

「農民健康保險條例」法律條文英譯內容（刊登期間：113 年 5 月 20 日至 6 月 20 日）

倘有英譯修正建議，請於刊登期間內傳送本案承辦窗口：

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法條中文	法條英文	英譯修正建議
第一章 總則	CHAPTER I General Provisions	
第 1 條 為維護農民健康，增進農民福利，促進農村安定，制定本條例；本條例未規定者，適用其他有關法律。	Article 1 This Act is enacted in order to maintain the health and increase the welfare of farmers and to promote the stability of rural areas; for any affairs other than prescribed hereinto, other related laws shall apply.	
第 2 條 農民健康保險（以下簡稱本保險）之保險事故，分為生育、傷害、疾病、身心障礙及死亡五種；並分別給與生育給付、醫療給付、身心障礙給付及喪葬津貼。	Article 2 This Insurance accidents of the farmer health insurance (hereinafter referred to as “this Insurance”) are divided into five categories of procreation, injury, disease, disability, and death; and maternity benefit, medical benefit, and disability benefit as well as funeral allowance shall be offered correspondingly.	

<p>第 3 條</p> <p>本保險之主管機關：在中央為行政院農業委員會；在直轄市為直轄市政府；在縣（市）為縣（市）政府。</p>	<p>Article 3</p> <p>The competent authority of this Insurance refers to the Council of Agriculture, Executive Yuan at the central level, the municipal governments at the municipal level, and the county (city) governments at the county (city) level.</p>	
<p>第二章 保險人、投保單位及被保險人</p>	<p>CHAPTER II Insurer, Insured Establishment, and Insured Person</p>	
<p>第 4 條</p> <p>1. 本保險由中央主管機關設立之中央社會保險局為保險人。在中央社會保險局未設立前，業務暫委託勞工保險局辦理，並為保險人。</p> <p>2. 為監督本保險業務及審議保險爭議事項，由有關機關代表、農民代表及專家各占三分之一為原則，組織農民健康保險監理委員會行之。</p>	<p>Article 4</p> <p>The Central Bureau of Social Insurance established by the central competent authority is the Insurer of this Insurance. Before the Central Bureau of Social Insurance is established, the Bureau of Labor Insurance shall temporarily deal with the business regarding this Insurance and act as the insurer.</p> <p>A Farmer Health Insurance Supervisory Commission shall be organized in order to supervise the operation of this Insurance and review the disputes related to this Insurance. In principle, the representatives of the related departments, farmers, and experts shall respectively account for 1/3 of the total number of the</p>	

<p>3. 農民健康保險監理委員會組織規程及農民健康保險爭議事項審議辦法，由中央主管機關擬訂，報請行政院核定後發布之。</p>	<p>commissioners. The organizational regulations of the Farmer Health Insurance Supervisory Commission and the Regulations on review of the disputes regarding this Insurance shall be prepared by the central competent authority, and then reported to the Executive Yuan for approval and promulgation.</p>	
<p>第 5 條</p> <p>1. 農會法第十二條所定之農會會員從事農業工作，未領取相關社會保險老年給付者，得參加本保險為被保險人，並以其所屬基層農會為投保單位。</p> <p>2. 非前項農會會員，年滿十五歲以上從事農業工作之農民，未領取相關社會保險老年給付者，得參加本保險為被保險人，並以其戶籍所在地之基層農會為投保單位。</p>	<p>Article 5</p> <p>A member of the farmer association as referred to in Article 12 of the Farmer Association Act who is engaged in agricultural work and has not received the old-aged benefits of other related social insurances may join in this Insurance program as an insured person, and the basic-level farmer association to which he belongs to shall be the insured unit.</p> <p>If a farmer over 15 years old who is not a member of farmer association as referred to in the preceding paragraph, and engaged in agricultural work and has not received the old-aged benefits of other related social insurances may join in this Insurance program as an insured person, the basic-level farmer</p>	

<p>3. 本條例中華民國一百零二年一月三十日修正施行前已參加本保險而有領取相關社會保險老年給付或已提出相關社會保險老年給付申請者，於修正施行後得繼續參加本保險；其因資格變更致喪失本保險加保資格者，應依修正後之規定重新申請加保。</p>	<p>association in the household registration shall act as the insured unit.</p>	
<p>4. 農會會員已參加本保險者，因戶籍遷離原農會組織區域或因會員資格變更致喪失會員資格，經戶籍所在地投保單位審查仍符合第一項或第二項規定加保資格者，其保險效力自戶籍遷入農會組織區域或喪失會員資格之日開始。被保險人於中華民國九十七年十一月二十七日以前因農會會員資格變更致喪失農會會員資格者，</p>	<p>The members of this Insurance program who have received the old-aged benefits of other related social insurances or who have applied for the old-aged benefits of other related social insurances prior to enforcement of this revised Act on January 30, 2013 may be allowed to continue the coverage of this Insurance program after the amendment; the insured members who have lost their qualifications of the Insurance program due to qualification changes may apply for joining the program in accordance with regulations after the amendment.</p>	
	<p>The insured members of the farmer association in this Insurance, are still considered qualified for the enrollment in the regulations in Paragraph 1 and Paragraph 2 if through the examination of the insured unit which located in the region where the insured have their household registered after they move their household registrations out from the area of the farmer association or lose their membership due to the alterations of their membership</p>	

<p>得於本條例九十九年一月二十七日修正施行後二年內向戶籍所在地投保單位重新申請加保資格審查，經審查仍符合本條例九十九年一月五日修正之條文施行前之加保資格者，其保險效力自喪失農會會員資格之日開始。被保險人在其尚未向戶籍所在地之投保單位申請加保並完成資格審查前死亡者，得由其親屬檢具證明文件申請審查。</p> <p>5. 本條例中華民國九十七年十一月二十六日修正施行前，被保險人因戶籍遷移致喪失被保險人資格，其確有繳交保險費且在保險有效期間罹患傷病，並因同一傷病致診斷身心障礙者，得於九十九年十一月二十七日以前由本人</p>	<p>conditions . The effectiveness of the insurance of these members starts from the date when the members take up a new household registration in the area of the farmer association or when the members lose the membership conditions. If these insured members lose their membership due to the alterations of their membership qualifications before November 27, 2008, these members can re-apply for insurance qualification examination to the insured unit which located in the region where the insured have their household registered within two years after the amendments to the Act, promulgated on January 27, 2010, became effective. After the examination, if these members still qualify the provisions prior to the amendments of this Act on January 5, 2010, their insurance qualifications will become effective on the date these members lose their membership. Even the insured persons pass away before his/her application for insurance re-enrollment is presented to the insured establishment which located in the region where the insured have their household registered and the examination of the qualifications is</p>	
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<p>重新提出申請身心障礙給付，不受第三十六條規定之限制。</p> <p>6. 第一項及第二項從事農業工作農民之認定標準及資格審查辦法，由中央主管機關定之。</p>	<p>finished, the insured's family members are allowed to file a membership examination with certificates.</p> <p>Before the amendment of this Article is promulgated and enforced on November 26, 2008, the insured persons in Paragraph 1 and Paragraph 2 who are deprived of the insured status due to the alteration of the household registration have certainly paid the insurance premium and suffered from the illness within the valid period of insurance coverage and are thus diagnosed as disabled incurred from this illness, are allowed to re-file an application for disability payment before November 27, 2010, exempt from the restrictions in the regulations in Article 36.</p> <p>The standards for determination of the farmers engaged in agricultural work as referred to in the first and second paragraphs and the regulations on examination of their qualifications shall be prescribed by the central competent authority.</p>	
<p>第 5-1 條</p> <p>1. 已領取之社會保險老年給付屬</p>	<p>Article 5-1</p> <p>For persons who have collected payments for the elderly under</p>	

