

**THE SOCIAL SECURITY
OF VIETNAM**

No. 888/QD-BHXH

**THE SOCIALIST REPUBLIC OF VIETNAM
Independence - Freedom - Happiness**

Hanoi, July 16, 2018

DECISION

AMENDING AND SUPPLEMENTING CERTAIN ARTICLES OF THE DECISION NO. 595/QD-BHXH DATED APRIL 14, 2017 OF THE DIRECTOR GENERAL ON PROCEDURES FOR COLLECTION OF SOCIAL INSURANCE, HEALTH INSURANCE, UNEMPLOYMENT INSURANCE, OCCUPATIONAL ACCIDENT AND DISEASE INSURANCE; MANAGEMENT OF SOCIAL SECURITY BOOKLETS AND HEALTH INSURANCE CARDS

THE DIRECTOR GENERAL OF THE SOCIAL SECURITY OF VIETNAM

Pursuant to the Law on Social Security No. 58/2014/QH13 dated November 20, 2014;

Pursuant to the Law on Health Insurance No. 25/2008/QH12 dated November 14, 2008; the Law No. 46/2014/QH13 dated June 13, 2014 on amending and supplementing certain articles of the Law on Health Insurance;

Pursuant to the Law on Employment No. 38/2013/QH13 dated November 16, 2013;

Pursuant to the Law on Labour Safety and Hygiene No. 84/2015/QH13 dated June 25, 2015;

Pursuant to the Government's Decree No. 01/2016/ND-CP dated January 5, 2016 defining the functions, tasks, powers and organizational structure of the Social Security of Vietnam;

In the light of the opinions contributed to the draft amendment and supplement of the Decision No. 595/QD-BHXH of the Ministry of Labor, War Invalids and Social Affairs in the Document No. 2327/LDTBXH-BHXH dated June 12, 2018, the Ministry of Health, the Document No. 3276/BYT-BH dated June 11, 2018 of the Ministry of Health, the Document No. 6850/BTC-HCSN dated June 11, 2018 of the Ministry of Finance.

Upon the request of the Head of the Collection Division and the Head of the Social Security Booklet – Card Division,

HEREBY DECIDES

Article 1. Amending and supplementing certain Articles of the Decision No. 595/QD-BHXH dated April 14, 2017 of the Director General on procedures for collection of social insurance (SI), health insurance (HI), unemployment insurance (UI), occupational accident and disease

insurance (OADI); management of social security booklets and health insurance cards as regulated hereunder:

1. Amending and supplementing point 3.2, clause 3, Article 7 as follows:

“3.2. An enterprise’s branch shall pay social insurance contributions in the area where it operates or at the parent company.”

2. Amending and supplementing point 4.2 clause 4 Article 38 as follows:

“k_j: Rate of accrued interest (%)

- With respect to collection of the accrued amount of compulsory SI, HI, UI and OADI contributions prescribed in point 1.1, clause 1 of this Article, if evasion of payment of these contributions takes place before January 1, 2016, k_j shall be the month-based late payment interest rate applicable in 2016; if evasion of payment of these contributions takes place from January 1, 2016 onwards, k_j shall be the month-based late payment interest rate applicable in each respective year.

- In case of collection of the accrued amount of compulsory SI contributions according to point 1.2 and collection of the accrued amount of compulsory SI, UI and OADI contributions according to point 1.3 clause 3 of this Article, k_j shall be equal to the average rate of interest on investments of the social security trust fund determined in the year preceding the computation year.”

3. Amending and supplementing clause 6, Article 46 as follows:

“6. Employees shall be entitled to hold social insurance booklets in which the period of their payment of social security contributions is retained, irrespective of social security booklets issued by the Ministry of National Defense or the Ministry of Public Security or the cases in which they register their continuation of social security participation or claim their benefits. Collection Division/Subdivision shall be responsible for collating information given in the social security booklet with the data on the contribution payment period provided by the Social Security unit of the Ministry of National Defense or the People's Public Security's Social Security unit.”

4. Amending and supplementing point 2.3, clause 2, Article 47 as follows:

If the participants prescribed in clause 1 Article 17 pay health insurance premiums late for at least 30 days, employers shall bear responsibility under the provisions of Article 49 of the amended and supplemented Law on Health Insurance.

5. Amending and supplementing certain contents of Appendices and forms (*Enclosed Appendices and forms*).

Article 2. This decision shall enter in force on July 1, 2018.

Article 3. The Head of Collection Division, the Head of Social Security Booklet – Card Division, Heads of affiliates of the Social Security of Vietnam, Directors of the Social Security units of centrally-affiliated cities and provinces shall be responsible for implementing this Decision./.

