INDUSTRIAL ACCIDENT COMPENSATION INSURANCE ACT


CHAPTER I GENERAL PROVISIONS

Article 1 (Purpose)
The purpose of this Act is to contribute to the protection of workers by compensating them promptly and fairly for any occupational accident through the industrial accident compensation insurance business, by establishing and operating insurance facilities necessary to facilitate the rehabilitation of workers suffering from occupational accidents and their return to society, and by carrying out accident prevention projects and workers' welfare projects, etc.

Article 2 (Management of Insurance and Insurance Year)
(1) The industrial accident compensation insurance business prescribed by this Act (hereinafter referred to as "insurance business"), shall be managed by the Minister of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>
(2) The insurance year for the insurance business prescribed by this Act shall conform to the fiscal year of the Government.

Article 3 (State's Defrayal and Assistance)
(1) The State shall defray expenses incurred in executing administrative affairs of the insurance business out of its general accounts, within budgetary limits for each fiscal year.
(2) The State may partially subsidize expenses incurred in carrying out the insurance business, within budgetary limits for each fiscal year.

Article 4 (Insurance Premiums)
The Act on the Collection of Insurance Premiums, etc. for Employment Insurance and Industrial Accident Compensation Insurance (hereinafter referred to as the "Insurance Premium Collection Act"), shall be applied to insurance premiums and other dues, which are collected to cover expenses incurred in carrying out the insurance business prescribed by this Act.
Article 5 (Definitions)
The terms used in this Act shall be defined as follows: **<Amended by Act No. 9988, Jan. 27, 2010; Act No. 10305, May 20, 2010; Act No. 10339, Jun. 4, 2010; Act No. 11569, Dec. 18, 2012>**

1. The term "occupational accident" means any injury, disease, disability or death of a worker, which is caused by an occupational reason;

2. The terms "worker", "wage", "average wage" and "ordinary wage" mean such "worker", "wage", "average wage" and "ordinary wage", respectively as defined in the Labor Standards Act: Provided, That where it is deemed difficult to determine a "wage" or "average wage" pursuant to the Labor Standards Act, the amount determined and published by the Minister of Employment and Labor, shall be the relevant "wage" or "average wage";

3. The term "survivor" means a spouse (including a person who is in a de facto marital relationship; the same shall apply hereinafter), children, parent, grandchild, grandparent, brother or sister of the deceased person;

4. The term "cure" means reaching a state in which an injury or disease has been completely cured or there are no further expected effects of treatment with its symptoms remaining unchanged;

5. The term "disability" means a state in which an injury or disease has been cured, but the ability to work has been lost or diminished due to mental or physical damage;

6. The term "invalidity" means a state in which the ability to work has been lost or diminished due to mental or physical damage caused by an occupational injury or disease, which remains uncured;

7. The term "pneumoconiosis" means a lung disease, the main symptom of which is fibroplastic proliferation caused by the inhalation of dust particles.

Article 6 (Scope of Application)
This Act shall apply to all the businesses or business places that employ workers (hereinafter referred to as "businesses"): Provided, That this Act shall not apply to businesses prescribed by Presidential Decree in consideration of their risk rate, size, place, etc.

Article 7 (Formation and Termination of Insurance Relationship)
The Insurance Premium Collection Act shall be applied to the formation
and termination of an insurance relationship.

**Article 8 (Industrial Accident Compensation Insurance and Prevention Deliberation Committee)**

(1) In order to deliberate on important matters concerning industrial accident compensation insurance and the prevention of industrial accidents, there shall be established an Industrial Accident Compensation Insurance and Prevention Deliberation Committee (hereinafter referred to as the "Committee") in the Ministry of Employment and Labor.  <Amended by Act No. 9794, Oct. 9, 2009; Act No. 10339, Jun. 4, 2010>

(2) The Committee shall be comprised of the same number of members representing workers, employers, and public interest, respectively.

(3) For the purposes of examining matters deliberated by the Committee and assisting in the deliberation procedures thereof, there may be established expert committees in the Committee.  <Amended by Act No. 9794, Oct. 9, 2009>

(4) Necessary matters for the organization, functions and operation of the Committee and the expert committees, shall be determined by Presidential Decree.  <Amended by Act No. 9794, Oct. 9, 2009>

**Article 9 (Survey and Research on Insurance Business)**

(1) The Minister of Employment and Labor may engage in a survey and research project, etc. to efficiently manage and operate the insurance business.  

<Amended by Act No. 10339, Jun. 4, 2010>

(2) The Minister of Employment and Labor may, if deemed necessary, allow a person prescribed by Presidential Decree as an agent for conducting part of the business referred to in paragraph (1).  

<Amended by Act No. 10339, Jun. 4, 2010>

**CHAPTER II KOREA WORKERS' COMPENSATION AND WELFARE SERVICE**

**Article 10 (Establishment of the Korea Workers' Compensation and Welfare Service)**

In order to efficiently carry out projects for the purpose as prescribed in Article 1 on commission by the Minister of Employment and Labor, there shall be established the Korea Workers' Compensation and Welfare Service (hereinafter referred to as the "Service").  <Amended by Act No. 10339, Jun. 4, 2010>
Article 11 (Business Activities of the Service)

(1) The Service shall carry out the following: <Amended by Act No. 9988, Jan. 27, 2010: Act No. 13045, Jan. 20, 2015>

1. Management and maintenance of records on policyholders and beneficiaries;
2. Collection of insurance premiums and other dues prescribed by the Insurance Premium Collection Act;
3. Decisions on insurance benefits and payment thereof;
4. Inquiries into requests for examination of a decision, etc. on insurance benefits, and decisions thereon;
5. Establishment and operation of facilities for industrial accident compensation insurance;
5-2. Medical treatment, medical care and rehabilitation of workers, etc. suffering from occupational accidents;
5-3. Research, development, official approval and dissemination of rehabilitation auxiliary appliances;
5-4. Research related to diseases arising from occupational accidents for decision and payment of insurance benefits;
5-5. Preventative projects, such as health diagnosis, necessary for maintenance and improvement of the health of workers, etc;
6. Projects to improve the welfare of workers;
7. Other projects commissioned by the Government;
8. Projects incidental to those referred to in subparagraphs 5, 5-2 through 5-5, 6 and 7.

(2) The Service may establish and operate medical institutions, research institutes, etc. to carry out projects referred to in paragraph (1) 5-2 and 5-5. <Newly Inserted by Act No. 9988, Jan. 27, 2010: Act No. 13045, Jan. 20, 2015>

(3) In order to provide necessary advice and suggestions to carry out projects referred to in paragraph (1) 3, an Insurance Benefits Advisory Committee may be established in the Service, comprising of relevant experts, etc. <Amended by Act No. 9988, Jan. 27, 2010>

(4) Necessary matters for the organization and operation of the Insurance Benefits Advisory Committee referred to in paragraph (3), shall be determined by the Service. <Amended by Act No. 9988, Jan. 27, 2010>

(5) The Government may, within budgetary limits, contribute necessary expenses for projects and operation of the Service. <Newly Inserted by
Article 12 (Corporate Personality)
The Service shall be incorporated as a corporation.

Article 13 (Office)(1) The seat of the principal office of the Service shall be determined by its articles of incorporation.
(2) The Service may, if necessary, establish branch offices as prescribed by its articles of incorporation.

Article 14 (Articles of Incorporation)(1) The articles of incorporation of the Service shall include each of the following:
1. Purpose;
2. Name;
3. Matters concerning the principal office and branch offices;
4. Matters concerning officers and employees;
5. Matters concerning the board of directors;
6. Matters concerning projects;
7. Matters concerning budgets and settlement of accounts;
8. Matters concerning assets and accounting;
9. Matters concerning modifications of the articles of incorporation;
10. Matters concerning enactments, amendments and repeals of the internal regulations;
11. Matters concerning public notices.
(2) The articles of incorporation of the Service shall be authorized by the Minister of Employment and Labor. The same shall also apply to any modification thereto.  

Article 15 (Registration of Establishment)
The Service shall come into existence upon registering its establishment at the seat of its principal office.

Article 16 (Officers)(1) Officers of the Service shall consist of 15 or fewer directors including one president and four executive directors, and one auditor.  
(2) The provisions of Article 26 of the Act on the Management of Public Institutions, shall be applied to the appointment and dismissal of the president, executive directors and the auditor.  

<Amended by Act No. 10339, Jun. 4, 2010>
(3) Non-standing directors (excluding those designated ex officio as non-standing directors pursuant to paragraph (4)), shall be appointed by the Minister of Employment and Labor, from among those who fall under any of the following subparagraphs in accordance with Article 26 (3) of the Act on the Management of Public Institutions. In such cases, the number of non-standing directors falling under subparagraph 1 shall be equal to the number of non-standing directors falling under subparagraph 2, except where either labor or management fails to recommend them:  

1. Those recommended by a trade union which is a union federation;
2. Those recommended by a nationwide employers' association;
3. Those with substantial knowledge and experience in social insurance or labor welfare programs and recommended by the executive recommendation committee under Article 29 of the Act on the Management of Public Institutions.

(4) Persons who shall be designated ex officio as non-standing directors shall be as follows:  

1. One person nominated by the Minister of Strategy and Finance from among public officials of Grade III in charge of the Service’s budgetary affairs in the Ministry of Strategy and Finance or public officials in general service belonging to the Senior Civil Service;
2. One person nominated by the Minister of Employment and Labor from among public officials of Grade III in charge of the affairs of industrial accident compensation insurance in the Ministry of Employment and Labor or public officials in general service belonging to the Senior Civil Service.

(5) No non-standing directors shall be paid any remuneration: Provided, That they may be reimbursed the actual expenses incurred in performing their duties.  

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**Article 17 (Terms of Office for Officers)**

The term of office for the president shall be three years, whereas those for the directors and auditor shall be two years, each of which may be renewable on a yearly basis.  

**Article 18 (Duties of Officers)**

(1) The president shall represent the Service
and generally manage its affairs.

(2) The executive directors shall take partial charge of the Service's affairs as prescribed by the articles of incorporation, and, in case of any vacancy in the office of the president, act on behalf of him/her in such order as determined by the articles of incorporation.

(3) The auditor shall inspect and audit affairs and accounts of the Service.

Article 19 (Disqualifications and Ex Officio Retirement of Officers)
None of the following persons shall serve as an officer of the Service:

1. A person who falls under any subparagraph of Article 33 of the State Public Officials Act:

[This Article Wholly Amended by Act No. 9988, Jan. 27, 2010]

Article 20 (Dismissal of Officers)
With respect to the dismissal of officers, Articles 22 (1), 31 (6), 35 (2) and (3), 36 (2) and 48 (4) and (8) of the Act on the Management of Public Institutions, shall apply.