<p>軍人保險退伍給付，且符合下列情形者，得依前條規定申請參加本保險，不受該條第一項及第二項所定未領取相關社會保險老年給付之限制：</p> <p>一、申請參加本保險時為五十歲以下。</p> <p>二、未領取陸海空軍軍官士官服役條例第二十三條第一項第二款所定退休俸或退伍金。但具領取資格而未領取者，不適用之。</p> <p>2. 曾依前項規定參加本保險，於退保之翌日起算五年內依前條規定再次參加本保險者，亦不受該條第一項及第二項所定未領取相關社會保險老年給付之限制。</p> <p>3. 依前二項規定參加本保險者，應</p>	<p>relevant social insurance, in cases in which these are retirement payments under insurance for military personnel, and moreover the person meets any of the following criteria, they may apply to participate in this Insurance under the preceding Article, and shall not be subject to the restrictions under Paragraphs 1 and 2 of that Article that they shall not have received payments for the elderly under relevant social insurance:</p> <p>1. Those who are under 50 years of age when they apply to participate in this Insurance.</p> <p>2. Those who have not collected lifetime monthly pensions or retirement pay under Subparagraph 2 of Paragraph 1 of Article 23 of the Act of Military Service for Officers and Non-commissioned Officers of the Armed Forces. However, this does not apply to those who are qualified to collect these payments but have not done so.</p> <p>Persons who have participated in this Insurance under the preceding Paragraph, after withdrawing from this Insurance, if within five years of the day following their withdrawal they</p>	
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<p>未領取軍人保險退伍給付以外之其他社會保險老年給付。</p>	<p>rejoin this Insurance under the provisions of the preceding Article, they shall not be limited by the restrictions under Paragraphs 1 and 2 of that Article that they shall not have received payments for the elderly under relevant social insurance.</p> <p>Persons participating in this Insurance based on the provisions of the preceding two paragraphs shall not collect any payments for the elderly under social insurance other than retirement payments under insurance for military personnel.</p>	
<p>第 6 條</p> <p>1. 農民除應參加或已參加軍人保險、公教人員保險或勞工保險者外，應參加本保險為被保險人。但同時符合國民年金保險加保資格者，得選擇參加該保險，不受國民年金法第七條有關應參加或已參加本保險除外規定之限制；其未參加本保險</p>	<p>Article 6</p> <p>The farmers, except those who should enroll or have enrolled in military servant insurance, civil servant and teacher insurance or labor insurance, should enroll in this insurance as the insured. At the same time, those who are qualified for the national pension insurance may have the choice to enroll in that insurance, exempt from the restrictions related to “those to enroll” or “those already enrolled”, in the regulation in Article 7 in the National Pension Act; those who are yet to enroll in this insurance are considered</p>	



<p>者，視為選擇參加國民年金保險。</p> <p>2. 已參加本保險者，再參加前項所列其他保險時，應自本保險退保。但僅再參加勞工保險職業災害保險或於農暇之餘從事非農業勞務工作再參加勞工保險者，不在此限。</p> <p>3. 依前項但書規定同時參加本保險及勞工保險或其職業災害保險者，發生同一保險事故而二保險皆得請領保險給付時，僅得擇一領取；其自本保險退保者，退還期前繳納之保險費，不受第十三條第二項規定限制。</p> <p>4. 第二項農暇之餘從事非農業勞務工作之認定標準，由中央主管機關定之。</p>	<p>as already choosing to enroll in the national pension insurance.</p> <p>Those who have enrolled in this insurance should withdraw from this insurance once they enroll in one of the other insurances mentioned in previous paragraph. However, those who have enrolled in the occupational injury insurance of the labor insurance or those who have enrolled in the labor insurance for engaging in non-agricultural businesses during the period of non-busy seasons for farmers shall not be withdrawn from this insurance.</p> <p>According to the previous proviso, those who have enrolled in this insurance and the labor insurance or its occupational injury insurance are supposed to choose only one from the two to apply for the insurance payment when one insurance accident occurs and qualifies for the applications for both insurance payments; those who have been withdrawn from this insurance are refunded with the insurance premium paid in advance, exempt from the restrictions in the regulations of paragraph 2 in Article 13.</p> <p>The standards of paragraph 2 on the engagement of non-</p>	
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	agricultural businesses during the period of non-busy seasons for farmers shall be prescribed by the central competent authority.	
<p>第 7 條</p> <p>1. 被保險人有下列情形之一者，得繼續參加本保險：</p> <p>一、應徵召服兵役。</p> <p>二、派遣出國訪問、研習或提供服務。</p> <p>三、已參加本保險之被保險人，於年滿六十五歲且加保年資累計達十五年以上，將所有農地全部委由主管機關指定之單位協助辦理移轉或出租，致未繼續實際從事農業工作。</p> <p>四、加保之自有農地被徵收或徵收前已與需地機關協議價購，致土地面積不符合</p>	<p>Article 7</p> <p>In any of the following occasions, an insured person may continue participating in this Insurance:</p> <p>1. Those who are recruited to take military service.</p> <p>2. Those who are sent to a foreign country for visit or study or to provide service.</p> <p>3. Those who have enrolled in this insurance, reach the age of 65 and whose insured time have added up to 15 years, and who haven't been engaged in the agricultural businesses since they commission all their lands to the designated units of the competent authorities to do the land transfer or the land rent-out.</p> <p>4. Those whose land for participation in this Insurance has been expropriated or who have reached agreement on sale of the land to the agency that requires it prior to expropriation, to the point that the land area does not meet the requirements for participation in this Insurance, may continue to be insured for a</p>	