**PP. DIRECTOR GENERAL
DEPUTY DIRECTOR GENERAL**

Tran Dinh Lieu

APPENDIX 01

TYPES OF DOCUMENTS SUBMITTED AS THE BASIS FOR ISSUE, PRINTING AND MODIFICATION OF SOCIAL SECURITY BOOKLETS

(Issued together with the Decision No. 888/QD-BHXH dated July 16, 2018 of the Director General of the Social Security of Vietnam)

1. Repealing clause 1.3, section 1 of Appendix 01

2. Amending and supplementing point a, clause 1.2, section 1 of Appendix 01 as follows:

“a) Attached documents of employees who work overseas in a definite term under the Government's Treaty, and of employees who work as group leaders, interpreters or regional executives receiving salaries from abroad shall include:”

3. Supplementing clause 1.6, section 1 Appendix 01 with (-) at the beginning of the third paragraph as follows:

“1.6. - In case of printing of endorsement of the period of social security contribution payment as per clause 2, Article 23 of the Government’s Decree No. 115/2015/ND-CP dated November 11, 2015, required documents shall be comprised of the followings: the Decision on revocation of the Decision on entitlement to lump-sum benefits and covers under the Prime Minister’s Decision No. 142/2008/QD-TTg dated October 27, 2008 or the Prime Minister’s Decision No. 38/2010/QD-TTg dated May 6, 2010 on amendments and supplements to the Decision No. 142/2008/QD-TTg dated October 27, 2008 on implementation of benefits and covers for servicemen in the Anti-American War for national salvation with less than 20 years’ service in the Army who have been demobilized and returned to their registered residence, or the Decision on revocation of Decisions on entitlement to monthly or lump-sum benefits under the Prime Minister’s Decision No. 62/2011/QD-TTg dated November 9, 2011.”

**AMENDMENTS AND SUPPLEMENTS TO APPENDIX 03: TYPES OF DOCUMENTS
SUBMITTED AS THE BASIS FOR RE-ISSUE, PRINTING AND MODIFICATION OF
HEALTH INSURANCE CARDS**

*(Issued together with the Decision No. 888/QD-BHXH dated July 16, 2018 of the Director
General of the Social Security of Vietnam)*

I. In case of adjustment of the HI benefit to a higher rate or the HI benefit rate specified on the HI card, the following documents shall be given:

| No. | Participants | Description of documents | Remark |
|------------|--|--|---------------|
| 2.1. | Veterans participating before April 30, 1975 | <p>“g) Certificate of youth volunteers who fulfill their service in the resistance war against French colonialists, granted by the Province or the Youth Union of the place of permanent residence under the provisions of Point a, Clause 1, Article 3 of the Circular No. 24/2009/TT-BLDTBXH dated September 10, 2009 of the Ministry of Labor, Invalids and Social Affairs;</p> <p>“m) The Decision on entitlement to policies for youth volunteers (from July 15, 1950 to April 30, 1975) who has fulfilled their duties stipulated in Joint Circular No. 08/2012/TTLT-BLDTBXH-BNV-BTC dated April 16, 2012 of the Ministry of Labor, War Invalids and Social Affairs - Ministry of Home Affairs - Ministry of Finance.”</p> | |

II. With respect to adjustment to first, class or middle name; birth date; gender; supplement to code of participant's residence inscribed on the health insurance card with respect to persons who only participate in the health insurance program, the documents shall be composed of the followings:

| No. | Participants | Description of documents | Remark |
|------------|---|--|---------------|
| 1. | If the participant makes wrong declaration compared to information declared in original documents | ID card or Citizen Identification Card or passport | |
| 2. | If the participant's in-charge social security unit requests adjustment for his/her use of health care services | ID card or Citizen Identification Card or passport | |
| 3. | If the employer's unit makes wrong declaration compared to the participant's available documentation | Social security administrations should carry out a necessary review, inform and cooperate with that unit in making any | |

| | | |
|--|-------------|--|
| | adjustment. | |
|--|-------------|--|

Form TK1-TS (Issued together with the
Decision No. 595/QD-BHXH dated April 14,
2017 of the Social Security of Vietnam)

DECLARATION FORM

**PARTICIPATION IN OR MODIFICATION OF INFORMATION ABOUT
PARTICIPATION IN SOCIAL INSURANCE AND HEALTH INSURANCE PROGRAM**

(applicable to the participants who have not received SS codes and change their registration information)

I. Details of the participants who have not received SS codes *(only filling in the field [01] through [13] given hereunder).*

[01]. Full name *(written in block capitals)*:

[02]. Date (dd/mm/yyyy):..... / / [03]. Sex:

[04]. Nationality:..... [05]. Ethnicity:.....