[This Article Wholly Amended by Act No. 9988, Jan. 27, 2010]

Article 21 (Restriction on Holding Concurrent Offices, etc. by Officers or Employees)
(1) No standing officer or employee of the Service shall engage in any profit-making business, other than within the scope of their duties. <Amended by Act No. 9988, Jan. 27, 2010>

(2) Where any standing officer receives permission from the person who holds the power to appoint or recommend him/her under Article 26 of the Act on the Management of Public Institutions and where any employee who receives permission from the president, such standing officer or such employee may concurrently hold a post in a non-profit business. <Newly Inserted by Act No. 9988, Jan. 27, 2010>

(3) No incumbent or former officer or employee of the Service shall divulge confidential information that they have learned in the course of performing their duties. <Amended by Act No. 9988, Jan. 27, 2010>

Article 22 (Board of Directors)
(1) The board of directors shall be established in the Service in order to deliberate and decide on matters referred to in subparagraphs of Article 17 (1) of the Act on the
Management of Public Institutions.
(2) The board of directors shall be comprised of directors, including the president.
(3) The president shall preside over meetings of the board of directors.
(4) Meetings of the board of directors shall be called by the president thereof or at the request of at least one third of directors on the register and resolutions shall be made with the concurrent vote of a majority of directors on the register.
(5) The auditor may attend and present his/her opinion in meetings of the board of directors.
[This Article Wholly Amended by Act No. 9988, Jan. 27, 2010]

Article 23 (Employment and Dismissal of Employees and Selection of Representative)
(1) The president shall employ or dismiss employees of the Service as prescribed by its articles of incorporation.
(2) The president may select, from among its employees, a representative who has the authority to perform any judicial or extrajudicial act related to affairs of the Service, as prescribed by its articles of incorporation.

Article 24 (Legal Fiction as Public Officials in Application of Penal Provisions)
The officers and employees of the Service shall be deemed public officials in applying the penal provisions under Articles 129 through 132 of the Criminal Act.

Article 25 (Direction and Supervision of Business)
(1) The Service shall obtain the approval of the Minister of Employment and Labor on its operational plan and budget for each fiscal year, as prescribed by Presidential Decree. <Amended by Act No. 10339, Jun. 4, 2010>
(2) The Service shall report the actual results of business and the settlement of accounts to the Minister of Employment and Labor within two months from the end of each fiscal year. <Amended by Act No. 10339, Jun. 4, 2010>
(3) The Minister of Employment and Labor may order the Service to report on its business, or inspect the state of its projects or property, and if deemed necessary, may take supervisory measures, such as instructing to amend its articles of incorporation. <Amended by Act No. 10339, Jun. 4, 2010>
Article 26 (Accounting of the Service)  
(1) The fiscal year of the Service shall conform to that of the Government.  
(2) The Service shall manage the insurance business accounts separately from other accounts of the Service.  
(3) The Service shall formulate its accounting rules with the approval of the Minister of Employment and Labor.  
<Amended by Act No. 10339, Jun. 4, 2010>

Article 27 (Borrowing, etc. of Funds)  
(1) If it is required for the business activities referred to in Article 11, the Service may borrow funds (including borrowing from any international organization, foreign government or foreigner) with the approval of the Minister of Employment and Labor.  
<Amended by Act No. 10339, Jun. 4, 2010>  
(2) Where expenditure exceeds revenue regarding insurance business for each fiscal year, the Service may make up for the shortage by bringing in money from the Industrial Accident Compensation Insurance and Prevention Fund referred to in Article 95 with the approval of the Minister of Employment and Labor within the extent of the liability reserve pursuant to Article 99.  
<Amended by Act No. 10339, Jun. 4, 2010>

Article 28 (Appropriation of Surplus Earnings)  
Where surplus earnings accrue following the settlement of accounts at the end of each fiscal year, the Service shall appropriate such funds for the loss by classifying them according to each item of accounting as prescribed by the accounting rules of the Service, and shall retain the rest.

Article 29 (Delegation or Entrustment of Authority or Business)  
(1) Part of the representative authority of the president of the Service under this Act may be delegated to the heads of its branch offices (hereinafter referred to as "affiliated agencies") as prescribed by Presidential Decree.  
(2) Part of the business of the Service under this Act may be entrusted to any postal office or financial institution prescribed by Presidential Decree.

Article 30 (Collection of Fees, etc.)  
With respect to the business activities referred to in Article 11, the Service may allow the beneficiaries to bear the expenses incurred by
such activities, including charges for using facilities of the Service and fees for entrustment of business, with the approval of the Minister of Employment and Labor.  

<Amended by Act No. 10339, Jun. 4, 2010>

**Article 31 (Request for Provision of Materials)**

(1) The Service may, if necessary for the efficient performance of the insurance business, request any relevant administrative agency, such as the National Tax Service and a local government, or any institution, organization, etc. related to the insurance business to provide necessary materials.

(2) No relevant administrative agency, institution, organization, etc., which is requested to provide materials under paragraph (1), may refuse such request without justifiable grounds.

(3) Fees or usage fees shall be exempted for the materials provided to the Service pursuant to paragraph (1).

<Amended by Act No. 10339, Jun. 4, 2010>

**Article 32 (Investment, etc.)**

(1) The Service may, if necessary for the efficient performance of its business, make an investment in or contribution to projects pursuant to Article 11 (1) 5, 5-2 through 5-5, 6 and 7.  

<Amended by Act No. 9988, Jan. 27, 2010; Act No. 13045, Jan. 20, 2015>

(2) Necessary matters for an investment or contribution referred to in paragraph (1), shall be prescribed by Presidential Decree.

<Amended by Act No. 9988, Jan. 27, 2010>

**Article 34 (Prohibition of Use of Similar Name)**

No person, other than the Service, may use the name "Korea Workers' Compensation and Welfare Service" or any name similar thereto.  

[This Article Wholly Amended by Act No. 9988, Jan. 27, 2010]

**Article 35 (Application Mutatis Mutandis of the Civil Act)**

Except as provided for in this Act and the Act on the Management of Public Institutions, the provisions of the Civil Act concerning incorporated foundations shall apply mutatis mutandis with respect to the Service.  

<Amended by Act No. 9988, Jan. 27, 2010>

**CHAPTER III INSURANCE BENEFITS**

**Article 36 (Categories of Insurance Benefits and Standards for their Calculation, etc.)**

(1) The types of insurance benefits shall be as follows:
Provided, That the types of insurance benefits for pneumoconiosis shall be medical care benefits under subparagraph 1, nursing benefits under subparagraph 4, funeral expenses under subparagraph 7, vocational rehabilitation benefits under subparagraph 8, pneumoconiosis compensation annuity under Article 91-3 and pneumoconiosis survivors’ annuity under Article 91-4:  <Amended by Act No. 10305, May 20, 2010>

1. Medical care benefits;
2. Temporary layoff benefits;
3. Disability benefits;
4. Nursing benefits;
5. Survivors' benefits;
6. Injury-disease compensation annuities;
7. Funeral expenses;
8. Vocational rehabilitation benefits.

(2) The insurance benefits referred to in paragraph (1) shall be paid upon request from any person entitled to such insurance benefits pursuant to Articles 40, 52 through 57, 60 through 62, 66 through 69, 71, 72, 91-3 and 91-4 (hereinafter referred to as "beneficiary").  <Amended by Act No. 10305, May 20, 2010>

(3) In calculating insurance benefits, the average wage shall be increased or decreased every year in conformity with the fluctuation rate of the average amount of the entire workers' wages after one year from the date when the ground for calculating the average wage of the relevant worker occurs, and the average wage shall be increase or decreased every year in conformity with the fluctuation rate of consumer price index after the relevant worker attains the age of 60 years: Provided, That the insurance benefits for workers with pneumoconiosis whose average wage is deemed the amount calculated pursuant to paragraph (6), shall be excluded herefrom.  <Amended by Act No. 10305, May 20, 2010>

(4) The standards and methods for calculating the fluctuation rate of the average amount of the entire workers' wages and the fluctuation rate of consumer price index under paragraph (3), shall be prescribed by Presidential Decree. In such cases, the fluctuation rates so calculated shall be published each year by the Minister of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

(5) In calculating insurance benefits (excluding pneumoconiosis compensation annuities and pneumoconiosis survivors’ annuities),
where it is deemed inappropriate to apply the average wage to the relevant worker due to his/her unusual type of work as prescribed by Presidential Decree, an amount calculated according to the calculation method prescribed by Presidential Decree, shall be deemed the average wage for the worker.  <Amended by Act No. 10305, May 20, 2010>

(6) In calculating insurance benefits, where it is deemed inappropriate to apply the average wage to any worker, who is eligible to receive insurance benefits due to any work–related disease prescribed by Presidential Decree, such as pneumoconiosis, for protecting such worker, an amount calculated according to the calculation method prescribed by Presidential Decree, shall be deemed the average wage for the worker.  <Amended by Act No. 10305, May 20, 2010>

(7) In calculating insurance benefits (excluding funeral expenses), where the average wage of the worker concerned or the average wage that forms the basis for calculating the insurance benefits in accordance with paragraphs (3) through (6) exceeds 1.8 times the average amount of the entire workers' wages (hereinafter referred to as "maximum standard amount of compensation") or falls short of 1/2 of such average amount (hereinafter referred to as "minimum standard amount of compensation"), either the maximum standard amount of compensation or the minimum standard amount of compensation, shall each be deemed the average wage for the worker concerned: Provided, that the minimum standard amount of compensation shall not apply to the calculation of temporary layoff benefits and injury–disease compensation annuities.

(8) Method for calculation and the effective period of the maximum standard amount of compensation or the minimum standard amount of compensation, shall be prescribed by Presidential Decree. In such cases, the maximum or minimum standard amount of compensation so calculated shall be published each year by the Minister of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

**Article 37 (Standards for Recognition of Occupational Accidents)**

(1) If a worker suffers any injury, disease or disability, or dies due to any of the following causes, it shall be deemed an occupational accident: Provided, that this shall not apply where there is no proximate causal relationship between his/her duties and the accident:  <Amended by Act No. 9988, Jan. 27, 2010>

1. Accident on duty:
(a) Any accident that occurs while he/she performs a duty under his/her employment contract or other acts incidental thereto;
(b) Any accident that occurs while he/she uses a facility, etc. provided by his/her business owner, due to any defect in or any careless management of such facility, etc.:
(c) Any accident that occurs while he/she commutes to or from work using a transportation means provided by his/her business owner or other similar means under the control and management of his/her business owner;
(d) Any accident that occurs while he/she participates in an event sponsored by or under the direction of his/her business owner or prepares for such event;
(e) Any accident that occurs at recess due to an act deemed to be under the control and management of his/her business owner;
(f) Any other accident that occurs in connection with his/her duties;

2. Occupational disease:
(a) Any disease caused by handling or being exposed to any physical agent, chemical substance, dust, pathogen, work imposing a burden on his/her body, or any other agent causing trouble to his/her health while performing his/her duties;
(b) Any disease caused by an occupational injury;
(c) Any other disease caused in connection with his/her duties.

(2) No injury, disease, disability or death of a worker due to his/her intentional action, self-harm or other criminal act, or caused by such act shall be deemed an occupational accident: Provided, That when the injury, disease, disability or death is caused by any act committed in the state of a marked decline in his/her normal cognitive function, etc. as prescribed by Presidential Decree, it shall be deemed an occupational accident.

(3) The detailed standards for recognition of occupational accidents shall be prescribed by Presidential Decree.

Article 38 (Occupational Disease Adjudication Committee)
(1) In order to deliberate on the recognition of an occupational disease pursuant to Article 37 (1) 2, there shall be established an Occupational Disease Adjudication Committee (hereinafter referred to as the "Adjudication Committee") in an agency belonging to the Service.
(2) Diseases excluded from deliberation by the Adjudication Committee and the deliberation procedures by the Adjudication Committee, shall be
prescribed by Ordinance of the Ministry of Employment and Labor.<Amended by Act No. 10339, Jun. 4, 2010>

(3) Necessary matters for the organization and operation of the Adjudication Committee, shall be prescribed by Ordinance of the Ministry of Employment and Labor.<Amended by Act No. 10339, Jun. 4, 2010>

Article 39 (Presumption of Death) (1) If it is unclear as to whether a worker aboard a ship or aircraft in which an accident occurs is alive, or if it is unclear as to whether a worker aboard a ship or aircraft on navigation is alive, because the worker is missing or because of other reasons, he/she shall be presumed to be dead as prescribed by Presidential Decree, and the provisions concerning survivors' benefits and funeral expenses shall be applicable.