<p>加保規定，得續保一定期間。但加保之自有農地被徵收或協議價購時，被保險人年滿六十五歲且加保年資累計達十五年者，不受續保一定期間之限制。</p> <p>2. 依前項第三款規定委由主管機關指定之單位、移轉或出租農地之適用範圍、其受讓人或承租人資格條件，第四款規定繼續參加本保險者，其申請程序、續保時點、續保一定期間、續保期間屆滿之處理及其他應遵行事項之辦法，由中央主管機關定之。</p> <p>3. 中華民國一百一十年十二月七日修正之本條文施行前，有第一項第四款但書所定情形已續保之被保險人，於續保後無應予退保</p>	<p>certain time period. However, for those who, when their land for participation in this Insurance has been expropriated or who have reached agreement on sale, are 65 years of age and have been insured for a total of 15 years shall not be subject to the restriction of the certain period of time for continuing to participate in this Insurance.</p> <p>With respect to the qualifications of transferees or renters of land and the applicable scale of farmland transferred or rented by units designated by the competent authorities under Subparagraph 3 of the preceding Paragraph, for persons who continue to participate in this Insurance under Subparagraph 4 of the preceding Paragraph, regulations governing their application process, point of time of continued participation, certain time period of continued participation, handling of the termination of their period of continued participation, and other relevant matters shall be stipulated by the central competent authority.</p> <p>For insured persons who have continued participation in this Insurance under the conditions stipulated in the proviso of</p>	
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<p>情事，且其續保期間於修正施行之日尚未屆滿者，亦不受續保一定期間之限制。</p>	<p>Subparagraph 4 of Paragraph 1 prior to the coming into effect of the amendments to this Article of December 7, 2021, in cases in which there are no circumstances which require the person to withdraw from this Insurance after continuing to participate, and whose period of continued participation has not expired prior to the day of the coming into effect of these amendments, these persons shall not be subject to the restriction of a certain period of time for participating in this Insurance.</p>	
<p>第 8 條 各投保單位應為其組織區域內合於第五條規定之農民辦理投保手續及其他有關保險事務，並備具名冊，以供保險人查對。</p>	<p>Article 8 Each insured unit shall effect this Insurance and handle other insurance-related affairs for the farmers who meet the provision of Article 5 in its organizational area, and prepare a roll list for the insurer to check.</p>	
<p>第 9 條 投保單位應於審查所屬農民投保資格通過加保或喪失資格退保之當日，列表通知保險人；其保險效力之開始或停止，均自應為通知之當日起算。</p>	<p>Article 9 The insured unit shall, on the very day when examining this Insurance qualifications of the farmers who belong to the establishment, notify the insured persons whether they are covered by this Insurance or not; and the commencement or termination of the effectiveness of insurance shall be counted</p>	

<p>但投保單位未於投保資格審查通過之當日列表通知保險人者，對保險人依本條例所為之給付，應負賠償責任。</p>	<p>from the very day when the notice is given. If the insured unit doesn't give such notice to the insured persons on the very day of examination, it shall compensate for the payment paid by the insured persons in accordance with this Act.</p>	
<p>第 9-1 條</p> <p>1. 投保單位所送之加保、退保申報表，除姓名未填者不予受理外，如漏蓋投保單位圖記、理事長印章或漏填被保險人出生年月日、國民身分證統一編號者，保險人應以書面通知投保單位補正，投保單位應於接到通知之翌日起十日內補正。</p> <p>2. 投保單位未依前項規定如期補正者，視同未申報。</p>	<p>Article 9-1</p> <p>Application forms for effecting or cancellation of this Insurance that are submitted by an insured unit and in which the name is not filled will be rejected. For an application form without the seal of the insured unit or the chairman, or the date of birth or ID card number of the insured person, the insurer shall give a written notice to notify the insured establishment to supplement, and the insured unit shall correct within 10 days commencing from the next day after receipt of the notice.</p> <p>If the insured unit doesn't correct within the time limit pursuant to the above paragraph, the application will be ignored.</p>	
<p>第 10 條</p> <p>被保險人退保後再參加保險時，其原有保險年資應予併計。</p>	<p>Article 10</p> <p>If the insured person joins in this Insurance once again after having canceled this Insurance before, the originally insured period shall be counted accumulatively.</p>	

<p>第三章 保險費</p>	<p>CHAPTER III Insurance Premium</p>	
<p>第 11 條</p> <p>1. 本保險之月投保金額定為新臺幣二萬四百元；保險費率定為百分之二點五五。</p> <p>2. 前項月投保金額及保險費率之調整，由中央主管機關參考本保險收支情形、勞工每月基本工資、中央主計機關發布之消費者物價指數累計成長率、政府財政狀況等擬訂，報請行政院核定之。</p>	<p>Article 11</p> <p>The monthly insured amount for this Insurance is fixed at NT\$20,400. The premium rate is fixed at 2.55%.</p> <p>Adjustments to the monthly insured amount and premiums shall be determined by the central competent authorities, taking into account the revenues and expenditures of this Insurance, the basic monthly remuneration of workers, the cumulative rate of increase of the consumer price index as announced by the central authorities for accounting and statistics, and the government's financial situation, and shall be submitted to the Executive Yuan for approval.</p>	
<p>第 12 條</p> <p>1. 本保險之保險費，由被保險人負擔百分之三十，政府補助百分之七十。</p> <p>2. 政府補助之保險費，在直轄市，由中央主管機關負擔百分之四十，直轄市負擔百分之三十；在縣</p>	<p>Article 12</p> <p>The insurant shall burden 30% of the premium of this Insurance, and the government shall subsidize for the left 70%. As for the insurance premium subsidized by the government, in a municipality, the central competent authority shall burden 40% and the municipal government 30%; in a county (city), the competent authority shall burden 60%, and the county (city) government 10%.</p>	

<p>(市)，由中央主管機關負擔百分之六十，縣(市)負擔百分之十。</p>		
<p>第 13 條</p> <p>1. 被保險人自行負擔之保險費應期前繳納。於每年五月及十一月底前送繳投保單位，投保單位應於三十日內將收繳之保險費，向保險人指定之金融機構繳納。</p> <p>2. 保險費一經繳納，概不退還。但非因可歸責於投保單位或被保險人之事由所致者，不在此限。</p>	<p>Article 13</p> <p>The insured shall pay the insurance premium in advance. The premium shall be paid to the insured unit before the end of May and November every year, and the insured unit shall hand it over to the financial institution designated by the insurer.</p> <p>All insurance premiums paid to the insurer shall not be refundable except for the consequence of cases which are neither attributable to the insured unit, nor to the insured person.</p>	
<p>第 14 條</p> <p>1. 投保單位未依前條第一項規定期限繳納保險費者，得寬限三十日；逾期仍未繳納者，自期滿之翌日起，至完納前一日止，每逾一日加徵其應納費額百分之零點二滯納金。但其加徵之滯納金額，以</p>	<p>Article 14</p> <p>Where an insured unit doesn't pay the insurance premium within the time limit specified in the above paragraph, the payment may be postponed for 30 days. In case the establishment still doesn't day after the aforementioned thirty-day postponement expires, a late fee shall be additionally levied at a rate of 0.2% of the payable premium for each day within the period commencing</p>	

<p>至應納費額一倍為限。</p> <p>2. 加徵前項滯納金三十日後仍未繳納者，保險人應就其應繳交之保險費及滯納金，依法訴追。保險人於訴追之日起，在保險費及滯納金未繳清前，暫行拒絕給付。但被保險人應繳部分之保險費已繳納於投保單位者，不在此限。</p>	<p>from the next day after expiration and terminating at the day before completion of payment. However, the total amount of the late fee additionally levied may not exceed one time the payable premium.</p> <p>Where the insurance premium is still not paid after the above-mentioned late fee has been levied for 30 days, the insurer shall raise a lawsuit on the payable insurance premium and late fee against the insured unit to claim the payment. The insurer shall, after the lawsuit is raised and before the insurance premium and late fee is paid off, refuse to offer any payment, unless the proportion of insurance premium burdened by the insured person has been paid to the insured unit.</p>	
<p>第 15 條</p> <p>1. 被保險人不依第十三條第一項規定繳納保險費者，得寬限三十日；逾期仍未送繳者，投保單位得適用前條第一項規定，代為加徵滯納金，轉繳保險人。加徵滯納金三</p>	<p>Article 15</p> <p>Where an insured person doesn't pay the insurance premium according to the provision of Paragraph 1 of Article 13, the payment may be postponed for 30 days. In case the insured person still doesn't pay the premium within the postponed time limit, the insured unit may levy a late fee on the insured person according to the provision of Paragraph 1 of Article 14, and transfer it to the insurer. Where the payment has not been paid</p>	



