

<영어 계좌 자동이체 신청서 작성 견본>

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

<중국어 계좌 자동이체 신청서 작성 견본>

※ 无法申请终身账号

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

Payer Number	Health Insurance	12345678910	Payer's Name	Kim health
	National Pension			
Alien Registration Number	123456-1234567	Contact	Home:	Mobile: 010-1234-1234

Address 강원도 원주시 건강로 32, 8층

Application Type New Change Cancellation

Financial Institution Name	NH농협	Account Number	1234-1234-123-12		
Account Holder's Name	Kim health	Alien (Resident) Registration Number of Account Holder	123456-1234567	Contact Number of Account Holder	010-1234-1234

Start (End) Month	2021.04	Desired Transfer Date	Health Insurance <input checked="" type="checkbox"/> 25 th (Due date for prepaid foreigners 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) <input type="checkbox"/> (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 "X" 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).

Same as Automatic Transfer Account

Application Type	<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation				
Financial Institution Name	NH농협	Account Number	1234-1234-123-12		
Account Holder's Name	Kim health	Alien Registration Number of Account Holder	123456-1234567	Contact Number of Account Holder	010-1234-1234

※ 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: 2021. 03. 15.
 Applicant: Kim health (Signature or Seal)
 To the Chairman of the National Health Insurance Service

■外国人专用自动转账的申请书格式

地区投保人 帐户自动转账 退款帐户 申请书

缴纳者编号	健康保险	12345678910	缴纳者名	Kim health
	国民年金			
外国人身份证号码	123456-1234567	联系方式	住宅:	手机: 010-1234-1234
地 址	강원도 원주시 건강로 32, 8층			

全选 健康·长期医疗保险 国民年金

申请内容	<input checked="" type="checkbox"/> 新建 <input type="checkbox"/> 变更 <input type="checkbox"/> 解除				
金融机构名称	NH농협	帐号	1234-1234-123-12		
帐户持有人	Kim health	帐户持有人外国人(居民)身份证号码	123456-1234567	帐户持有人电话号码	010-1234-1234

适用开始(结束)月	2021.04 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

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
	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金请标记 "X")

※ 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。

与自动转账帐户相同	申请内容	<input checked="" type="checkbox"/> 新建 <input type="checkbox"/> 变更 <input type="checkbox"/> 解除				
	金融机构名称	NH농협	帐号	1234-1234-123-12		
	帐户持有人	Kim health	帐户持有人外国人(居民)身份证号码	123456-1234567	帐户持有人电话号码	010-1234-1234

※ 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。

(个人信息) 同意 不同意

※ 根据国民健康保险法执行令第81条规定国民健康保险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。

申请日: 2021 年 03 月 15 日
 申请人: Kim health (签名或盖章)

国民健康保险团 理事长 黄下

■ This is an automatic payment application form for foreigners.

Application of Credit Card Automatic Payment for the Self-Employed
(This application must be personally prepared by the cardholder.)

Form with fields: Payer Number, Health Insurance (12345678910), Payer's Name (Kim health), Alien Registration Number (123456-1234567), Contact, Home, Mobile (010-1234-1234), Address (강원도 원주시 건강로 32, 8층)

Application Type: All Health-Long-term Care Insurance National Pension. New Change Cancellation

Card Company Name: BC카드, Card Number: 1234-1234-1234-1234, Expiration Date: 12/21, Cardholder's Name: Kim health, Alien (Resident) Registration Number of Cardholder: 123456-1234567, Contact Number of Cardholder: 010-1234-1234

Start (End) Month: 2021.04, Desired Transfer Date: 25th (Due date for prepaid foreigner's insurance contribution), 10th of the Following Month, End of the Month

Optional: Relationship with the Insured: 본인, Payment of Defaulted Contribution: Installment Payment, Simple Default, Excluding Current Month, Excluding Current Month (Mark "☑" if you want automatic payment only for the defaulted contribution.)

※ Please note the payment via virtual account, etc. after the automatic payment billing date (2 days before approval date) may result in double payment.
※ In case of prepaid foreigner insurance contribution, the credit card automatic payment may be cancelled by authority without notice after the approval failure on regular approval date (25th) and 1 follow-up rebilling(10th).
※ Once the payment is approved by the card company, it cannot be cancelled.
※ Corporate credit card is not available for automatic payment application.