(2) Where a worker is confirmed to be alive after insurance benefits for the worker are paid due to the presumption of death referred to in paragraph (1), if the person who received such benefits did so bona fide, the Service shall collect the amount received, and if he/she did so mala fide, an amount equivalent to twice the amount received.

Article 40 (Medical Care Benefits) (1) Medical care benefits shall be paid to any worker who suffers from an injury or disease caused by reason of his/her duties.

(2) The medical care benefits referred to in paragraph (1) shall be given in the form of the medical care at an industrial accident insurance-related medical institution pursuant to Article 43 (1): Provided, That medical care expenses may be paid in lieu of the medical care in extenuating circumstances.

(3) In cases of paragraph (1), if an injury or disease is to be cured through medical care within three days, no medical care benefits shall be paid.

(4) The scope of the medical care benefits referred to in paragraph (1) shall be as follows: <Amended by Act No. 10339, Jun. 4, 2010>

1. Medical examination and checkup:
2. Provision of medicines or treatment materials, artificial limbs and other prosthetic devices:
3. Treatment, operation and other medical care:
4. Rehabilitative treatment:
5. Hospitalization:
6. Nursing and patient care;
7. Transfer;
8. Other matters determined by Ordinance of the Ministry of Employment and Labor.

(5) The standard for calculating the medical care benefits referred to in paragraphs (2) and (4), such as the scope and expenses thereof, etc., shall be determined by Ordinance of the Ministry of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

(6) Where the industrial accident insurance–related medical institution at which a worker suffering from an occupational accident is to receive medical care, is a tertiary care hospital referred to in Article 43 (1) 2, there shall be a medical opinion that the worker needs to receive medical care at a tertiary care hospital, except where the worker is an emergency patient as prescribed in subparagraph 1 of Article 2 of the Emergency Medical Service Act or except in extenuating grounds.  <Amended by Act No. 10305, May 20, 2010>

**Article 41 (Application for Medical Care Benefits)**
(1) Any person who intends to receive medical care benefits (excluding medical care benefits for pneumoconiosis: hereafter in this Article the same shall apply) pursuant to Article 40 (1), shall file an application with the Service for the medical care benefits, along with documents indicating his/her workplace, reasons for the accident, medical opinions on the accident, and other matters prescribed by Ordinance of the Ministry of Employment and Labor. In such cases, the procedures and methods for application for medical care benefits shall be prescribed by Ordinance of the Ministry of Employment and Labor.  <Amended by Act No. 10305, May 20, 2010; Act No. 10339, Jun. 4, 2010>

(2) An industrial accident insurance–related medical institution as prescribed in Article 43 (1), which provides medical treatment to a worker suffering from an accident, may apply for medical care benefits on behalf of the worker with his/her consent, if the accident is determined to be an occupational accident.

**Article 42 ( Preferential Application of Health Insurance)**
(1) Any person who applies for medical care benefits pursuant to Article 41 (1), may be entitled to medical care benefits under Article 41 of the National Health Insurance Act or medical benefits under Article 7 of the Medical Care Assistance Act (hereinafter referred to as "medical care benefits under..."
(2) Where a person, who has received medical care benefits under health insurance, etc. pursuant to paragraph (1), is determined as a beneficiary of medical care benefits under this Act after paying his/her co-payment amount under Article 44 of the National Health Insurance Act or Article 10 of the Medical Care Assistance Act to an industrial accident insurance-related medical institution prescribed in Article 43 (1), he/she may file a claim with the Service for an amount equivalent to the medical care benefits referred to in Article 40 (5) out of his/her co-payment amount already paid. <Amended by Act No. 11141, Dec. 31, 2011>

Article 43 (Designation of Industrial Accident Insurance-Related Medical Institutions, Revocation of Designation Thereof, etc.)

(1) Medical institutions which shall provide medical care for workers suffering from occupational accidents (hereinafter referred to as "industrial accident insurance-related medical institutions"), are as follows: <Amended by Act No. 9988, Jan. 27, 2010; Act No. 10305, May 20, 2010; Act No. 10339, Jun. 4, 2010; Act No. 13323, May 18, 2015>

1. Medical institutions established in the Service under Article 11 (2);
2. Tertiary care hospitals referred to in Article 3-4 of the Medical Service Act;
3. Medical institutions or public health clinics designated by the Service, from among medical institutions referred to in Article 3 of the Medical Service Act and public health clinics referred to in Article 10 of the Regional Public Health Act (including public health and medical care centers referred to in Article 12 of the Regional Public Health Act; hereinafter the same shall apply), which satisfy the standards set by Ordinance of the Ministry of Employment and Labor in terms of manpower, facilities, etc.

(2) When designating a medical institution or public health clinic as an industrial accident insurance-related medical institution pursuant to paragraph (1) 3, the Service shall take into account each of the following factors:

1. Manpower, facilities, equipment and areas of practice of the medical institution or public health clinic;
2. Regional distribution of industrial accident insurance-related medical
institutions.

(3) If an industrial accident insurance-related medical institution referred to in paragraph (1) 2 and 3 falls under any of the following subparagraphs, the Service may revoke its designation (applied only to the case of paragraph (1) 3), restrict its medical treatment for workers suffering from occupational accidents for not more than 12 months, or order necessary improvements (hereinafter referred to as "restriction on medical treatment, etc."):

1. Where the medical institution diagnoses or certifies matters concerning an occupational accident by fraud or other wrongful means;
2. Where the medical institution claims medical expenses referred to in Article 45 by fraud or other wrongful means;
3. Where revocation of the designation or restriction on medical treatment, etc. is found necessary as a result of an evaluation referred to in Article 50;
4. Where the medical institution or a doctor thereof is not able to engage in medical service temporarily or permanently due to a violation of the Medical Service Act or any other reason;
5. Where the medical institution fails to meet the standards of manpower, facilities, etc. referred to in paragraph (1) 3;
6. Where the medical institution violates a restriction on medical treatment, etc.

(4) No industrial accident insurance-related medical institution whose designation is revoked pursuant to paragraph (3), may be redesignated as such for the period set by Ordinance of the Ministry of Employment and Labor within the limit of one year from the date of such revocation.  <Newly Inserted by Act No. 9988, Jan. 27, 2010: Act No. 10339, Jun. 4, 2010>

(5) If an industrial accident insurance-related medical institution under paragraph (1) 2 and 3 falls under any of the following subparagraphs, the Service may impose a restriction on medical treatment, etc. for not more than 12 months:  <Amended by Act No. 9988, Jan. 27, 2010: Act No. 10305, May 20, 2010>

1. Where the medical institution unduly claims medical expenses referred to in Article 45, in violation of the criteria for the calculation of medical care benefits referred to in Article 40 (5) and 91-9 (3);
2. Where the medical institution claims medical expenses from a person other than the Service, in violation of Article 45 (1);
3. Where the medical institution fails to submit a medical treatment plan referred to in Article 47 (1);
4. Where the medical institution fails to make a report or to respond to a request for submission of materials or investigation referred to in Article 118;
5. Where the medical institution violates the conditions of designation as an industrial accident insurance–related medication institution.

(6) Where the Service seeks to revoke designation or restrict medical treatment pursuant to paragraph (3) or (5), it shall hold a hearing.  
<Amended by Act No. 9988, Jan. 27, 2010>

(7) The procedures for designation referred to in paragraph (1) 3 and the criteria and procedures for revocation of designation and restrictions on medical treatment, etc. referred to in paragraphs (3) and (5), shall be prescribed by Ordinance of the Ministry of Employment and Labor.  <Amended by Act No. 9988, Jan. 27, 2010; Act No. 10339, Jun. 4, 2010>

Article 44 (Penalty Surcharges, etc. for Industrial Accident Insurance–Related Medical Institutions)
(1) If the Service has to restrict medical treatment for any of the reasons described in Article 43 (3) 1 and 2 and 43 (5) 1, but considers that the restriction on medical treatment may cause serious inconvenience to the workers who use the industrial accident insurance–related medical institution or that there are other special reasons to the contrary, it may impose a penalty surcharge not exceeding five times the amount of insurance benefits received by fraud or wrongful means or the amount of medical expenses received by fraud, wrongful or illegitimate means, in lieu of restricting medical treatment.  <Amended by Act No. 9988, Jan. 27, 2010>

(2) Matters regarding the amount, etc. of a penalty surcharge imposed pursuant to paragraph (1) according to the type, gravity, etc. of an offense, shall be prescribed by Presidential Decree.

(3) If a person subject to the imposition of a penalty surcharge pursuant to paragraph (1), fails to pay such penalty surcharge by the deadline, it shall be collected in the same manner as delinquent national taxes are collected with the approval of the Minister of Employment and Labor.  
<Amended by Act No. 9988, Jan. 27, 2010; Act No. 10339, Jun. 4, 2010>

Article 45 (Claim, etc. for Medical Expenses)
(1) If an industrial accident
insurance-related medical institution, which has provided medical care pursuant to Article 40 (2) or 91–9 (1), intends to charge the relevant expenses (hereinafter referred to as "medical expenses"), it shall file a claim for the reimbursement thereof with the Service.  

<Amended by Act No. 10305, May 20, 2010>

(2) Examinations and decisions concerning medical expenses claimed pursuant to paragraph (1), and methods and procedures for the payment of such expenses, shall be prescribed by Ordinance of the Ministry of Employment and Labor.  

<Amended by Act No. 10339, Jun. 4, 2010>

Article 46 (Claim, etc. for Medicine Expenses)  
(1) The Service may provide medicines under Article 40 (4) 2 through pharmacies registered pursuant to Article 20 of the Pharmaceutical Affairs Act.  
(2) If a pharmacy referred to in paragraph (1) intends to charge medicine expenses, it shall file a claim for the reimbursement thereof with the Service.  
(3) Examinations and decisions concerning medicine expenses claimed pursuant to paragraph (2), and methods and procedures for the payment thereof, shall be prescribed by Ordinance of the Ministry of Employment and Labor.  

<Amended by Act No. 10339, Jun. 4, 2010>

Article 47 (Submission of Medical Treatment Plans)  
(1) When it is necessary to extend the period of medical care for a worker receiving medical care benefits pursuant to Article 41 or 91–5, the relevant industrial accident insurance-related medical institution shall submit to the Service a medical treatment plan containing the progress relating to the disease or injury of the worker, expected treatment period, treatment methods, etc., as prescribed by Presidential Decree.  

<Amended by Act No. 10305, May 20, 2010>

(2) The Service may examine the adequacy of a medical treatment plan submitted pursuant to paragraph (1), and take necessary measures prescribed by Presidential Decree (hereinafter referred to as "measures, etc. to change a medical treatment plan"), such as ordering the industrial accident insurance-related medical institution to change the treatment period.