<p>十日後仍未繳納者，被保險人於請領本保險給付時，在保險費及滯納金未繳清前，保險人應暫行拒絕給付。</p> <p>2. 前項被保險人未繳納保險費期間，已領取之保險給付，保險人應依法追還。</p> <p>3. 被保險人於請領本保險給付時，如有欠繳第五章之一規定之保險費或滯納金者，在保險費及滯納金未繳清前，保險人應暫行拒絕給付。</p>	<p>within 30 days after the late fee has been levied, when the insured person applies to collect a payment from this Insurance, until the premiums and late fee have been fully paid off, the insurer shall temporarily refuse to make any payment.</p> <p>The insurer shall, in accordance with law, replevy the insurance payment already received by the insured person for the period in which the insurance premium is not paid.</p> <p>When the insured person applies to collect a payment from this insurance, if that person still owes insurance premiums or late fees stipulated under Chapter 5-1, until the premiums and late fee have been fully paid off, the insurer shall temporarily refuse to make any payment.</p>	
<p>第 15-1 條</p> <p>1. 各級政府依第十二條規定應負擔之保險費，其繳納期限，與被保險人應負擔之保險費繳納期限相同。</p> <p>2. 各級政府未依前項規定期限撥付</p>	<p>Article 15-1</p> <p>Insurance premium that competent authorities at all levels should bear in compliance with Article 12 shall be given the same payment period as the insurance premium that the insured person should bear.</p> <p>In case the authorities at all levels don't pay the insurance</p>	<p>Article 15-1</p>

<p>應負擔之保險費者，得寬限三十日；屆寬限期仍未撥付者，自寬限期滿之翌日起至完納前一日止，每逾一日依郵政儲金一年期定期存款利率按日計算利息，一併計收。</p> <p>3. 各級政府未依第一項規定繳納應負擔之保險費時，保險人得報請中央主管機關轉請行政院，自各該機關之補助款中扣減抵充，保險人並得依法移送強制執行。</p>	<p>premium according to the provision mentioned in previous Paragraph, the grace period may be postponed for 30 days. If the authorities at all levels still don't pay the premium within the grace period, the insured unit may levy a extra interest daily before the payment is made, counted with the post office's interest rate for one-year term deposit.</p> <p>If the authorities at all levels don't pay the insurance premium according to the provision mentioned in Paragraph 1, the insurer can report to the central competent authority which shall then transfer this case to the Executive Yuan to have the amount deducted from the subsidies to the authorities. The insurer can also file for compulsory enforcement according to laws.</p>	
<p>第四章 保險給付</p> <p>第一節 通則</p>	<p>CHAPTER IV Insurance Payment</p> <p>Section 1 General Provisions</p>	
<p>第 16 條</p> <p>被保險人於保險效力開始後停止前，發生保險事故者，被保險人、其受益人或支出殯葬費之人得依本條例規</p>	<p>Article 16</p> <p>Where an insurance accident occurs after the effectiveness of insurance has begun and has not expired yet, the insured person, the beneficiary, or the person paying the funeral expenses may</p>	

<p>定，請領保險給付。</p>	<p>claim the insurance payment according to the provisions of this Act.</p>	
<p>第 17 條 被保險人在保險有效期間所發生之傷害或疾病事故，於保險效力停止後，必須連續住院診療者，一年內仍可享有該項保險給付；住院診療之被保險人，經保險人自設或特約醫療機構認為可出院療養時，應即出院。</p>	<p>Article 17 Where an insured person must be hospitalized continuously for diagnosis and treatment after the effectiveness of insurance terminates due to an injury or disease occurred in the effective term, he may enjoy this kind of insurance payment within one year, and shall leave the hospital immediately after it is deemed by a medical institution established or designated by the insurer that it is time the insured person should leave the hospital for recuperation.</p>	
<p>第 18 條 同一種保險給付，不得因同一事故，重複請領。</p>	<p>Article 18 An insured person may not repeatedly claim insurance payment for a same accident.</p>	
<p>第 19 條 投保單位為不合本條例規定之人員辦理參加保險手續，領取保險給付者，保險人應依法追還；並取消該被保險人資格</p>	<p>Article 19 Where an insured unit adds this Insurance and receive the insurance payment for a person who doesn't meet the provisions of this Act, the insurer shall replevy the payment in accordance with law, and cancel the qualification of the insured person.</p>	

<p>第 20 條</p> <p>被保險人有下列情形之一者，不予保險給付：</p> <p>一、因戰爭變亂或因被保險人故意犯罪行為，以致發生保險事故。</p> <p>二、被保險人無正當理由，不接受保險人自設或特約醫療機構之檢查，或補具應繳之證件，或受益人不補具應繳之證件。</p> <p>三、法定傳染病、麻醉藥品嗜好症、美容外科、義齒、義眼、眼鏡或其他附屬品之裝置、病人運輸、特別護士看護、非緊急傷病經醫師診斷認為必要之輸血、掛號費、證件費及醫療機構所無設備之診療費。</p>	<p>Article 20</p> <p>In any of the following occasion, an insured person may not enjoy the insurance payment:</p> <p>1.The insurance accident is caused by war, turmoil, or intended crime committed by the insured person.</p> <p>2.The insured person refuses to be examined by the medical institution established or designated by the insurer without due reasons, or doesn't submit the required certificates; or the beneficiary doesn't submit the required certificates.</p> <p>3.Legal epidemic, leprosy, stupefacient addiction, beautification surgery, installation of artificial tooth, artificial eye, glasses, or other auxiliary appliances, transportation of patients, special nursing, blood transfusion for non-emergent injury or disease deemed by physician as necessary, registration fee, certification fee, and medical expenses for using equipment that the medical institution doesn't have.</p>	
<p>第 21 條</p> <p>保險人為審核保險給付或農民健康</p>	<p>Article 21</p> <p>For the necessity of auditing the insurance payment or reviewing disputes regarding the Insurance, an insured person or the Farmer</p>	

<p>保險監理委員會為審議保險爭議事項；必要時，得向投保單位、特約醫療機構或其他有關機關調查被保險人與保險有關文件。</p>	<p>Health Insurance Supervisory Commission may investigate the Insurance-related documents about the insured person in the insured establishment, the designated medical institution, or other related departments.</p>	
<p>第 22 條</p> <ol style="list-style-type: none"> <li>1. 被保險人、受益人或支出殯葬費之人領取各種保險給付之權利，不得讓與、抵銷、扣押或供擔保。</li> <li>2. 經保險人撤銷或廢止保險給付之核發者，已領取之保險給付有應繳還而未繳還情事，保險人得自保險給付對象請領之保險給付扣減之。</li> </ol>	<p>Article 22</p> <p>The rights of an insured person, a beneficiary, or a person paying the funeral expenses to receive various insurance payments may not be transferred, countervailed, detained, or used for guarantee. In cases where the insurer revokes or terminates approval of the insurance payment, and where the already collected insurance payment shall be returned but has not been returned, the insurer may deduct the funds from the insurance payment that is claimed by the party collecting the insurance payment.</p>	
<p>第 23 條</p> <ol style="list-style-type: none"> <li>1. 領取保險給付之請求權，自得請領之日起，因五年間不行使而消滅。</li> <li>2. 中華民國一百十年十二月七日</li> </ol>	<p>Article 23</p> <p>The right of claim for insurance payment shall be eliminated if it is not exercised within two years commencing from the day when the claim becomes effective.</p> <p>The time limit for the period of effectiveness of the right of claim for insurance payment that has already begun prior to the coming</p>	

