

■ This is an application form for automatic transfer service. ※ Application by a personal (mobile) account number is not available.

Application for the Self-Employed Insured's ☐ Automatic Transfer Account ☐ Refund Account

Payer Number	Health Insurance		Payer's Name	
	National Pension			
Alien Registration Number		Contact	Home:	Mobile:

Address

☐ All ☒ Health-Long-term Care Insurance ☐ National Pension]

Auto matic Trans fer	Application Type		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation		
	Financial Institution Name		Account Number		
	Account Holder's Name		Alien (Resident) Registration Number of Account Holder	Contact Number of Account Holder	
	Start (End) Month		Desired Transfer Date	Health Insurance	<input checked="" type="checkbox"/> 25 th (Due date for prepaid foreigner's insurance contribution)
				National Pension	<input type="checkbox"/> 10 th of the Following Month <input type="checkbox"/> End of the Month
Optional	Relationship with the Insured	본인	※ Please fill in if you're paying contribution for the insured. "I hereby agree to pay the contribution of the above payer by proxy." Agree <input type="checkbox"/> Applicant(Account holder) (Signature or Seal)		
	Entry	Transfer of Defaulted Contribution	<input type="checkbox"/> Installment Payment <input type="checkbox"/> Simple Default: mm yyyy ~ mm yyyy (months)		<input type="checkbox"/> Excluding Current Month (Mark "☑" if you want automatic transfer only for the defaulted contribution.)

※ The arrears for automatic transfer shall be calculated on a daily basis upon the date of withdrawal.
 ※ In case your insurance contribution is not fully paid due to insufficient balance, you can reduce arrears by paying in prior to the next scheduled withdrawal date (D-2). Please contact the customer center (1577-1000) or branch office for more information on payment methods.
 ※ Please note the payment via virtual account, etc. after the automatic transfer billing date (2 days before withdrawal date) may result in double payment.
 ※ In case of prepaid foreigner insurance contribution, the automatic transfer may be cancelled by authority without notice after the withdrawal failure on regular withdrawal date (25th) and 1 follow-up rebilling(10th).

Re fund Ac count	Same as Automatic Transfer Account <input type="checkbox"/>	Application Type		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation		
		Financial Institution Name		Account Number		
		Account Holder's Name		Alien Registration Number of Account Holder	Contact Number of Account Holder	

※ If you apply for a refund account, future refunds shall be automatically deposited to your refund account.
 ※ Only the account for the person liable for payment can be applied, and when the account holder of the refund account loses the eligibility from the relevant household, the refund account is also cancelled by authority.

[Agreement on Personal Information Collection and Utilization]

- Purpose of Collection and Utilization: Provision of seamless automatic transfer and contribution refund service
- Collected Items (Personal Information): **Required items** (name, contact number, address, and account information)
- **Retention and Utilization Period: 5 years after the termination or cancellation of the automatic transfer service / 5 years after the termination of the refund account in accordance with the Electronic Financial Transactions Act**
- The applicant has the right to refuse the collection and utilization of personal information, and in such a case, the application for automatic transfer service and refund account may be declined.

(Personal Information Collection and Utilization) Agree ☒ Do Not Agree ☐

※ The National Health Insurance Service is able to process personal identification information in accordance with Article 81 of the Enforcement Decree of the National Health Insurance Act.

I hereby apply for the automatic transfer with full understanding on the explained terms and conditions of the automatic transfer. I agree to the provision of financial transaction information (name of transacting financial institution, branch name, account number, alien (resident) registration number, etc.) to the above transacting financial institution from the time of automatic transfer application to its cancellation, and the non-notification to the account holder concerning the provision of the above information in accordance with the terms and conditions and the regulations of the "Act on Real Name Financial Transactions and Confidentiality."

Application Date: 202 . . .