Article 48 (Transfer to another Medical Institution)  
(1) If any of the following events occurs to a worker in the course of medical care, the
Service may transfer such worker to another industrial accident insurance–related medical institution to provide medical care:

<Amended by Act No. 10305, May 20, 2010>

1. Where the worker needs to be transferred to another industrial accident insurance–related medical institution because the manpower, facilities, etc. of the industrial accident insurance–related medical institution currently providing medical care are unfit for the professional treatment or rehabilitative treatment of the worker;
2. Where the worker needs to be transferred to another industrial accident insurance–related medical institution to receive medical care near where he/she lives;
3. Where the worker needs to be transferred to another industrial accident insurance–related medical institution after receiving professional treatment at a tertiary care hospital under Article 43 (1) 2;
4. Other cases deemed to be in extenuating grounds after undergoing procedures prescribed by Presidential Decree.

(2) If any of the events under paragraph (1) 1 through 3 occurs to a worker in the course of medical care, he/she may file an application with the Service for his/her transfer to another industrial accident insurance–related medical institution.

Article 49 (Application for Medical Care Benefits for Additional Injury or Disease)

Where a worker receiving medical care due to an occupational accident falls under any of the following subparagraphs, he/she may apply for medical care benefits for an additional injury or disease (hereinafter referred to as "additional injury or disease"):  
1. Where medical care is needed as an injury or a disease which has arisen from the occupational accident has been further diagnosed;
2. Where medical care is needed as a new disease occurs as a result of an injury or a disease which has arisen from the occupational accident.

Article 50 (Evaluation of Industrial Accident Insurance–Related Medical Institutions)

(1) In order to facilitate improvement in the quality of medical service with regard to occupational accidents, the Service may evaluate medical institutions prescribed by Presidential Decree among industrial accident insurance–related medical institutions referred to in
Article 43 (1) 3 regarding manpower, facilities, medical services and other matters relating to the quality of medical care. In such cases, the evaluation methods and criteria shall be prescribed by Presidential Decree.

(2) Considering the results of an evaluation referred to in paragraph (1), the Service may preferentially treat such evaluated industrial accident insurance–related medical institutions in administration or finance, revoke their designation, or impose restrictions on medical treatment, etc. pursuant to Article 43 (3) 3.

Article 51 (Recurrent Medical Care)

(1) If a person who has received medical care benefits under Article 40 suffers a recurrence of an occupational injury or disease that was the object of the medical care after the cure, or if there is a medical opinion that active treatment of his/her occupational injury or disease is needed because his/her injury or disease gets worse, he/she is entitled to medical care benefits under Article 40 again (hereinafter referred to as "recurrent medical care").

(2) Necessary matters for requirements, procedures, etc. for recurrent medical care, shall be prescribed by Presidential Decree.

Article 52 (Temporary Layoff Benefits)

Temporary layoff benefits shall be paid to any worker, who suffers an occupational injury or disease, for a period during which the worker is unable to work, for receiving medical care, and the daily amount of temporary layoff benefits shall be an amount equivalent to 70/100 of his/her average wage: Provided, That where the period of not being able to work is three days or less, such benefits shall not be paid.

Article 53 (Partial Temporary Layoff Benefits)

(1) If a worker who is receiving medical care or recurrent medical care is employed for a specific period or on a short–term basis during the period of such care, he/she may be paid 90/100 of an amount calculated by subtracting the wages paid for the days or hours employed from his/her average wage corresponding to the number of those days or hours employed: Provided, That when the minimum standard amount of wages serves as the daily amount of temporary layoff benefits pursuant to Articles 54 (2) and 56 (2), an amount equivalent to the minimum standard amount of wages (the amount of reduction where the amount is reduced in accordance with subparagraph 2 of attached Table 1) minus the wages
paid for the days or hours employed, may be paid.
(2) If a worker is employed on a short-term basis referred to in paragraph (1), with respect to the number of hours of unemployment (referring to the number of hours remaining after subtracting the number of hours of employment from eight hours), an amount produced by multiplying the daily amount of temporary layoff benefits calculated pursuant to Article 52 or 54 through 56 by the ratio of the number of hours of unemployment to eight hours, shall be paid.
(3) Requirements and procedures for the partial payment of temporary layoff benefits referred to in paragraph, (1), shall be prescribed by Presidential Decree.

**Article 54 (Temporary Layoff Benefits for Low-Income Workers)**

1. If the daily amount of temporary layoff benefits calculated pursuant to Article 52 is less than or equal to 80/100 of the minimum standard amount of compensation, the daily amount of temporary layoff benefits for the worker shall be an amount equivalent to 90/100 of his/her average wage: Provided, That when an amount equivalent to 90/100 of the average wage of a worker is more than 80/100 of the minimum standard amount of compensation, an amount equivalent to 80/100 of the minimum standard amount of compensation, shall be the daily amount of temporary layoff benefits.
2. If the daily amount of temporary layoff benefits calculated pursuant to the main sentence of paragraph (1) is less than the hourly minimum wage under Article 5 (1) of the Minimum Wages Act, multiplied by eight, (hereinafter referred to as "minimum wage"), the minimum wage shall be the daily amount of temporary layoff benefits for the worker.

**Article 55 (Temporary Layoff Benefits for the Aged)**

If a worker who receives temporary layoff benefits reaches the age of 61, his/her temporary layoff benefits thereafter shall an amount calculated in accordance with attached Table 1: Provided, That when a person who remains employed after the age of 61 receives medical care due to an occupational accident or when a person who has received disability benefits before the age of 61 due to an occupational disease pursuant to Article 37 (1) 2 receives medical care for the first time due to the occupational disease after the age of 61, the provisions of attached Table 1 shall not apply during such period prescribed by Presidential Decree.
Article 56 (Temporary Layoff Benefits during Period of Recurrent Medical Care)

(1) For a person who receives recurrent medical care, an amount equivalent to 70/100 of the average wage calculated on the basis of the wage as at the time of receiving such recurrent medical care, shall be the daily amount of temporary layoff benefits. In such cases, the date of the occurrence of a cause for calculating the average wage shall be prescribed by Presidential Decree.

(2) If the daily amount of temporary layoff benefits calculated pursuant to paragraph (1) is less than the minimum wage, or if there is no wage subject to the calculation of the average wage as at the time of receiving recurrent medical care, the minimum wage shall be the daily amount of temporary layoff benefits.

(3) Where a person who receives a disability compensation annuity receives recurrent medical care, if the sum of the daily disability compensation annuity (referring to the amount of disability compensation annuity, calculated pursuant to attached Table 2, divided by 365; hereinafter the same shall apply) and the daily amount of temporary layoff benefits calculated pursuant to paragraph (1) or (2) exceeds 70/100 of the average wage, which is applied in calculating the disability compensation annuity, an amount equivalent to the temporary layoff benefits, out of the excess amount, shall not be paid.

(4) In calculating temporary layoff benefits during the period of recurrent medical care, Article 54 shall not apply.

Article 57 (Disability Benefits)

(1) Disability benefits shall be paid to any worker who suffers from a physical disability, etc. after recovering from any injury or disease caused by reason of his/her duties.

(2) Disability benefits shall be paid in the form of a disability compensation annuity or lump-sum disability compensation as set out in attached Table 2 according to disability grade, and the standards for disability grades shall be prescribed by Presidential Decree.

(3) The beneficiary may choose between a disability compensation annuity or lump-sum disability compensation benefit referred to in paragraph (2): Provided, That a worker with such disability grade prescribed by Presidential Decree as a complete loss of work ability, shall be paid a disability compensation annuity, and a worker who is not a Korean national and resides in a foreign country when the cause for claiming disability benefits occurs, shall be paid a lump-sum disability compensation benefit.
(4) A disability compensation annuity may be paid in advance upon request of the beneficiary in an amount equivalent to 1/2 of the first year or two-year annuity (the first year to four-year annuity for any such worker as prescribed in the proviso to paragraph (3)). In such cases, interest, within the limit of 5/100, may be deducted from the amount paid in advance at the rate prescribed by Presidential Decree.

(5) Where a beneficiary’s entitlement to a disability compensation annuity is extinguished under Article 58, if the total number of days obtained by dividing the amount of the already paid annuity by each average wage as at the time when the annuity is paid is short of the number of days for lump-sum disability compensation benefits set forth in attached Table 2, the amount calculated, by multiplying the insufficient number of days by the average wage as at the time when the entitlement is extinguished, shall be paid in a lump sum to the relevant survivors or the relevant worker.

**Article 58 (Extinguishment of Entitlement to Disability Compensation Annuities, etc.)**

If the beneficiary of a disability compensation annuity or pneumoconiosis compensation annuity falls under any of the following subparagraphs, his/her entitlement to such annuity shall be extinguished: <Amended by Act No. 10305, May 20, 2010>

1. Where the beneficiary dies;
2. Where the beneficiary, once a Korean national, has lost his/her Korean nationality and now lives in a foreign country or leaves Korea to live in a foreign country;
3. Where the beneficiary, who is not a Korean national, leaves Korea to live in a foreign country;
4. Where the beneficiary is excluded from those eligible to receive disability compensation annuities or pneumoconiosis compensation annuities as a result of a change in his/her disability or pneumoconiosis grade.

**Article 59 (Redetermination of Disability Grades, etc.)**

(1) With regard to any person, among beneficiaries of disability compensation annuities or pneumoconiosis compensation annuities, whose disability or pneumoconiosis grade already determined (hereafter in this Article referred to as "disability grade, etc.") is possible to be changed as the state of his/her disability has improved or worsened, the Service may
redetermine his/her disability grade, etc. upon request of the beneficiary or by virtue of its authority.  

<Amended by Act No. 10305, May 20, 2010>

(2) If a disability grade, etc. is changed as a result of redetermination referred to in paragraph (1), disability benefits or pneumoconiosis compensation annuities shall be paid according to the changed disability grade, etc.  

<Amended by Act No. 10305, May 20, 2010>

(3) Redetermination of a disability grade, etc. referred to in paragraphs (1) and (2), shall be made only once, but the eligible persons and period for such redetermination and the methods for paying disability benefits or pneumoconiosis compensation annuities based on the results thereof, shall be prescribed by Presidential Decree.  

<Amended by Act No. 10305, May 20, 2010>

Article 60 (Recurrent Medical Care and Disability Benefits)

(1) Even when the beneficiary of a disability compensation annuity receives recurrent medical care, the payment of the annuity shall not be suspended.

(2) Where the beneficiary of a disability compensation annuity is cured after receiving recurrent medical care and then his/her state of disability has improved or worsened, disability benefits shall be paid according to a disability grade corresponding to such improved or worsened state of disability. In such cases, the methods for calculation and payment of disability benefits after recurrent medical care, shall be prescribed by Presidential Decree.

Article 61 (Nursing Benefits)

(1) Nursing benefits shall be paid to any person, among those receiving medical care benefits under Article 40, who is in need for medically constant or frequent nursing care after his/her cure and is actually receiving nursing care.

(2) Necessary matters for the standards, methods, etc. for paying nursing benefits under paragraph (1), shall be prescribed by Presidential Decree.

Article 62 (Survivors' Benefits)

(1) Survivors' benefits shall be paid to a survivor of any worker who has died due to a cause related to his/her duties.

(2) Survivors' benefits shall be paid in the form of a survivors' compensation annuity or lump-sum survivors' compensation set out in attached Table 3, and the lump-sum survivors' compensation benefits
shall be paid where there is no person eligible for a survivors' compensation annuity pursuant to Article 63 (1) as at the time the worker dies.