<p>修正之本條文施行前，已進行之領取保險給付請求權時效，於修正施行之日尚未完成者，自修正施行之日起，適用修正後規定，其修正施行前與修正施行後之時效期間合併計算。</p>	<p>into effect of the amendment to this Article of December 7, 2021, and which has not been completed as of the day of the coming into effect of the amendment, shall, starting from the day of its coming into effect, apply the amended provisions, with the period of effectiveness calculated by combining the periods of effectiveness before and after the coming into effect of the amendment.</p>	
<p>第二節生育給付</p>	<p>Section 2 Maternity benefit</p>	
<p>第 24 條</p> <p>1. 被保險人或其配偶合於下列情形之一者，得請領生育給付：</p> <p>一、參加保險後分娩。</p> <p>二、參加保險後早產。</p> <p>2. 中華民國一百十年十二月七日修正之本條文施行前分娩或早產者，其請領生育給付仍適用修正施行前之規定。</p>	<p>Article 24</p> <p>In any of the following circumstances, an insured person or his/her spouse may claim the maternity benefit:</p> <p>1. Childbirth after the insured person has been covered by the Insurance.</p> <p>2. Premature delivery after the insured person has been covered by the Insurance.</p> <p>Prior to the coming into effect of the amendment to this Article of December 7, 2021, in cases of childbirth or premature delivery, the provisions for claims for the maternity benefit from prior to the coming into effect of this amendment shall apply.</p>	
<p>第 25 條</p>	<p>Article 25</p>	

<p>1. 生育給付標準，依下列各款規定辦理：</p> <p>一、分娩或早產者，按其事故發生當月之投保金額一次給與三個月。</p> <p>二、雙生以上者，比例增給。</p> <p>2. 被保險人同時符合相關社會保險生育給付之請領條件者，僅得擇一請領。</p> <p>3. 中華民國一百十二年一月十日修正之本條文施行前分娩或早產者，其生育給付標準仍適用修正前之規定。</p>	<p>The standards for maternity benefit are as follows:</p> <p>1. For childbirth or premature delivery, a sum three times the insured amount of the month when the incident occurs shall be paid in a single payment.</p> <p>2. For twin birth or above, the sum shall be increased in proportion.</p> <p>In cases in which the insured person qualifies at the same time to collect procreation payments from relevant social insurance, that person must choose to collect from only one form of insurance.</p> <p>In cases in which childbirth or premature delivery occur prior to the taking effect of the amendments to these provisions made on January 10, 2023, the standards for their procreation payment that applied before the amendments shall continue to apply.</p>	
<p>第三節 醫療給付</p>	<p>Section 3 Medical benefit</p>	
<p>第 26 條</p> <p>1. 被保險人罹患傷病時，除緊急傷病外，應向保險人自設或特約之醫療機構申請診療。經特約醫療</p>	<p>Article 26</p> <p>In case of injury or disease except emergent case, the insured persons shall apply to the medical institutions established or designated by the insurer for diagnosis and treatment. Where</p>	

<p>機構診斷建議住院治療者，得申請住院治療。</p> <p>2. 罹患普通疾病，申請住院診療前參加保險年資，應合計滿四十五日。</p>	<p>hospitalization is suggested by the designated medical institution after the process of diagnosis, the patient may apply for hospitalization.</p> <p>To apply for hospitalization due to a common disease, the accumulated insured time shall be not less than 45 days.</p>	
<p>第 27 條</p> <p>1. 門診給付範圍如左：</p> <p>一、診察（包括檢驗及會診）。</p> <p>二、藥劑或治療材料。</p> <p>三、處置、手術或治療。</p> <p>2. 前項費用，由被保險人自行負擔百分之十。但以不超過中央主管機關規定之最高負擔金額為限。</p>	<p>Article 27</p> <p>The scope of payment for outpatient treatment is as follows:</p> <p>1. Diagnosis (including examination and consultation)</p> <p>2. Medicament or materials for treatment</p> <p>3. Disposal, surgery, or treatment.</p> <p>The insured persons shall burden 10% of the above-mentioned expenses. But the expenses burdened by an insured person may not exceed the maximum prescribed by the central competent authority.</p>	
<p>第 28 條</p> <p>1. 住院診療給付範圍如左：</p> <p>一、診察（包括檢驗及會診）。</p> <p>二、藥劑或治療材料。</p>	<p>Article 28</p> <p>The scope of payment for hospitalization is as follows:</p> <p>1. Diagnosis (including examination and consultation)</p> <p>2. Medicament or materials for treatment</p>	



<p>三、處置、手術或治療。</p> <p>四、膳食費用三十日以內之半數。</p> <p>五、農保病房之供應以公保病房為準。</p> <p>2. 前項第一款至第三款及第五款費用，由被保險人自行負擔百分之五。但以不超過中央主管機關規定之最高負擔金額為限。</p> <p>3. 被保險人自願住較高等病房者，除依前項規定負擔外，其超過農保病房之費用，由被保險人負擔。</p> <p>4. 第二項及前條第二項之實施日期及辦法，應經立法院審議通過後實施之。</p>	<p>3. Disposal, surgery, or treatment</p> <p>4. A half of the accommodation fees within 30 days</p> <p>5. The supply for farmer insurance sickrooms shall be provided according to the standard for public insurance sickrooms.</p> <p>The insured persons shall burden 5% of the expenses referred to in Subparagraphs 1, 2, 3, and 5 of the above paragraph. But the expenses burdened by an insured person may not exceed the maximum prescribed by the central competent authority.</p> <p>Where an insured person chooses a sickroom of a higher grade at his own will, he shall burden the expense prescribed in the above paragraph and the expense beyond that of a farmer insurance sickroom.</p> <p>The date of and regulations on enforcement of the second paragraph and the second paragraph of Article 27 shall be approved by the Legislative Yuan prior to implementation.</p>	
<p>第 29 條</p> <p>1. 被保險人因傷病住院診療，住院日數超過一個月者，每一個月應</p>	<p>Article 29</p> <p>Where an insured person is hospitalized due to injury or disease for more than one month, the medical institution shall handle the</p>	

