用される児童手当法の一部を改正する法律（平成二十四年法律第二十四号）附則第十一条の規定によりなおその効力を有するものとされた同法第一条の規定による改正前の児童手当法（昭和四十六年法律第七十三号。以下「旧児童手当法」という。）第二十条の拠出金に関しては、第百五十九条の二の規定を準用する。

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.

この場合において、同条中「子ども・子育て支援法（平成二十四年法律第六十五号）第六十九条」とあるのは「平成二十二年度等における子ども手当の支給に関する法律（平成二十二年法律第十九号）第二十条第一項の規定により適用される児童手当法の一部を改正する法律（平成二十四年法律第二十四号）附則第十一条の規定によりなおその効力を有するものとされた同法第一条の規定による改正前の児童手当法（昭和四十六年

法律第七十三号) 第二十条」と、「子ども・子育て拠出金」とあるのは「子ども手当拠出金」と読み替えるものとする。

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".

(平成二十三年度における子ども手当の支給等に関する特別措置法により適用される旧児童手当法の特例)

(Special Provisions for the Old Child Allowance Act Applied Pursuant to the Act on Special Measures for Child Allowance Payments in Fiscal Year 2011)
第八条の三 平成二十三年度における子ども手当の支給等に関する特別措置法(平成二十三年法律第百七号)第二十条第一項、第三項及び第五項の規定により適用される児童手当法の一部を改正する法律附則第十二条の規定によりなおその効力を有するものとされた旧児童手当法第二十条の拠出金に関しては、第百五十九条の二の規定を準用する。

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.

この場合において、同条中「及び子ども・子育て支援法(平成二十四年法律第六十五号)第六十九条」とあるのは「並びに平成二十三年度における子ども手当の支給等に関する特別措置法(平成二十三年法律第百七号)第二十条第一項、第三項及び第五項の規定により適用される児童手当法の一部を改正する法律(平成二十四年法律第二十四号)附則第十二条の規定によりなおその効力を有するものとされた同法第一条の規定による改正前の児童手当法(昭和四十六年法律第七十三号)第二十条」と、「子ども・子育て拠出金」とあるのは「子ども手当拠出金」と読み替えるものとする。

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".

(都道府県単位保険料率の算定の特例等)

(Special Provisions for Calculation of Insurance Premium Rate for Each Prefecture)

第八条の四 平成二十二年度から平成二十四年度までの間は、第百六十条第三項第三号中「並びに健康保険事業の事務の執行に要する費用及び次条の規定による準備金の積立ての予定額（第百五十一条の規定による国庫負担金の額を除く。）」とあるのは、「健康保険事業の事務の執行に要する費用及び次条の規定による準備金の積立ての予定額（第百五十一条の規定による国庫負担金の額を除く。）並びに第七条の三十一の規定による短期借入金の償還に要する費用の額に充てるものとして政令で定める額」と、同条第五項中「二年ごとに、翌事業年度以降の五年間」とあるのは「平成二十二年度から平成二十四年度までの間、毎事業年度の開始前に（平成二十二年度にあつては、当該年度開始後速やかに）、当該事業年度から平成二十四年度までの間（当該事業年度が平成二十四年度の場合にあつては、当該事業年度）」とする。

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)".

第八条の五 平成二十五年度及び平成二十六年において、第百六十条第三項第三号中「並びに健康保険事業」とあるのは「健康保険事業」と、「及び次条の規定による準備金の積立ての予定額（第百五十一条の規定による国庫負担金の額を除く。）」とあるのは「（第百五十一条の規定による国庫負担金の額を除く。）並びに第七条の三十一の規定による短期借入金の償還に要する費用の額に充てるものとして政令で定める額」と、同条第五項中「二年ごとに、翌事業年度以降の五年間」とあるのは「平

成二十五年年度にあつては当該年度開始後速やかに、同年度及び平成二十六年年度の各事業年度についての、平成二十六年年度にあつては当該年度開始前に、当該事業年度」とする。

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 協会については、平成二十五年年度及び平成二十六年年度においては、第百六十条の二の規定は適用しない。

(2) In fiscal 2013 and 2014, the provisions of Article 160-2 do not apply to JHIA.

(延滞金の割合の特例)

(Special Provisions for Delinquent Charges Rate)

第九条 第百八十一条第一項に規定する延滞金の年十四・六パーセントの割合及び年七・三パーセントの割合は、当分の間、同項の規定にかかわらず、各年の特例基準割合（租税特別措置法（昭和三十二年法律第二十六号）第九十三条第二項に規定する特例基準割合をいう。以下この条において同じ。）が年七・三パーセントの割合に満たない場合には、その年中においては、年十四・六パーセントの割合にあつては当該特例基準割合に年七・三パーセントの割合を加算した割合とし、年七・三パーセントの割合にあつては当該特例基準割合に年一パーセントの割合を加算した割合（当該加算した割合が年七・三パーセントの割合を超える場合には、年七・三パーセントの割合）とする。

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).

(郵政会社等に関する経過措置)

(Transitional Measures Concerning Japan Post Holdings)

第十条 国家公務員共済組合法附則第二十条の二第二項に規定する郵政会社等が保険医療機関、保険薬局又は指定訪問看護事業者の指定の申請を行う場合におけるこの法律の適用については、次の表の上欄に掲げる規定中同表の中欄に掲げる字句は、それぞれ同表の下欄に掲げる字句とする。

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.

第六十五条第三項第五号 Article 65, paragraph (3), item (v)	高齢者の医療の確保に関する法律 The Act on Assurance of Medical Care for Elderly People	高齢者の医療の確保に関する法律、国家公務員共済組合法（昭和三十三年法律第百二十八号） The Act on Assurance of Medical Care for Elderly People, the National Public Employees Mutual Aid Association Act (Act No. 128 of 1958)
第七十条第二項 Article 70, paragraph (2)	国家公務員共済組合法（昭和三十三年法律第百二十八号） National Public Employees Mutual Aid Association Act (Act No. 128 of 1958)	国家公務員共済組合法（ National Public Employees Mutual Aid Association Act （

(機構への厚生労働大臣の権限に係る事務の委任等)

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

第十一条 改正法附則第二十五条その他この法律の改正に伴う経過措置を定める規定であつて厚生労働省令で定めるものによる厚生労働大臣の権限については、日本年金機構法（平成十九年法律第百九号）附則第二十三条の規定による改正後の健康保険法（次項において「新健康保険法」という。）第二百四条から第二百五条の三までの規定の例により、当該権限に係る事務を機構に行わせるものとする。

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 前項の場合において、新健康保険法第二百四条から第二百五条の三までの規定の適用についての技術的読替えその他これらの規定の適用に関し必要な事項は、厚生労働省令で定める。

(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.