(3) If a person eligible for a survivors' compensation annuity under paragraph (2) chooses, an amount equivalent to 50/100 of the lump-sum survivors' compensation benefits set out in attached Table 3, shall be paid in a lump sum, and the survivors' compensation annuity shall be paid in an amount reduced by 50/100.

(4) Where a person who has received a survivors' compensation annuity loses eligibility therefor, and if there is no other beneficiary with eligibility and the total number of days calculated by dividing the amount of the annuity already paid by each average wage as at the time of paying the annuity is short of 1,300, the amount calculated by multiplying such insufficient number of days by the average wage as at the time of losing the eligibility, shall be paid in a lump sum to the survivors as at the time the eligibility is lost.

(5) Standards and methods for paying survivors' compensation annuities under paragraph (2) and other necessary matters, shall be prescribed by Presidential Decree.

Article 63 (Scope of Persons Entitled to Survivors' Compensation Annuities)

(1) A person entitled to a survivors' compensation annuity (hereinafter referred to as "persons entitled to a survivors' compensation annuity"), shall be the spouse of the relevant worker and any of the following survivors whose livelihood had been supported by such worker as at the time of the worker's death (excluding those who were not Korean nationals and were living in foreign countries as at the time of the worker’s death). In such cases, the criteria for determining survivors whose livelihood had been supported by the worker, shall be prescribed by Presidential Decree:  <Amended by Act No. 10339, Jun. 4, 2010; Act No. 11569, Dec. 18, 2012>

1. Parents or grandparents respectively aged 60 years at least;
2. Children or grandchildren respectively aged below 19 years;
3. Siblings aged below 19 years or 60 years at least;
4. Any person who is either a child, parent, grandchild, grandparent or sibling who does not fall under any of subparagraphs 1 through 3, and who suffers from disability falling under a disability grade at least as high as that prescribed by Ordinance of the Ministry of Employment and Labor, among the disabled provided for in Article 2

(2) In applying the provisions of paragraph (1), if a child, who was a fetus as at the time of the worker's death, is born, the child shall be deemed, at birth and thereafter, a survivor whose livelihood had been supported by such worker as at the time of his/her death.

(3) The order of priority for entitlement to a survivors' compensation annuity, of persons entitled to the survivors' compensation annuity, shall be in accordance with the following order: spouse, children, parents, grandchildren, grandparents, and siblings.

**Article 64 (Losing Eligibility of and Suspension of Payment, etc. for Persons Entitled to Survivors' Compensation Annuities)**

(1) Any survivor entitled to a survivors' compensation annuity shall lose his/her eligibility when he/she falls under any of the following subparagraphs:

<Amended by Act No. 11569, Dec. 18, 2012>

1. When he/she dies:
2. When he/she is remarried (limited to the spouse of the deceased worker and including the case of a de facto marital relationship as for remarriage);
3. When the kinship with the deceased worker ceases to exist;
4. When a child, grandchild or sibling reaches the age of 19 years;
5. When a person who has been disabled as prescribed in Article 63 (1) 4 recovers from such disability;
6. When a person entitled to a survivors' compensation annuity who was a Korean national as at the time of the worker's death has lost his/her Korean nationality and, who now lives in a foreign country or leaves Korea to live in a foreign country;
7. When a person entitled to a survivors' compensation annuity who is not a Korean national leaves Korea to live in a foreign country.

(2) Where a person entitled to a survivors' compensation annuity (hereinafter referred to as "survivors' compensation annuitant") loses eligibility, the entitlement to the survivors' compensation annuity shall be transferred to a person in the same priority status, if any, and, when there is no such person, to the person next in order.

(3) If a survivors' compensation annuitant has been missing for at least three months, the payment of such annuity to him/her shall be suspended as prescribed by Presidential Decree, and the annuity shall be paid to a person in the same priority status, if any, and, when there is no such person, to the person next in order.  

<Amended by Act No.
Article 65 (Order of Priority of Survivors who are Survivors' Compensation Annuitants)

(1) The order of priority for entitlement to a survivors' compensation annuity among survivors under Articles 57 (5) and 62 (2) (limited to lump-sum survivors' compensation benefits) and (4), shall be in accordance with the following order, but the order of priority for the said entitlement among persons under the same subparagraph, shall follow the order in which they are listed in the subparagraph. In such cases, where at least two annuitants are in the same priority status, the annuity shall be divided and paid equally among them:

1. The spouse, children, parents, grandchildren and grandparents whose livelihood had been supported by the worker as at the time of his/her death;
2. The spouse, children, parents, grandchildren and grandparents whose livelihood had not been supported by the worker as at the time of his/her death, and siblings whose livelihood had not been supported by the worker as at the time of his/her death;
3. Siblings.

(2) In the case of paragraph (1), an adoptive parent has priority over a biological parent, a parent of an adoptive parent over a parent of a biological parent, and an adoptive parent of any parent over a biological parent of any such parent.

(3) If a survivor who is a survivors' compensation annuitant dies, the insurance benefits shall be paid to a person in the same priority status, if any, and, when there is no such person, to the next person in order.

(4) Notwithstanding paragraphs (1) through (3), if a worker designates a survivor to receive insurance benefits in his/her will, such designation shall be honored in the payment of such insurance benefits.

Article 66 (Injury–Disease Compensation Annuities)

(1) If a worker who receives medical care benefits continues to be in a state that meets all the following requirements even two years after the day of commencing the medical care, an injury–disease compensation annuity shall be paid to such worker instead of temporary layoff benefits: <Amended by Act No. 9988, Jan. 27, 2010>

1. The injury or disease remains uncured;
2. The degree of invalidity caused by the injury or disease falls under such invalidity grade standards as determined by Presidential Decree;
3. He/she fails to obtain a job due to such medical care.

(2) The injury–disease compensation annuities shall be paid according to the grades of invalidity as prescribed in attached Table 4.

**Article 67 (Injury–Disease Compensation Annuities for Low–Income Workers)**

(1) In calculating an injury–disease compensation annuity pursuant to Article 66, if the average wage of the relevant worker is less than an amount produced by multiplying the minimum wage by 100/70, the amount equivalent to 100/70 of the minimum wage shall be deemed the average wage of such worker.

(2) If an injury–disease compensation annuity per day obtained by dividing the amount of an injury–disease compensation annuity, calculated pursuant to Article 66 or paragraph (1) of this Article, by 365 is less than the daily amount of temporary layoff benefits calculated pursuant to Article 54, the amount calculated pursuant to Article 54 shall be the injury–disease compensation annuity per day.  

<Amended by Act No. 9988, Jan. 27, 2010>

**Article 68 (Injury–Disease Compensation Annuities for the Aged)**

If a worker who receives an injury–disease compensation annuity reaches the age of 61, the amount of injury–disease compensation annuity to be paid thereafter shall be the amount calculated in accordance with the standards for payment of injury–disease compensation annuity per day under attached Table 5.  

<Amended by Act No. 9988, Jan. 27, 2010>

**Article 69 (Injury–Disease Compensation Annuities during Recurrent Medical Care)**

(1) A person, whose state of injury or disease meets all the requirements described in subparagraphs of Article 66 (1) two years after the commencement of recurrent medical care, shall be paid an injury–disease compensation annuity, instead of temporary layoff benefits, in accordance with the grades of invalidity set out in attached Table 4. In such cases, the average wage applicable in the calculation of temporary layoff benefits during the recurrent medical care, shall be applied in calculating the injury–disease compensation annuity: but if such average wage is less than the minimum wage multiplied by 100/70 or there is no wage subject to the calculation of the average wage as at the time of the recurrent medical care, the amount equivalent to 100/70 of the minimum wage shall be deemed the average wage for the worker
in calculating the annuity.

(2) If a worker, who receives an injury–disease compensation annuity pursuant to paragraph (1), receives a disability compensation annuity, the number of payment days for the injury–disease compensation annuity by grade of invalidity shown in attached Table 4, minus the number of payment days for the disability compensation annuity by grade of disability set out in attached Table 2, and then multiplied by the average wage pursuant to the latter part of paragraph (1), shall be the amount of injury–disease compensation annuity for the worker.

(3) If a worker, who receives an injury–disease compensation annuity pursuant to paragraph (2), reaches the age of 61, an injury–disease compensation annuity per day, calculated in accordance with attached Table 5, minus the amount of disability compensation annuity per day, calculated on the basis of the average wage pursuant to the latter part of paragraph (1), shall be the amount of injury–disease compensation annuity per day to be paid thereafter.  

(4) Notwithstanding paragraphs (1) through (3), if a worker who receives a disability compensation annuity pursuant to the proviso to Article 57 (3) receives recurrent medical care, no injury–disease compensation annuity shall be paid: Provided, That when his/her grade of invalidity is raised during recurrent medical care, two years shall be deemed to have passed since the commencement of recurrent medical care, notwithstanding the former part of paragraph (1), and the amount of injury–disease compensation annuity calculated pursuant to paragraphs (2) and (3), shall be paid. 


Article 70 (Period and Time of Paying Annuities)

(1) The payment of a disability compensation annuity, survivors' compensation annuity, pneumoconiosis compensation annuity or pneumoconiosis survivors' annuity, shall begin on the first day of the month following the month in which a reason for the payment thereof occurs, and shall end on the last day of the month in which the entitlement to such annuity is extinguished. 

(2) If a reason for suspending payment of a disability compensation annuity, survivors' compensation annuity, pneumoconiosis
compensation annuity or pneumoconiosis survivors' annuity occurs, no such annuity shall be paid from the first day of the month following the month in which the reason occurs, to the last day of the month in which the reason ceases to exist. <Amended by Act No. 10305, May 20, 2010>

(3) A disability compensation annuity, survivors' compensation annuity, pneumoconiosis compensation annuity or pneumoconiosis survivors' annuity, shall annually be paid in twelve equal installments, each of which shall be paid on the 25th of every month; but if the payment date falls on a Saturday or holiday, it shall be paid on the preceding day. <Amended by Act No. 10305, May 20, 2010>

(4) If entitlement to a disability compensation annuity, survivors' compensation annuity, pneumoconiosis compensation annuity or pneumoconiosis survivors' annuity is extinguished, it may be paid even before the payment date referred to in paragraph (3). <Amended by Act No. 10305, May 20, 2010>

Article 71 (Funeral Expenses)(1) Where a worker dies due to any cause related to his/her duties, funeral expenses equivalent to an amount calculated by multiplying the average wage by 120 days, shall be paid to a survivor who arranges funeral services: Provided, That when there is no survivor who will arrange funeral services or when a person other than survivors arranges funeral services due to extenuating grounds, the amount actually spent on the funeral services shall be paid to the person who arranges the funeral services, within the limits of an amount equivalent to an amount calculated by multiplying the average wage by 120 days.
(2) Where the funeral expenses referred to in paragraph (1) exceed the maximum amount or fall short of the minimum amount, as published by the Minister of Employment and Labor as prescribed by Presidential Decree, such maximum amount or minimum amount shall be each deemed the funeral expenses. <Amended by Act No. 10339, Jun. 4, 2010>

Article 72 (Vocational Rehabilitation Benefits)(1) The types of vocational rehabilitation benefits are as follows: <Amended by Act No. 9988, Jan. 27, 2010; Act No. 10305, May 20, 2010>

1. Vocational training costs and vocational training allowances for persons who require vocational training to be reemployed (hereinafter
referred to as "trainees") among persons who have received disability benefits or pneumoconiosis compensation annuities or who are clearly expected to receive disability benefits as prescribed by Presidential Decree (hereinafter referred to as "recipients of disability benefits");

2. Return-to-work subsidies, vocational adaption training costs, and rehabilitation exercise costs to be paid respectively where an business owner retains employment or carries out vocational adaptation training or a rehabilitation exercise program for the recipients of disability benefits who return to business they worked for as at the time of the occurrence of the occupational accident.