<p>由醫療機構辦理繼續住院手續一次。</p> <p>2. 院診療之被保險人，經保險人自設或特約醫療機構診斷可出院療養者，應即出院；如不出院時，其繼續住院所需費用，由被保險人負擔。</p>	<p>procedure for continuing hospitalization once every month.</p> <p>Where it is diagnosed by a medical institution established or designated by the insurer that it is the time for the hospitalized insured person to leave for recuperation, the insured person shall immediately leave the hospital; otherwise, he shall burden the expenses required for continuing hospitalization.</p>	
<p>第 30 條</p> <p>被保險人有自由選擇保險人自設或特約醫療機構診療之權利。但有特別規定者，從其規定。</p>	<p>Article 30</p> <p>An insured person has the right to freely choose a medical institution established or designated by the insurer for diagnosis and treatment. However, if it is prescribed otherwise in any special provisions, such provisions shall apply.</p>	
<p>第 31 條</p> <p>被保險人因傷病而致身心障礙，經領取身心障礙給付後，不得以同一傷病，申請住院診療。</p>	<p>Article 31</p> <p>Where an insured person is disabled due to injury or disease and has received the disability benefit, he may not apply for hospitalization for the same injury or disease.</p>	
<p>第 32 條</p> <p>被保險人診療所需費用，由保險人逕</p>	<p>Article 32</p> <p>The insurer shall directly pay the expenses required for diagnosis</p>	

<p>付其自設或特約之醫療機構，被保險人不得請領現金。</p>	<p>and treatment to the medical institutions established or designated by the insurer, and the insured persons may not apply for insurance payment in cash.</p>	
<p>第 33 條 被保險人因緊急傷病須立即治療，在保險人自設或特約醫療機構以外之醫療機構門診或住院診療者，應於門診結束或出院之翌日起二個月內，檢具醫療證明及費用憑證，交由投保單位專案向保險人申請給付。但其費用超過保險人支付特約醫療機構費用規定標準者，其超過部分由被保險人自行負擔。</p>	<p>Article 33 Where an insured person accepts outpatient service or is hospitalized in a medical institution other than those established and designated by the insurer because he requires immediate treatment due to emergent injury or disease, he shall, within 2 months commencing from the next day after completion of the outpatient service or after leaving the hospital, submit the medical certificates and expense vouchers to the insured unit for claiming insurance payment on the insurer. In case that the expense is more than the standard prescribed in the regulations on the insurer's paying expenses to the designated medical institutions, the excessive proportion shall be burdened by the insured person himself.</p>	
<p>第 34 條 本保險之特約醫療機構，其特約與管理辦法及診療費用支付標準，由中央主管機關會同中央衛生主管機關定之。</p>	<p>Article 34 The regulations on designation and management of the designated medical institutions of this Insurance as well as the standard for payment of medical expenses shall be prescribed by the central competent authority together with the central competent authority in charge of health.</p>	

<p>第 35 條</p> <p>1. 投保單位填具之門診就診單或住院申請書，不合保險人醫療給付規定，或虛偽不實，或交非被保險人使用者，其全部診療費用，應由投保單位負責償付。但非因可歸責於投保單位之事由所致者，保險人得請投保單位協助向被保險人求償。</p> <p>2. 特約醫療機構，對被保險人之診療不屬於醫療給付範圍者，其診療費用，應由醫療機構或被保險人自行負擔。</p>	<p>Article 35</p> <p>Where a bill for accepting diagnosis or a letter of application for hospitalization produced by an insured unit doesn't meet the provisions prescribed by the insurer on medical payment, or is false, or is used by someone other than the insured, the insured unit shall burden the whole expenses for diagnosis and treatment. However, if it is resulted in by causes not attributable to the insured unit, the insurer may request the insured unit to provide assistance in claiming compensation from the insured person.</p> <p>Where the diagnosis and treatment provided by a designated medical institution to an insured person is not covered in the scope of medical benefit, the expenses for diagnosis and treatment shall be burdened by the medical institution or the insured person.</p>	
<p>第四節身心障礙給付</p>	<p>Section 4 Disability benefit</p>	
<p>第 36 條</p> <p>1. 被保險人因遭受傷害或罹患疾病，經治療後，症狀固定，再行治療仍不能期待其治療效果，如身</p>	<p>Article 36</p> <p>The insured person can apply for a lump sum disability benefit based on his/her month insured amount for that month and the level of disabled condition and benefits standards, once he/she is</p>	

<p>體遺存障害，適合身心障礙給付標準規定之項目，並經保險人自設或特約醫療機構診斷為永久身心障礙者，得按其當月投保金額，依規定之身心障礙等級及給付標準，一次請領身心障礙給付。</p> <p>2. 被保險人於保險人指定醫療機構出具之農民健康保險身心障礙診斷書所載身心障礙日期之當日死亡者，不予身心障礙給付。</p> <p>3. 第一項身心障礙種類、狀態、等級、給付額度、出具診斷書醫療機構層級及審核基準等事項之標準，由中央主管機關會同中央衛生主管機關定之。</p>	<p>diagnosed as permanently disabled and can't further recover by further treatment by a medical institution established or designated by the insurer for diagnosis and treatment due to injury or disease, if his/her disability is fit for disability benefits standards</p> <p>A disability payment is not available if the insured person is dead on the date when the Diagnosis Report of Disability for Farmer Health Insurance is issued by the medical institution designated by the insurer.</p> <p>The types of disability, conditions, levels, payment amount, levels of medical institution issuing the diagnosis report, examination criteria and other standards mentioned in Paragraph 1 shall be stipulated by the central competent authority and central health authority.</p>	
<p>第 37 條</p> <p>1. 被保險人之身體原已局部身心障礙，再因傷害或疾病致身體之同</p>	<p>Article 37</p> <p>If the insured person originally has a partial disability and the severity worsens or he/she has suffered from additional</p>	

<p>一部位身心障礙程度加重或不同部位發生身心障礙者，保險人應按其加重或新增部分之身心障礙程度，依身心障礙給付標準計算發給身心障礙給付。但合計最高以第一等級給付之。</p> <p>2. 前項被保險人在保險有效期間原已局部身心障礙，而未請領身心障礙給付者，保險人應按其加重後之身心障礙程度，依身心障礙給付標準計算發給身心障礙給付。但合計不得超過第一等級之給付標準。</p>	<p>disability, the insurer shall re-evaluate the level of the worsened or newly added disability. The payment should also be made based on the new disabled level. However, the highest payment amount should be limited to the first level.</p> <p>In cases of an insured person who originally has a partial disability while his/her insurance is still in effect as mentioned in the preceding Paragraph but has not claimed the disability payment, the insurer shall, based on the level of disability following the increased severity of the disability, calculate and pay out the disability payment based on the standards for disability benefits. However, the highest payment amount should be limited to the first level.</p>	
<p>第 38 條</p> <p>保險人為審核身心障礙給付之需要，得遴聘具有臨床或實際經驗之醫學專家審查農民健康保險身心障礙診斷書、檢查紀錄或有關診療病歷；保</p>	<p>Article 38</p> <p>To determine the application for disabled payment, the insurer is allowed to hire medical experts who have clinical or actual experiences to examine the diagnosis report and verify the case history or other treatment records. If necessary, the insurer is</p>	