[Confirmation of Payer's Liability of Payment Agency Fee on Credit Card Automatic Payment]
The payment agency fee (0.8% of payment amount, 0.5% for debit card) incurred during credit card automatic payment must be paid by the payer (cardholder) in accordance with Article 79-2(Payment of Contribution, etc. by Credit Cards, etc.) of the National Health Insurance Act and Article 90-3 of the National Pensions Act.
※ The incurred payment agency fee is not refundable even if refund for insurance contribution occurs due to contribution settlement, etc.

(Payer's Liability of Agency Fee on Credit Card Automatic Payment) Confirm

[Agreement on Personal Information Collection and Utilization]
- Purpose of Collection and Utilization: Provision of seamless automatic payment service
- Collected Items (Personal Information): Required items (name, contact number, address, and card information)
- Retention and Utilization Period: 5 years after the termination or cancellation of the automatic payment service 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 payment 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: 2021. 03. 15.

Applicant: Kim health (Signature or Seal)

To the Chairman of the National Health Insurance Service

<Tips>

- Fill in the "Payer's Name," "Alien Registration Number," "Contact," and "Address" of the person liable for payment.
As the application details are different based on insurance, enter accurate information in the relevant insurance line.
After marking "☑" in the "Application Info," enter the "Card Company Name," "Card Number," "Expiration Date," "Cardholder," and "Alien (Resident) Registration Number of Cardholder" accurately.
For the "Start Month," enter the desired month in which the automatic payment is to start.
"Payment of Defaulted Contribution" and "Relationship with the insured" are optional. Please check if they are relevant before entering.
Please read the contents of the "Agreement on Personal Information Collection and Utilization" carefully and make sure to mark "☑" in the "Agree" box if you want the automatic payment service.
For other questions regarding the application, please contact the relevant branch office or the National Health Insurance Service customer center 1577-1000.

■ 外国人专用自动转账的申请书格式

地区投保人 信用卡自动转账 申请书

(本申请书必须信用卡持卡人本人填写)

Form with fields: 缴纳者编号, 健康保险, 国民年金, 缴纳者名 (Kim health), 外国人身份证号码 (123456-1234567), 联系方式, 住宅, 手机 (010-1234-1234), 地址 (강원도 원주시 건강로 32, 8층)

全选 健康·长期养老保险 国民年金

申请内容: 新建 变更 解除
信用卡名称: NH 농협, 信用卡号: 1234-1234-123-12, 信用卡有效期: 03/21
信用卡持卡人: Kim health, 信用卡持卡人外国人(居民)身份证号码: 123456-1234567, 信用卡持卡人电话号码: 010-1234-1234

适用开始(结束)月: 2021.04 月, 希望转账日期: 健康保险 25日 (预付外国人保险费截止日期), 国民年金 下月10日 月末

选择性填写: 与投保人的关系: 본인, 滞纳保险费转账: 分期缴纳, 不分期缴纳

※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.
※不能取消信用卡公司认可的详细内容.※不能用法人卡申请自动转账

【信用卡自动转账代缴手续费缴纳者负担确认】
根据《国民健康保险法》第79条第2节《国民养老金》第90条第3节(信用卡等缴纳的保险费),在信用(借记)卡自动转账时产生的代缴手续费(缴纳金额的0.8%(0.5%))应由缴纳者(信用卡持卡人)负担.
※即使因保险费结算而退还保险费透支时,也不会退还代缴手续费
(代缴手续费由缴纳者本人负担) 确认

【同意收集及使用个人信息】
- 收集及使用目的: 为了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使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.
(个人信息) 同意 不同意

※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.

申请日: 2021年03月15日
申请人: Kim health (签名或盖章)

国民健康保险公团 理事长 贵下

- 请务必填写义务缴纳者的"缴纳者姓名", "外国人身份证号码", "联系方式", "地址".
由于各保险公司的申请事项不同, 所以请务必正确的填写该保险的填写栏.
"申请内容"中标记☑: 正确填写"信用卡名称", "信用卡号码", "信用卡有效期", "信用卡持卡人", "信用卡持卡人外国人(居民)身份证号码".
在《适用开始月》内填写的是希望自动转账开始的保险费告知月.
"滞纳金转账"与"投保人关系"是选择性填写, 请确认是否有相关事项后再填写.
请准确的确认"个人信息收集及使用同意"内容, 如果想要顺利的自动转账则请在勾选"☑"同意复选框.
填写其他选项时, 如有疑问, 请向管辖分公司或者国民健康保险公团客服中心 1577-1000 进行咨询.