(2) The trainees referred to in paragraph (1) 1 and the recipients of disability benefits referred to in subparagraph 2 of the same paragraph, shall be prescribed by Presidential Decree in view of the degree of disability, age, etc.

Article 73 (Vocational Training Costs)

(1) Vocational training for trainees shall be provided at a vocational training institution which has contracted with the Service (hereinafter referred to as "vocational training institution").

(2) Vocational training costs under Article 72 (1) 1 (hereinafter referred to as "vocational training costs"), shall be paid to a vocational training institution which provides vocational training pursuant to paragraph (1): Provided, That they shall not be paid in cases prescribed by Presidential Decree, including where a vocational training institution has received an amount equivalent to vocational training costs under the Employment Promotion and Vocational Rehabilitation of Disabled Persons Act, the Employment Insurance Act, the Act on the Development of Workplace Skills of Workers, or other Acts and subordinate statutes.

(3) Vocational training costs shall be the amounts actually spent within the limits of the amounts published by the Minister of Employment and Labor considering training costs, training period, labor market conditions, etc., but the training period during which the vocational training costs are paid shall not exceed 12 months. <Amended by Act No. 10339, Jun. 4, 2010>

(4) Necessary matters for the scope, criteria, procedure, and method for paying vocational training costs, the conclusion and termination of contracts with vocational training institutions, etc., shall be prescribed by Ordinance of the Ministry of Employment and Labor. <Amended by
Article 74 (Vocational Training Allowances)
(1) Vocational training allowances under Article 72 (1) 1 shall be paid to trainees who receive vocational training pursuant to Article 73 (1) for a period during which they are unemployable due to the vocational training, and their daily payments shall be the amount equivalent to the minimum wage: Provided, That the trainees who receive temporary layoff benefits or injury–disease compensation annuities shall not be paid.  

Amended by Act No. 9988, Jan. 27, 2010>

(2) Where a recipient of vocational training allowances pursuant to paragraph (1) receives a disability compensation annuity or pneumoconiosis compensation annuity, if the sum of the amount of disability compensation annuity per day or pneumoconiosis compensation annuity per day (referring to the amount calculated by dividing, by 365, the amount of the pneumoconiosis compensation annuities calculated pursuant to Article 91–3 (2)) and the amount of vocational training allowances per day, exceeds 70/100 of the average wage which is applied for calculating the disability compensation annuity or pneumoconiosis compensation annuity of the relevant worker, no amount equivalent to the vocational training allowances out of such excess, shall be paid.  

Amended by Act No. 10305, May 20, 2010>

(3) Necessary matters for the payment, etc. of vocational training allowances referred to in paragraph (1), shall be prescribed by Ordinance of the Ministry of Employment and Labor.  

Amended by Act No. 10339, Jun. 4, 2010>

Article 75 (Return-to-Work Subsidies, etc.)
(1) Return-to-work subsidies, vocational adaptation training costs and rehabilitation exercise costs referred to in Article 72 (1) 2, shall be paid, respectively, to an business owner who retains employment of, or carries out vocational adaptation training or a rehabilitation exercise program for, recipients of disability benefits. In such cases, conditions for payment of the return-to-work subsidies, vocational adaptation training costs and rehabilitation exercise costs, shall be prescribed by Presidential Decree.  

(2) The amount of return-to-work subsidies referred to in paragraph (1) shall be the amount of wages paid by the relevant business owner to a recipient of disability benefits within the limits of the amounts published
by the Minister of Employment and Labor considering wage levels, labor market conditions, etc., but the payment period thereof shall not exceed 12 months.  <Amended by Act No. 10339, Jun. 4, 2010>

(3) The amount of vocational adaptation training costs and rehabilitation exercise costs referred to in paragraph (1), shall be that actually spent within the limits of the amounts published by the Minister of Employment and Labor considering the amount spent on vocational adaptation training or rehabilitation exercise, but the payment period thereof shall not exceed three months.  <Amended by Act No. 10339, Jun. 4, 2010>

(4) In cases prescribed by Presidential Decree, including where an business owner hiring a recipient of disability benefits has received an amount corresponding to a subsidy under 23 of the Employment Insurance Act, a subsidy for employment of the disabled under Article 30 of the Employment Promotion and Vocational Rehabilitation of Disabled Persons Act or, under other Acts and subordinate statutes, an amount equivalent to the return-to-work subsidy, vocational adaptation training costs or rehabilitation exercise costs, etc. (hereinafter referred to as "return-to-work subsidy, etc."), the return-to-work subsidy, etc. less the amount so received shall be paid.  <Amended by Act No. 9988, Jan. 27, 2010>

(5) In cases prescribed by Presidential Decree, including where an business owner hires a disabled person for fulfilling his/her duty under Article 28 of the Employment Promotion and Vocational Rehabilitation of Disabled Persons Act, a return-to-work subsidy, etc. shall not be paid.  <Newly Inserted by Act No. 9988, Jan. 27, 2010>

**Article 76 (Lump-Sum Payment of Insurance Benefits)**

(1) If a worker who is not a Korean national applies for the lump-sum payment of insurance benefits with the intention of departing from Korea while receiving medical care due to an injury or disease resulting from an occupational accident before it is cured, the insurance benefits expected to be claimed following the date on which the medical care is suspended due to the departure from Korea may be paid in a lump sum.  <Amended by Act No. 9988, Jan. 27, 2010>

(2) The amount payable in a lump sum pursuant to paragraph (1) shall be the sum of each amount obtained by converting each of the following insurance benefits in view of the interest accrued for the advance payment period, etc. according to the methods prescribed by
Presidential Decree. In such cases, if the relevant worker is medically recognized as meeting all requirements for the payment of insurance benefits described in subparagraphs 3 and 4, the amount of insurance benefits falling under subparagraph 4 shall not be included in the said sum:  

<Amended by Act No. 9988, Jan. 27, 2010: Act No. 10305, May 20, 2010>

1. Medical care benefits from the date on which medical care is suspended due to departure from Korea until the date on which an injury or disease resulting from an occupational accident is expected to be cured:

2. Temporary layoff benefits from the date on which medical care is suspended due to departure from Korea until the date on which an occupational injury or disease is expected to be cured or to be improved to the state of being employed (where the expected date falls more than two years after the date of commencing the medical care, until the second anniversary from the date of commencing the medical care):

3. Lump-sum disability compensation benefits corresponding to the grade of a disability expected to remain as at the time medical care is suspended due to departure from Korea, after an injury or disease resulting from an occupational accident is cured:

4. Where the invalidity subject to the payment of an injury-disease compensation annuity is expected to remain uncured after two years from the date of commencing medical care as at the time the medical care is suspended due to departure from Korea, an amount equivalent to the lump-sum disability compensation benefits corresponding to the same disability grade as the expected grade of invalidity (where the medical care is suspended due to departure from Korea after two years from the date of commencing the medical care, the grade of invalidity corresponding to the then state of injury or disease):

5. Pneumoconiosis compensation annuities based on the pneumoconiosis grade which is determined as at the time the medical care is provided.

(3) Procedures for application for and payment procedure of lump-sum payment referred to in paragraph (1), shall be prescribed by Ordinance of the Ministry of Employment and Labor.  

<Amended by Act No. 10339, Jun. 4, 2010>
Article 77 (Measures for Prevention of Complications, etc.)
The Service may allow any person, who is likely to be placed under recurrent medical care due to the development of a complication, etc., among persons who their occupational injuries or diseases have been cured, to receive necessary treatment for the prevention thereof at an industrial accident insurance-related medical institution.
[This Article Wholly Amended by Act No. 9988, Jan. 27, 2010]

Article 78 (Special Disability Benefits)
(1) Where a worker has sustained any disability falling under such disability grade or pneumoconiosis grade as determined by Presidential Decree due to an occupational accident caused by any intentional or negligent conduct by the policyholder, if the beneficiary claims special disability benefits in lieu of a claim for compensation of damage as prescribed by the Civil Act, special disability benefits prescribed by Presidential Decree may be paid in addition to disability benefits under Article 57 or pneumoconiosis compensation annuities under Article 91-3: Provided, That it shall be limited to cases where an agreement between the worker and the policyholder is made on the special disability benefits. <Amended by Act No. 10305, May 20, 2010>
(2) If a beneficiary has received special disability benefits under paragraph (1), he/she may not claim for damages pursuant to the Civil Act or other Acts and subordinate statutes, against the policyholder for the same cause.
(3) If the Service has paid special disability benefits under paragraph (1), it shall collect the total of such benefits from the policyholder as prescribed by Presidential Decree.

Article 79 (Special Survivors' Benefits)
(1) Where a worker dies due to an occupational accident caused by any intentional or negligent conduct by the policyholder, if the beneficiary claims special survivors' benefits in lieu of a claim for compensation of damage as prescribed by the Civil Act, special survivors' benefits prescribed by Presidential Decree may be paid in addition to survivors' benefits under Article 62 or pneumoconiosis survivors' annuities under Article 91-4. <Amended by Act No. 10305, May 20, 2010>
(2) The proviso to Article 78 (1), and Article 78 (2) and (3) shall apply mutatis mutandis to special survivors' benefits. In such cases, "special disability benefits" shall be deemed "special survivors' benefits."
Article 80 (Relations to Other Compensation or Indemnity)(1) If a beneficiary has received or can receive any insurance benefit pursuant to this Act, the policyholder shall be exempted from liability for accident compensation, as prescribed by the Labor Standards Act for the same cause.

(2) If a beneficiary has received any insurance benefit as prescribed by this Act for the same cause, the policyholder shall be exempted from liability for indemnity as prescribed by the Civil Act and other Acts and subordinate statutes, within the limits of the amount of such insurance benefit. In such cases, a person who receives a disability compensation annuity or survivors' compensation annuity, shall be deemed to receive a lump-sum disability compensation benefit or survivors' compensation benefit.

(3) If a beneficiary has received, under the Civil Act or other Acts and subordinate statutes, any money or valuables equivalent to the amount of insurance benefits prescribed by this Act for the same cause, the Service shall not pay insurance benefits prescribed by this Act within the limits of the amount calculated by converting the money or valuables so received according to the method determined by Presidential Decree:
Provided, That this shall not apply to the amount of annuity corresponding to the lump-sum disability compensation benefit or survivors' compensation benefit deemed to have been paid to the beneficiary under the latter part of paragraph (2).

(4) If a worker who receives medical care benefits has received any injury-disease compensation annuity after the third anniversary from the commencement of medical care, the relevant employer shall be deemed to have paid lump-sum compensation benefits as prescribed in Article 84 of the Labor Standards Act after such third anniversary, in application of the proviso to Article 23 (2) of the same Act.

Article 81 (Unpaid Insurance Benefits)(1) If a beneficiary of insurance benefits dies and there remains any insurance benefits payable, but not yet paid, to the beneficiary, such insurance benefits shall be paid upon a claim filed by any of his/her survivors (in cases of survivors' benefits, other survivors entitled to such benefits).