<p>險人認為有複檢必要時，並得另行指定醫院或醫師複檢。</p>	<p>allowed to ask the insured for re-examination and designate a hospital or doctor for the examination.</p>	
<p>第 39 條 被保險人依第三十六條規定領取身心障礙給付後，經保險人認定不能繼續從事農業工作者，其保險效力自保險人指定之醫療機構出具之農民健康保險身心障礙診斷書所載身心障礙日期之當日二十四時終止。</p>	<p>Article 39 Once the insured person receives the disabled payment according to Article 36, the insurer recognizes that the insured person cannot engage in farming activities any more, the effectiveness of the insurance qualification shall be terminated on the date when the Diagnosis Report of Disability for Farmer Health Insurance is issued by the designated medical institution by the insurer.</p>	
<p>第五節 喪葬津貼</p>	<p>Section 5 Funeral and interment Allowance</p>	
<p>第 40 條 1. 被保險人死亡時，按其當月投保金額，給與喪葬津貼十五個月。 2. 前項喪葬津貼，由支出殯葬費之人領取之。</p>	<p>Article 40 Upon the death of an insured person, a funeral and interment allowance 15 times the insured amount of the very month will be offered. The funeral and interment allowance referred to in the above paragraph shall be received by the person who pays the funeral and interment expenses.</p>	

第五章 保險基金及經費	CHAPTER V Insurance Fund and Financial Sources	
<p>第 41 條</p> <p>本保險基金來源如左：</p> <p>一、創立時政府一次撥付之金額。</p> <p>二、當年度保險費及其孳息收入，與保險給付支出之結餘。</p> <p>三、保險費滯納金。</p> <p>四、基金運用之收益</p>	<p>Article 41</p> <p>The fund of this Insurance derives from the following sources:</p> <p>1.The money allocated by the government upon establishment.</p> <p>2.The balance of the insurance premium and interest incomes minus the expenditure of insurance payment.</p> <p>3.Late fee.</p> <p>4.Operating incomes of the fund.</p>	
<p>第 42 條</p> <p>1. 本保險基金，經農民健康保險監理委員會之通過，得為左列之運用：</p> <p>一、對於公債、庫券及公司債之投資。</p> <p>二、存放於國家銀行或中央主管機關指定之公營銀行。</p> <p>三、中央主管機關核准有利於本基金收入，或農民健康保險</p>	<p>Article 42</p> <p>The fund of this Insurance may be used for the following purposes with the approval of the Farmer Health Insurance Supervisory Commission:</p> <p>1.Investment in government bonds, treasury bills, and corporate bonds.</p> <p>2.Deposit in national banks or public-operated banks designated by the central competent authority.</p> <p>3.Investment approved by the central competent authority and favorable for the income of the fund or for the business of farmer</p>	



<p>業務之投資。</p> <p>2. 本保險基金，除作為前項運用及保險給付支出外，不得移作他用或轉移處分；其管理、運用辦法，由中央主管機關定之。</p> <p>3. 基金之收支運用情形及其積存數額，應由保險人報請中央主管機關按年公告之。</p>	<p>health insurance.</p> <p>The fund of this Insurance may not be used for any purpose other than described above and for payment of insurance payment, or transferred to another organization or individuals; and the regulations on management and utilization of the fund shall be prescribed by the central competent authority.</p> <p>The insurer shall report the incomes, expenditures, utilization, and balance of the fund to the central competent authority for announcement every year.</p>	
<p>第 43 條</p> <p>辦理本保險所需經費，由保險人按年度應收保險費總額百分之五點五編列預算，經農民健康保險監理委員會審議通過，在中央社會保險局未設立前，由辦理本保險業務機構之主管機關撥付之。</p>	<p>Article 43</p> <p>Every year the insurer shall compile a budget according to a percentage of 5.5% of the annual insurance premium for the funds required for implementing this Insurance. After the budget is approved by the Farmer Health Insurance Supervisory Commission, the funds shall be allocated by the executive departments that deal with the affairs regarding this Insurance before the Central Bureau of Social Insurance is established.</p>	
<p>第 44 條</p>	<p>Article 44</p>	

<p>本保險年度結算如有虧損，除由辦理本保險業務機構之主管機關審核撥補，並得申請中央主管機關予以補助外，中央主管機關應即檢討虧損發生原因；如認為應調整保險費率時，應即依規定程序予以調整。</p>	<p>In case of deficit occurs upon annual settlement, the competent authorities that deal with the affairs regarding this Insurance shall audit and allocate funds to make up for the deficit, and application may be submitted to the central competent authority for subsidization. Upon receipt of the aforementioned application, the central competent authority shall immediately examine the causes of the deficit, and shall adjust the premium rate according to relevant procedure where it is deemed necessary to do so.</p>	
<p>第五章之一 農民職業災害保險</p>	<p>CHAPTER V-1 Farmer's Occupational Injury Insurance</p>	
<p>第 44-1 條</p> <ol style="list-style-type: none"> <li>1. 中央主管機關為保障農民職業安全及經濟補償，得試行辦理農民職業災害保險（以下簡稱本職災保險）</li> <li>2. 本職災保險以勞動部勞工保險局為保險人，並以基層農會為投保單位。</li> </ol>	<p>Article 44-1</p> <p>To ensure the farmers' occupational injury insurance and the economical compensations, the central competent authority may pilot the farmers' occupational injury insurance (hereinafter, the "Occupational Injury Insurance").</p> <p>Regarding the Occupational Injury Insurance, Bureau of Labor Insurance, MOL shall be the insurer and the basic-level farmer association shall be the insured unit.</p> <p>The insurant shall burden 60% of the premium of this Occupational Injury Insurance; in a municipality, the central</p>	

<p>3. 本職災保險之保險費，由被保險人負擔百分之六十，在直轄市，中央主管機關補助百分之二十，直轄市補助百分之二十；在縣（市），中央主管機關補助百分之三十，縣（市）補助百分之十。</p>	<p>competent authority shall subsidize 20% and the municipal government subsidize 20%; in a county (city), the central competent authority shall subsidize 30%, and the county (city) government subsidize 10%</p>	
<p>第 44-2 條</p> <p>1. 中華民國一百十二年一月十日修正之本條文施行之日起，申請參加本保險者，視為一併申請參加本職災保險。</p> <p>2. 本職災保險業務之監督及保險爭議事項之審議，準用第四條第二項及第三項之規定辦理之。</p> <p>3. 本職災保險之管理及保險給付，準用第六條第三項、第九條、第十四條、第十五條之一、第四章第一節及第四十九條之二規定。</p>	<p>Article 44-2</p> <p>In cases in which persons apply to join this Insurance starting from the taking effect of amendments to these provisions made on January 10, 2023, those persons shall be considered to be also applying for Occupational Injury Insurance.</p> <p>The supervision and the review of disputes related to this Occupational Injury Insurance shall be in compliance with requirements under Paragraph 2 and Paragraph 3 of Article 4.</p> <p>The management and the insurance payment of this Occupational Injury Insurance shall be in compliance with requirements under Paragraph 3 of Article 6, Article 9, Article 14, Article 15-1, Section 1 of Chapter 4, and Article 49-2.</p>	