[06]. Birth registration address: [06.1]. Commune (ward or townlet):.....

[06.2]. District *(urban district, township or provincially-controlled city)*:

[06.3]. Province (city):

[07]. Mailing address: [07.1]. Home, street No., village:.....

[07.2]. Commune *(ward or townlet)*:..... [07.3] District *(urban district, township, provincially-controlled city)*:

..... [07.4]. Province (city):

[08]. ID card/Passport/Citizen's ID card No.: [09]. Contact phone number:
.....

[10]. Full name of parent/guardian *(applicable to children under 6 years)*:

[11]. Payment amount:..... [12]. Payment method:

(The field [11] and [12] shall only apply to voluntary participants)

[13]. Primary healthcare service establishment (*not applicable to voluntary participants*):

[14]. With respect to household participants who are granted reduction in the payment amount, they shall be required to complete the declaration form in the enclosed Appendix without having to submit or present their family household book, ID card or Citizen's ID card.

II. Details of the participants who have already received SS codes and apply for modification of information printed on SI booklets or HI cards (*only filling in the field [01] through [05] given hereunder*)

[01]. Full name (*written in block capitals*):

[02]. Date (dd/mm/yyyy):..... / / [03]. SS code:
.....

[04]. Modifications or recommendations:
.....

[05]. Attached documents (where available):.....

EMPLOYER'S
ENDORSEMENT

I undertake that provided information is correct and I
am held legally liable for declared information

*(only applicable to compulsory
SI participants who wish to
adjust their first, middle or last
name, and date of birth)*

....., date (dd/mm/yyyy).....

Declarant

(Signature and full name)

APPENDIX FOR FAMILY MEMBER'S DECLARATION

Householder's full name: Contact phone number (if any):

Contact address: Village (Mountain village or residential
neighborhood):..... Commune (ward or
townlet):.....

District (urban district, township or provincially-controlled city): Province
(city):

| No. | Full name | SS code | Birth date | Sex | Place of issue of birth certificate | Householder's kin | ID card/Citizen's | Remark |
|-----|-----------|---------|------------|-----|-------------------------------------|-------------------|-------------------|--------|
|-----|-----------|---------|------------|-----|-------------------------------------|-------------------|-------------------|--------|

| | | | | | | | ID card/Passport No. | |
|-----|---|---|---|---|---|---|-------------------------------------|---|
| A | B | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| ... | | | | | | | | |

- Those who have not had SS codes fill in the fields given in section I of the Declaration Form for participation and modification of information about participation in the SI and HI program (Form No. TK1-TS)

I undertake that provided information is correct and I am held legally liable for declared information

....., *date (dd/mm/yyyy)*.....

- Participants shall be obliged to make full and accurate declaration of family members without having to present their family household registration book and temporary residence registration book for confirmation of their participation status.

Declarant

(Signature and full name)

INSTRUCTIONS

for completing the Declaration Form of participation or modification of information about participation in social insurance and health insurance program

(Form No. TK1-TS)

a) Purposes:

- Provide information about SI, HI and UI participants and their family members without being assigned SS codes.

- Provide information when wishing to change information about SI, HI, UI, OADI participation, such as identity, occupational rank, payment method and primary healthcare provider.

b) Applicable persons:

- SI, HI, UI and OADI participants.

- Parent/guardian (applicable to children under 6 years).

c) When is the form needed:

- With respect to SI, HI, UI and OADI participants, persons only participating in the SI program, and persons participating in the voluntary SI program, this form is needed when they have not been issued SS codes or wish to change information about SI, HI, UI and OADI participation.

- With respect to persons only participating in the health insurance program:

+ This form is needed when children under 6 years have not received HI cards;

+ This form is needed when participants wish to make any change in their information; or when participants have not been granted SS codes.

d) Method for completing the form:

*** The participants who have not received SS codes**, shall only be required to fill in the field [01] through [13] appended to the form. Persons participating in the household HI program to be entitled to reduction in the amount of payment of contribution shall be required to fill in the field [14]. Appendix for family members.

[01]. Full name: write first, middle and last name in block capital with Vietnamese accents of the SI, HI, UI and OADI participant.

[02]. Birth date: write birth date as inscribed in the birth certificate or ID card, passport or Citizen's ID card.

[03]. Sex: Specify the participant's sex (write "male" or "female" where appropriate).