(2) In the case of paragraph (1), if the beneficiary fails to claim his/her insurance benefits prior to his/her death, the insurance benefits shall be paid upon a claim filed by any of his/her survivors as prescribed by the said paragraph.
Article 82 (Payment of Insurance Benefits)

Insurance benefits shall be paid within 14 days after the decision for payment thereof.

Article 83 (Restriction on Payment of Insurance Benefits)

(1) If a worker falls under any of the following subparagraphs, the Service may not pay all or part of the insurance benefits: <Amended by Act No. 10305, May 20, 2010>

1. Where the worker under medical care services has aggravated his/her state of injury, disease or disability, or hindered his/her cure, in violation of instructions relating to the medical care without justifiable grounds;
2. Where the beneficiary of a disability compensation annuity or pneumoconiosis compensation annuity has aggravated his/her state of disability on purpose, such as through self-harm, before the disability grade or pneumoconiosis grade is redetermined pursuant to Article 59.

(2) If the Service has decided not to pay insurance benefits under paragraph (1), it shall, without delay, notify the policyholder and the relevant worker of such decision.

(3) The types and scope of the restrictions of insurance benefits subject to restrictions on payment of insurance benefits referred to in paragraph (1), shall be prescribed by Presidential Decree.

Article 84 (Collection of Unjust Gains)

(1) Where any person, who has received insurance benefits, falls under any of the following subparagraphs, the Service shall collect an amount equivalent to such insurance benefits (in the case of subparagraph 1, an amount equivalent to double the benefits). In such cases, the amount, which the Service has claimed and received from the National Health Insurance Corporation, etc. pursuant to Article 90 (2), shall be excluded from the amount to be collected:

1. Where he/she has received the insurance benefits by fraud or other wrongful means;
2. Where a beneficiary or former beneficiary has unjustly received the insurance benefits by failing to meet his/her duty to report under Article 114 (2) through (4);
3. Where there exists mistakenly paid insurance benefits.

(2) In the case of paragraph (1) 1, if the payment of the insurance
benefits is based on false reporting, diagnosis or certification by the policyholder, industrial accident insurance–related medical institution or vocational training institution, such policyholder, industrial accident insurance–related medical institution or vocational training institution, shall be held jointly liable for the insurance benefits.

(3) If an industrial accident insurance–related medical institution or a pharmacy prescribed in Article 46 (1) falls under any of the following subparagraphs, the Service shall collect an amount equivalent to the medical expenses or medicine expenses: Provided, That in the case of subparagraph 1, an amount equivalent to double the medical expenses or medicine expenses (an amount equivalent to the medical expenses where penalty surcharges are imposed pursuant to Article 44 (1)), shall be collected:  

1. Where the medical expenses or medicine expenses are obtained by fraud or other wrongful means;
2. Where the medical expenses or medicine expenses are obtained unjustly in violation of the standard for calculation of medical care benefits prescribed in Article 40 (5) and Article 91–9 (3);
3. Where the medical expenses or medicine expenses are obtained mistakenly.

Article 85 (Collection of Charges)

The provisions of Articles 27, 28, 29, 30, 32, 39, 41 and 42 of the Insurance Premium Collection Act, shall apply mutatis mutandis to the collection of insurance benefits under Article 39 (2), collection of special disability benefits under Article 78, collection of special survivors' benefits under Article 79, and collection of unjust gains under Article 84. In such case, “health insurance corporation” shall be deemed “corporation”.  

Article 86 (Appropriation of Insurance Benefits, etc.)

(1) If the Service has any insurance benefits, medical expenses or medicine expenses payable to a person who has obtained unjust gains pursuant to Article 84 (1) and (3), or a policyholder or industrial accident insurance–related medical institution held jointly liable pursuant to Article 84 (2), it may appropriate them to the amount to be collected pursuant to Article 84.  

(2) The maximum limit on and procedure for the appropriation of insurance benefits, medical expenses and medicine expenses, shall be prescribed by Presidential Decree.
Article 87 (Claim for Indemnification to Third Persons)
(1) Where insurance benefits are paid due to an accident caused by a third person's act, the Service shall be subrogated to the rights of a person who has received the insurance benefits, to exercise the claim for damages against the third person, within the limits of the amount of such benefits: Provided, That this shall not apply where at least two business owners as policyholders portion out one line of business at the same place and operate their own portion of the business respectively, and, in the course of operation, an accident occurs due to an act committed by a worker of the other business owner.
(2) In cases falling under paragraph (1), if a beneficiary has been paid damages equivalent to insurance benefits under this Act from a third person for the same reason, the Service shall not pay insurance benefits under this Act, within the limits of the amount of the damages converted by the method prescribed by Presidential Decree.
(3) If any accident occurs by an act of a third person, the beneficiary and policyholder shall report such accident to the Service without delay.

Article 88 (Protection of Entitlement to Insurance Benefits)
(1) Each worker’s entitlement to insurance benefits shall not be extinguished by his/her retirement.
(2) Entitlement to insurance benefits may not be transferred, seized or offered as collateral.

Article 89 (Subrogation of Entitlement to Insurance Benefits)
Where a policyholder (including subcontractors prescribed in subparagraph 5 of Article 2 of the Insurance Premium Collection Act; hereafter in this Article the same shall apply) pays in advance money or valuables equivalent to insurance benefits pursuant to the Civil Act or other Acts and subordinate statutes for his/her worker’s occupational accident to the beneficiary for the same reason for which insurance benefits under this Act are paid, and such money or valuables are deemed a substitute for the insurance benefits, the policyholder may subrogate the beneficiary’s entitlement to such insurance benefits as prescribed by Presidential Decree.

Article 90 (Settlement of Medical Care Benefit Costs)
(1) Where the National Health Insurance Corporation under Article 13 of the National Health Insurance Act or the head of a Si/Gun/Gu under Article 5 of the
Medical Care Assistance Act (hereinafter referred to as "National Health Insurance Corporation, etc.") has paid in advance medical care benefits, etc. under health insurance to a beneficiary of medical care benefits prescribed by this Act pursuant to Article 42 (1) and then claims the costs, the Service may pay an amount equivalent to the medical care benefits if the medical care benefits, etc. under health insurance are deemed equivalent to the medical care benefits payable under this Act.  

<Amended by Act No. 11141, Dec. 31, 2011>

(2) Where the Service has paid a beneficiary medical care benefits and the payment decision has been revoked thereafter, it may claim an amount equivalent to the medical care benefits, etc. under health insurance from the National Health Insurance Corporation, etc. if the medical care benefits paid are deemed equivalent to the medical care benefits, etc. under health insurance, which are payable under the National Health Insurance Act or the Medical Care Assistance Act.

Article 90–2 (Settlement of Expenses for Medical Care of National Health Insurance)  
(1) Where a person, who has received medical care benefits or recurrent medical care under Article 40, receives medical care benefits under Article 41 of the National Health Insurance Act, within two years following the termination of previous medical care (this case only applies where he/she receives medical care benefits due to an injury or disease arising from occupational accidents, which has been the subject of the terminated medical care), the Service may pay the amount which has been covered by the National Health Insurance Corporation among the expenses of the medical care benefits.  
(2) Procedures for payment of medical care expenses and other necessary matters referred to in paragraph (1), shall be prescribed by Ordinance of the Ministry of Employment and Labor.  
[This Article Newly Inserted by Act No. 13045, Jan. 20, 2015]

Article 91 (Exemption from Public Charges)  
No public charges of the State or local governments shall be imposed on any money or valuables offered as insurance benefits.

CHAPTER III–2 SPECIAL CASES OF INSURANCE BENEFITS FOR PNEUMOCONIOSIS

Article 91–2 (Criteria for Recognition of Occupational Accidents for Pneumoconiosis)
Where a worker suffers from pneumoconiosis because the worker has engaged in dust work prescribed by Ordinance of the Ministry of Employment and Labor (hereinafter referred to as "dust work") as likely to cause pneumoconiosis, such as work dealing with rock, metal, glass fiber, etc., the worker shall be deemed to suffer from occupational diseases under Article 37 (1) 2 (a).  <Amended by Act No. 10339, Jun. 4, 2010>  
[This Article Newly Inserted by Act No. 10305, May 20, 2010]

**Article 91-3 (Pneumoconiosis Compensation Annuities)**

(1) Pneumoconiosis compensation annuities shall be paid to a worker suffering from pneumoconiosis which is an occupational disease (hereinafter referred to as "pneumoconiosis worker").

(2) Pneumoconiosis compensation annuities shall be the amount calculated by aggregating a pneumoconiosis disability pension by pneumoconiosis grade calculated pursuant to attached Table 6, based on the average wage prescribed pursuant to subparagraph 2 of Article 5 and Article 36 (6), and a basic pension. In such cases, the basic pension shall be the amount calculated by multiplying 60/100 of the minimum wage by 365.

(3) Where there is a change in the pneumoconiosis grade of the person who receives a pneumoconiosis compensation annuity, the sum of the basic pension and the pneumoconiosis disability pension under the changed pneumoconiosis grade, shall be paid from the following month of the month to which the date of change belongs.  
[This Article Newly Inserted by Act No. 10305, May 20, 2010]

**Article 91-4 (Pneumoconiosis Survivors' Annuities)**

(1) Where a pneumoconiosis worker dies of pneumoconiosis, a pneumoconiosis survivors' annuity shall be paid to his/her survivors.

(2) A pneumoconiosis survivors' annuity shall be the same amount of a pneumoconiosis compensation annuity paid or determined to be paid to a pneumoconiosis worker as at the time of death. In such cases, the pneumoconiosis survivors' annuity shall not exceed the survivors' compensation annuity calculated pursuant to Article 62 (2) and attached Table 3.

(3) Where a worker, who fails to be provided the diagnosis of pneumoconiosis under Article 91-6, dies of pneumoconiosis which is an occupational disease, the pneumoconiosis survivors' annuity with
respect to the worker shall be the sum of the basic pension under Article 91–3 (2) and the pneumoconiosis disability pension calculated pursuant to attached Table 6 for each pneumoconiosis grade determined pursuant to Article 91–8 (3).

(4) Articles 63 and 64 shall apply mutatis mutandis to the scope and priority of survivors entitled to pneumoconiosis survivors' annuities, disqualification, suspension of payment, etc. In such cases, "survivors' compensation annuities" shall be deemed "pneumoconiosis survivors’ annuities."

[This Article Newly Inserted by Act No. 10305, May 20, 2010]

Article 91–5 (Claim for Medical Care Benefits, etc. concerning Pneumoconiosis)

(1) If a worker, who engages or has engaged in dust work, intends to receive medical care benefits or a pneumoconiosis compensation annuity due to pneumoconiosis which is an occupational disease, he/she shall file a claim with the Service, accompanying the documents prescribed by Ordinance of the Ministry of Employment and Labor. <Amended by Act No. 10339, Jun. 4, 2010>

(2) Where a person, who claims for medical care benefits, etc. pursuant to paragraph (1), receives the decision on payment or non-payment of medical care benefits, etc. pursuant to Article 91–8 (2), he/she may file a claim for medical care benefits, etc. again, after one year passes since the date of diagnosis concluded under Article 91–6, or when the medical care is terminated: Provided, That if any medical opinion exists that it is necessary to receive emergency diagnosis from a health examination institution under Article 91–6 (1) due to any complication [referring to complication under subparagraph 2 of Article 2 of the Act on Prevention of Pneumoconiosis and Protection, etc. of Workers Suffering From Pneumoconiosis (hereinafter referred to as the "Pneumoconiosis Workers Protection Act"); hereinafter the same shall apply] or acute disturbance in cardiopulmonary function, etc., such person may claim medical care benefits, etc. even if one year has not yet passed since the date of such diagnosis concluded.