Applicant: (Signature or Seal)

To the Chairman of the National Health Insurance Service

地区投保人 帐户自动转账 <input type="checkbox"/> 退款帐户 <input type="checkbox"/> 申请书										
缴纳者编号		健康保险				缴纳者名				
		国民年金								
外国人身份证号码				联系方式		住宅:		手机:		
地 址										
<input type="checkbox"/> 全选 (<input checked="" type="checkbox"/> 健康・长期疗养保险 <input type="checkbox"/> 国民年金)										
自动转账	申请内容		<input checked="" type="checkbox"/> 新建 <input type="checkbox"/> 变更 <input type="checkbox"/> 解除							
	金融机关名称				帐号					
	帐户持有人				帐户持有人外国人 (居民) 身份证号码				帐户持有人 电话号码	
	适用开始 (结束) 月				希望转账日期		健康保险 <input checked="" type="checkbox"/> 25 日 (预付外国人保险费截止日期)			
							国民年金 <input type="checkbox"/> 下月 10 日 <input type="checkbox"/> 月末			
	选择性填写	与投保人的关系		본인		※申请代缴时填写 “以上缴纳者的保险费, 申请人 (帐户持有人) 同意代缴。” 同意 <input type="checkbox"/> 申请人 (签名或盖章)				
		滞纳保险费转账		<input type="checkbox"/> 分期缴纳 <input type="checkbox"/> 不分期缴纳 年 月 ~ 年 月 (个月)		<input type="checkbox"/> 当月除外 (如果您只想自动转账滞纳保险费请标记 “ <input checked="" type="checkbox"/> ”)				
	※滞纳金日结算相关的自动转账滞纳金按付款日计算。 ※由于自动转账余额不足而未付款的滞纳金, 如果在下一个付款日 (D-2) 之前提前缴纳保险费, 可以减少滞纳金; 如果您想要缴纳, 请与客服中心 (1577-1000) 或分公司联系, 他们会告知您虚拟账户等缴纳方法。 ※在自动转账缴费日 (支取日之前 2 天) 之后, 通过虚拟账户等缴纳时, 有可能出现重复缴纳, 请注意。 ※预付外国人健康保险费如果在缴纳期限 (25 日) 内无法正常提款, 则有可能在再次提款 (10 日) 后解除自动转账的职权, 望提前周知。									
	退款帐户	与自动转账帐户相同 <input type="checkbox"/>	申请内容		<input checked="" type="checkbox"/> 新建 <input type="checkbox"/> 变更 <input type="checkbox"/> 解除					
			金融机关名称				帐号			
帐户持有人					帐户持有人外国人 (居民) 身份证号码		帐户持有人 电话号码			
※如果申请退款帐户, 以后发生的退款金额会自动存入退款帐户 ※只能申请缴纳义务人本人的帐户, 如果退款帐户的存款人不在相应户口里, 那么退款帐户也会被解除职权										
【同意收集及使用个人信息】 - 收集及使用目的: 为了可以更好的提供自动转账服务以及支付保险费退款。 - 收集项目 (个人信息): 必要项目 (姓名, 电话, 地址, 帐户信息)。 - 保留及使用期限: 根据电子金融交易法在自动转账适用结束或者解除之后 5 年/退款帐户解除后 5 年。 - 申请客户保有拒绝个人信息收集及使用的权利, 并且在权利行使的时候可以拒绝自动转账以及申请退款帐户。 <div>(个人信息) 同意 <input checked="" type="checkbox"/> 不同意 <input type="checkbox"/></div>										
※根据国民健康保险法执行令第 81 条款规定国民健康保险公团可以处理固有识别信息										
本人已充分了解自动转账交易条款说明, 并且自申请自动转账起至申请解除为止提供上述金额交易信息 (交易金融机构名称, 营业点名称, 帐号, 外国人 (居民) 身份证号码等) 以及依照条款和《关于金融实名交易及保密的法律》的规定, 同意不向名义人提供上述信息并申请上述自动转账。 <div>申请日: 202 年 月 日</div> <div>申请人: (签名或盖章)</div> <div>国民健康保险公团 理事长 贵下</div>										