<p>4. 本職災保險試辦之方式、被保險人資格、範圍、保險費費率、繳費方式與其效力、投保金額、保險事故種類、給付之項目內容、限制條件、審查基準及其他相關事項之辦法，由中央主管機關定之。</p>	<p>Regulations governing the pilot method, the qualifications of the insured person, scope, insurance premium rate, payment method and its effect, insurance amount, insurance accident types, content of the payment items, restriction conditions, review basis, and other matters related to this Insurance shall be determined by the central competent authority.</p>	
<p>第 44-3 條 本職災保險所需經費與年度結算如有虧損，準用第四十三條及第四十四條規定辦理之。</p>	<p>Article 44-3 In case of deficit regarding the fund upon annual settlement, Occupational Injury Insurance shall be complied with requirements under Article 43 and Article 44.</p>	
<p>第六章 罰則</p>	<p>CHAPTER VI-1 Penal Provisions</p>	
<p>第 45 條 以詐欺或其他不正當行為領取本條例之保險給付，或為虛偽之證明、報告、陳述及申報診療費用者，除按其領取之保險給付或診療費用處以二倍罰鍰外，並應依民法請求損害賠償；涉及刑責者，移送司法機關辦理。</p>	<p>Article 45 Where an insured person receives the insurance payment from this Act by means of cheat or other misconduct, or uses false certificate, report, or statement to declare the expenses of diagnosis and treatment, he/she will be fined a sum two times the received insurance payment or the medical expense, and compensation for damage shall be claimed in accordance with</p>	

<p>特約醫療機構因此領取之診療費用，得在其已報應領費用內扣除。</p>	<p>the Civil Code; if criminal liability is involved, the case will be transferred to judicial department for disposal. In this case, the medical expenses already received by a designated medical institution shall be deducted from the expenses receivable.</p>	
<p>第 46 條 投保單位不依本條例規定辦理投保手續者，自應辦理參加保險之日起，至參加保險之前一日止，按被保險人應負擔之保險費金額，處以二分之一罰鍰。農民因此所受之損失，應由投保單位依本條例規定之給付標準賠償之。</p>	<p>Article 46 Where an insured unit doesn't handle the insurance procedure in accordance with the provisions of this Act, a sum equal to 1/2 of the insurance premium that should be burdened by the insured person will be fined for the period commencing from the day when the establishment should join in the insurance program and terminating at the day before the insurance is effected. In this case, the loss caused to the farmer shall be compensated by the insured unit according to the payment standard prescribed in this Act.</p>	
<p>第 47 條 農民經投保單位審查投保資格通過後，不參加本保險者，處新臺幣三百元以上，一千五百元以下罰鍰。</p>	<p>Article 47 A farmer who is qualified for joining in the insurance after being examined by the insured unit and doesn't join in this Insurance program will be fined a sum of not less than NT\$300 and not more than NT\$1,500.</p>	
<p>第 48 條 本條例所規定之罰鍰，經催告送達</p>	<p>Article 48 Where the fine punished under this Act is not paid off within 30 days after the hastening notice is sent to the fined person, the case</p>	

<p>後逾三十日，仍不繳納者，移送法院強制執行。</p>	<p>will be transferred to the court for coercive execution.</p>	
<p>第 48-1 條 本條例有關罰鍰之處分，由保險人為之。</p>	<p>Article 48-1 The fines stipulated in this Act are for the insurer.</p>	
<p>第七章 附則</p>	<p>CHAPTER VII Supplementary Provisions</p>	
<p>第 49 條 本條例所定保險之一切帳冊、單據及業務收支，均免課稅捐。</p>	<p>Article 49 All the accounting books, bills, and operating incomes and expenditures of this Act shall be exempted from tax.</p>	
<p>第 49-1 條 1. 以農會會員資格參加本保險，於中華民國九十七年十月一日以後九十七年十一月二十七日以前自本保險退保，並參加國民年金保險者，不受本條例九十七年十一月二十六日修正施行前第五條第一項及第六條所定應參加本保險為被保險人規定之限制。</p>	<p>Article 49-1 A member of the farmer association who suspends the Insurance program and joins the National Pension Insurance during the period from October 1, 2008 to November 27, 2008 may not be subject to an insured person stipulated in the amendments to Paragraph 1 of Article 5 and Article 6 of the Act on November 26, 2008. Those who meets one of the following circumstances during the period from October 1, 2008 to January 11, 2013, and meets the</p>	

<p>2. 中華民國九十七年十月一日後至本條例一百零二年一月十一日修正施行前，符合下列情形之一，且有國民年金法第七條第二款或第三款之情事者，得由本人於本條例一百零二年一月十一日修正之條文施行後六個月內申請退保或重新追溯退保：</p> <p>一、年滿六十五歲之被保險人，未退保者。</p> <p>二、年滿六十五歲之被保險人，且於六十五歲前一日或六十五歲後退保者。</p> <p>3. 前項申請退保或重新追溯退保者，其保險效力至其年滿六十五歲之前二日二十四時止。</p>	<p>provisions of Paragraph 2 or Paragraph 3 of Article 7 of National Pension Act may apply in person for suspending the insurance or tracing back to suspend the insurance within six months after the amendments on January 11, 2013:</p> <p>1. An insured person who is over 65 years old and has not suspended the Insurance program;</p> <p>2. An insured person who is over 65 years old and has suspended the Insurance program on the day before or after becoming 65 years old.</p> <p>The insurance coverage for the insured person who applies for suspending the insurance or tracing back to suspend the insurance in the preceding paragraph shall be invalidated at 24:00 two days before becoming 65 years old.</p>	
<p>第 49-2 條</p> <p>1. 中央主管機關或保險人為確認被</p>	<p>Article 49-2</p> <p>The information needed by the central competent authority or by the insurer to confirm that the insured person meets the</p>	

<p>保險人參加本保險之資格所需資料，得洽請相關機關提供之，各該機關無正當理由不得拒絕。</p> <p>2. 保險人、農民健康保險監理委員會或中央主管機關依第二十一條及前項規定取得之資料，應盡善良管理人之注意義務，確實辦理資訊安全稽核作業，其保有、處理及利用，並應遵行個人資料保護法之規定。</p>	<p>qualifications to participate in this Insurance shall be provided upon request by the relevant agencies or organizations; these agencies or organizations may not refuse to provide such information without a legitimate reason.</p> <p>The information acquired by the insurer, the Farmer Health Insurance Supervisory Commission, or the central competent authority under Article 21 and the preceding Paragraph shall be handled with the due care of a good administrator and information security auditing operations shall be practiced. Its storage, handling, and use shall follow the provisions of the Personal Data Protection Act.</p>	
<p>第 50 條</p> <p>本條例施行細則，由中央主管機關定之。</p>	<p>Article 50</p> <p>The enforcement rules for this Act shall be stipulated by the central competent authority.</p>	
<p>第 51 條</p> <p>1. 本條例自中華民國七十八年七月一日施行。</p> <p>2. 本條例修正條文，除中華民國九十九年一月二十七日修正公布之</p>	<p>Article 51</p> <p>This Act shall become effective as of July 1, 1989.</p> <p>The amended articles of this Act become effective as of the promulgation day except Article 36 and Article 37, which were amended and promulgated on January 27, 2010 and went into effect on January 29, 2012, as well as provisions amended and</p>	



<p>第三十六條、第三十七條自一百零一年一月二十九日施行；一百零七年六月十三日修正公布條文、一百十年十二月二十二日修正公布之第五條之一及一百十二年一月十日修正之條文施行日期，由行政院定之外，自公布日施行。</p>	<p>promulgated on June 13, 2018 and Article 5-1 amended and promulgated on December 22, 2021, and provisions amended on January 10, 2023, whose date of coming into effect was left to the Executive Yuan's discretion.</p>	
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