[04]. Nationality: write nationality the same as that specified in the birth certificate or ID card, passport or Citizen's ID card.

[05]. Ethnicity: write ethnicity the same as that specified in the birth certificate or ID card, passport or Citizen's ID card.

[06]. Birth registration place: specify name of the commune (ward, townlet), rural district (urban district, township or provincially-controlled city), province or city where the birth certificate is issued.

In case the place of initial registration of birth certificate is not defined, specify the original birth place (in case of consolidation or splitting of administrative divisions, specify the place name determined at the declaration time) or the registered permanent or temporary residence.

[07]. Mailing address: specify the current address to which the social security unit sends SI booklet and HI card or informs other administrative decisions, including home number, street, village; commune (ward, townlet); district (urban district, township or provincially-controlled city); province, city.

[08]. ID card/passport/ Citizen's ID card No.: specify ID card, passport or Citizen's ID card number.

[09]. Contact phone number: write the telephone number for contact purposes (if any).

[10]. Full name of parent or guardian (applicable to children under 6 years): Specify full name of mother, father or guardian.

[11]. Payment amount (applicable to voluntary SI participants): Specify the monthly amount of income decided at the discretion of the voluntary SI participant.

[12]. Payment method (applicable to employees working abroad, voluntary SI participants): specify the method for paying contributions (every 3 months, 6 months or 12 months, etc.).

[13]. Primary healthcare establishment: specify the primary healthcare service provider (the list of primary medical establishments notified by the social security unit on an annual basis to employer units, commune-level People's Committees and collection agencies).

[14]. Appendix for family members: provide full and accurate information about family members registered in the same family household registration book or temporary residence registration book of the participant in the household HI program who is granted reduction in the amount of payment of contribution.

*** The participants who have already received SI codes and apply for modification of information printed on SI booklets or HI cards:** only applicable to the participants wishing to change information provided in SI booklets or HI cards.

[01]. Full name: write first, middle and last name in block capital with Vietnamese accents of the SI, HI, UI and OADI participant.

[02]. Birth date: write birth date as inscribed in the birth certificate or ID card, passport or Citizen's ID card.

[03]. SS code: Specify the participant's SS code.

[04]. Modifications or recommendations: specify contents need to be modified such as full name, birth date, information regarding professional title, rank, employment, payment method and primary healthcare establishment, etc.

[05]. Attached documents:

- With respect to the participants wishing to change information, specify evidencing documents.
- With respect to the participants entitled to the higher rate of HI coverage, specify evidencing documents.

After completion of declaration, the participant shall sign and write their full name. In case of any change in civil registration information (e.g. first, middle, last name, date of birth, sex) already printed in SI booklets and HI cards, employer units must give their confirmation. With respect to the participants retaining their SI contribution period, confirmation shall not be required.

APPENDIX FOR FAMILY MEMBER'S DECLARATION

- a) Provide full and accurate information about temporary resident members living with the participant in the household HI program who is granted reduction in payment of contribution.
- b) Applicable persons: Participants or householders or representatives of the households having participants in the household HI program who have not been granted SS codes.
- c) When is the appendix needed: This appendix is required when the participant participates in the household HI program or there is the participant granted reduction in the amount of payment of contribution.

dd) Method of completion of the appendix form:

* General information section: clearly specify full name of the householder; telephone number (if any); address: village (mountain village or residential neighborhood); commune (ward, townlet); district (urban district, township, provincially-controlled city); province (city).

* Data columns:

- Column A: write the ordinal numbers starting from 1 until all family members are listed.
- Column B: clearly specify full name of each family member.
- Column 1: write SS code of each family member issued by the social security unit; in case the SS code has not been defined yet, the declarant may search the code at the address: <http://baohiemxahoi.gov.vn> (where eligible).
- Column 2: specify birth date as inscribed in the birth certificate or ID card, passport or Citizen's ID card.
- Column 3: Specify each family member's sex (write "male" or "female" where appropriate).

- Column 4: clearly write name of commune (ward, townlet); district (urban district, township, provincially-controlled city), province, city where the birth certificate is issued.

In case the place of initial registration of birth certificate is not defined, specify the original birth place (in case of consolidation or splitting of administrative divisions, specify the place name determined at the declaration time), or specify the registered permanent or temporary residence.

- Column 5: specify relationship with the householder (e.g. spouse, child or grandchild, etc.).

- Column 6: ID card/passport/ Citizen's ID card No. (if any): specify ID card, passport or Citizen's ID card number.

- Column 7: write remarks.

After completion of declaration, the declarant shall sign and write his/her full name.