[This Article Newly Inserted by Act No. 10305, May 20, 2010]

Article 91–6 (Diagnosis of Pneumoconiosis)

(1) Where a worker files a claim for medical care benefits, etc. pursuant to Article 91–5, the Service shall request a health examination institution referred to in Article 15 of the Pneumoconiosis Workers Protection Act (hereinafter...
referred to as "health examination institution") for necessary examination for diagnosis of pneumoconiosis under Article 91-8.

(2) The health examination institution shall, upon the request for diagnosis of pneumoconiosis pursuant to paragraph (1), provide the diagnosis of pneumoconiosis as prescribed by Ordinance of the Ministry of Employment and Labor and then submit the results thereof to the Service. <Amended by Act No. 10339, Jun. 4, 2010>

(3) Where a worker receives health examination under Articles 11 through 13 of the Pneumoconiosis Workers Protection Act, and then the health examination institution submits x-ray pictures showing the chest of the relevant worker to the Minister of Employment and Labor pursuant to the latter part of Article 16(1) of the same Act and the latter part of paragraph (3) of the same Article, the worker shall be deemed to file a claim for medical care benefits, etc. and to submit the results of diagnosis, pursuant to Article 91-5 (1) and paragraph (2) of this Article. <Amended pursuant to Act No. 10339, Jun. 4, 2010>

(4) The Service shall pay the expenses incurred from the diagnosis to the health examination institution providing the diagnosis pursuant to paragraph (2). In such cases, Articles 40 (5) and 45 shall apply mutatis mutandis to the standard for calculation of such expenses and to a claim therefor, etc.

(5) The amount determined and published by the Minister of Employment and Labor may be paid as diagnosis charges to the worker who receive the diagnosis pursuant to paragraph (2): Provided, That no amount shall be paid to persons who receive disability compensation annuities or pneumoconiosis compensation annuities. <Amended by Act No. 10339, Jun. 4, 2010>

(6) Matters on the request for diagnosis, the submission of results thereof and specific procedures for payment of the examination charges under paragraphs (1), (2) and (5), shall be prescribed by Ordinance of the Ministry of Employment and Labor. <Amended by Act No. 10339, Jun. 4, 2010>

[This Article Newly Inserted by Act No. 10305, May 20, 2010]

Article 91-7 (Pneumoconiosis Deliberation Committee)

(1) The Pneumoconiosis Deliberation Committee comprised of relevant experts, etc. (hereinafter referred to as the "Pneumoconiosis Deliberation Committee"), shall be established in the Service in order to deliberate on the types of pneumoconiosis and complications thereof, based on the
diagnosis results provided under Article 91–6.

(2) The organization of members and operation of meetings of the Pneumoconiosis Deliberation Committee and other necessary matters, shall be prescribed by Ordinance of the Ministry of Employment and Labor. <Amended by Act No. 10339, Jun. 4, 2010>
[This Article Newly Inserted by Act No. 10305, May 20, 2010]

Article 91–8 (Determination of Pneumoconiosis and Decision, etc. of Insurance Benefits) (1) The Service shall, upon the receipt of the results of diagnosis provided pursuant to Article 91–6, make determinations on the types of pneumoconiosis, the existence and types of complications, the degree of cardiopulmonary function, etc. (hereinafter referred to as "determination of pneumoconiosis") of the relevant worker, after deliberation by the Pneumoconiosis Deliberation Committee. In such cases, the criteria necessary for the determination of pneumoconiosis shall be prescribed by Presidential Decree.
(2) The Service shall, according to the results of the determination of pneumoconiosis provided under paragraph (1), decide whether to pay medical care benefits, pneumoconiosis degrees and whether to pay pneumoconiosis compensation annuities based on the pneumoconiosis degrees. In such cases, the criteria for pneumoconiosis degrees and criteria for recognition of the subject of medical care according to complications, etc., shall be prescribed by Presidential Decree.
(3) Where the Service has difficulty in determining the degree of cardiopulmonary function of pneumoconiosis workers because of complications, etc., the Service shall, notwithstanding the criteria for pneumoconiosis degrees referred to in paragraph (2), decide a pneumoconiosis degree, taking into account the types of pneumoconiosis. In such cases, the criteria for pneumoconiosis shall be prescribed by Presidential Decree.
(4) The Service shall, when it makes a decision as to whether to pay insurance benefits pursuant to paragraphs (2) and (3), notify thereof to the relevant worker.
[This Article Newly Inserted by Act No. 10305, May 20, 2010]

Article 91–9 (Procedures and Criteria for Payment of Medical Care Benefits for Pneumoconiosis) (1) The Service shall provide a pneumoconiosis worker, who is decided to be paid medical care benefits pursuant to Article 91–8 (2), with medical care at a medical
institution in charge of medical care for pneumoconiosis workers (hereinafter referred to as "medical institution providing medical care for pneumoconiosis") among industrial accident insurance–related medical institutions, notwithstanding the main sentence of Article 40 (2).

(2) The Minister of Employment and Labor may determine and notify to medical institutions providing medical care for pneumoconiosis in order to provide proper medical care, as to the standards for handling inpatient and outpatient, standardized criteria for medical treatment, etc., following the advice of experts.  <Amended by Act No. 10339, Jun. 4, 2010>

(3) The Service may classify medical institutions providing medical care for pneumoconiosis, into no more than three levels, taking into account facilities, personnel and quality of medical treatment, etc. In such cases, the criteria for classifying such levels, patients subject to medical care by level, criteria for calculating medical care benefits by level, shall be prescribed by Ordinance of the Ministry of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

(4) An assessment committee for medical institutions providing medical care for pneumoconiosis, shall be established in the Service in order to provide counseling on the affairs of assessing medical institutions providing medical care for pneumoconiosis. In such cases, the organization and operation of the assessment committee for medical institutions providing medical care for pneumoconiosis and other necessary matters, shall be prescribed by Ordinance of the Ministry of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

(5) Article 50 shall apply mutatis mutandis to the assessment of medical institutions providing medical care for pneumoconiosis. In such cases, "medical institutions prescribed by Presidential Decree among industrial accident insurance–related medical institutions referred to in Article 43 (1) 3" set out in Article 50 (1), shall be deemed "medical institutions providing medical care to pneumoconiosis workers."

[This Article Newly Inserted by Act No. 10305, May 20, 2010]

Article 91–10 (Recognition, etc. of Death due to Pneumoconiosis)
Where it is recognized that a worker, who engages or has engaged in dust work, dies of pneumoconiosis, complications thereof or other causes related to pneumoconiosis, such case shall be deemed occupational accident. In such cases, matters required to consider when determining whether the death is caused by pneumoconiosis shall
Article 91-11 (Confirmation, etc. of Cause of Death due to Pneumoconiosis)(1) Where it is difficult to confirm the cause of death of a worker who engages or has engaged in dust work, the survivor of such worker may request for the dissection of the body of the relevant worker, accompanying a written agreement on the dissection of the body, to the medical institution designated by the Service from among industrial accident insurance-related medical institutions with pathological specialists, in order to confirm whether the relevant worker has died of pneumoconiosis, etc. In such cases, the medical institution shall conduct the dissection of the body, notwithstanding Article 2 of the Anatomy and Preservation of Corpses Act.

(2) The Service may subsidize all or part of the expenses to the medical institution or survivor conducting the dissection pursuant to paragraph (1). In such cases, matters on the payment criteria for expenses, submitting accompanying documents, and other procedures for the subsidy of the expenses, shall be prescribed by Ordinance of the Ministry of Employment and Labor.  

CHAPTER IV LABOR WELFARE PROJECTS

Article 92 (Labor Welfare Projects)(1) The Minister of Employment and Labor shall carry out the following projects to improve workers' welfare:  

1. Projects for the establishment and operation of the following insurance facilities to facilitate the smooth rehabilitation of workers affected by occupational accidents:
   (a) Facilities for medical care or post-surgery care;
   (b) Facilities for medical or occupational rehabilitation;
2. Projects for promotion of the welfare of affected workers and their survivors, such as scholarship projects, etc.;
3. Other projects for the establishment and operation of facilities for promoting the welfare of workers.

(2) The Minister of Employment and Labor may allow the Service or any corporation designated by the Minister of Employment and Labor from among corporations established for promoting the welfare of affected
workers (hereinafter referred to as "designated corporation") to carry out projects referred to in paragraph (1), or may entrust the Service or such designated corporation with the operation of insurance facilities referred to in subparagraph 1 of the said paragraph.  <Amended by Act No. 10339, Jun. 4, 2010>

(3) Necessary matters for the criteria for designation of designated corporations, shall be determined by Ordinance of the Ministry of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

(4) The Minister of Employment and Labor may, within budgetary limits, partially subsidize the expenses incurred by designated corporations in carrying out projects.  <Amended by Act No. 10339, Jun. 4, 2010>

Article 93 (Loans for Individual Co-Payment of Medical Care Benefit Costs under National Health Insurance)

(1) If any person prescribed by Presidential Decree in consideration of the period, etc. taking to make a decision on medical care benefits, files a request for medical care in relation to an occupational disease referred to in Article 37 (1) 2, the Service may offer a loan to such person for the individual co-payment of medical care benefit costs under Article 44 of the National Health Insurance Act.  <Amended by Act No. 11141, Dec. 31, 2011>

(2) If there are any medical care benefits under this Act payable to a person, who is provided with a loan pursuant to paragraph (1), the Service may appropriate such medical care benefits for the repayment of the loan.

(3) The amount, conditions and procedures of a loan referred to in paragraph (1), shall be determined by the Service with the approval of the Minister of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

(4) The maximum limit to and procedures for the appropriation of medical care benefits referred to in paragraph (2), shall be prescribed by Presidential Decree.

Article 94 (Promotion of Employment of Recipients of Disability Benefits)

The Minister of Employment and Labor may recommend any policyholder to employ recipients of disability benefits or pneumoconiosis compensation annuities in jobs appropriate to their aptitudes.  <Amended by Act No. 9988, Jan. 27, 2010; Act No. No. 10305, May 20, 2010; Act No. 10339, Jun. 4, 2010>
CHAPTER V INDUSTRIAL ACCIDENT COMPENSATION INSURANCE AND PREVENTION FUND

Article 95 (Establishment and Creation of Industrial Accident Compensation Insurance and Prevention Fund)

(1) In order to secure financial resources necessary for the insurance business and industrial accident prevention projects, and to appropriate such resources for insurance benefits, the Minister of Employment and Labor shall establish an Industrial Accident Compensation Insurance and Prevention Fund (hereinafter referred to as the "Fund").  <Amended by Act No. 10339, Jun. 4, 2010>

(2) The Fund shall be created out of insurance premiums, proceeds accruing from operation of the Fund, reserve funds, surplus resulting from the settlement of accounts of the Fund, contributions and donations from the Government or any person other than the Government, loans, and other revenues.

(3) In order to conduct industrial accident prevention projects, the Government shall, each fiscal year, appropriate contributions of the Government under paragraph (2) for the expenditure budget within the limit of 3/100 of the total Fund expenditure budget.

Article 96 (Use of Fund)

(1) The Fund shall be used for any of the following purposes:  <Amended by Act No. 9319, Dec. 31, 2008; Act No. 9988, Jan. 27, 2010>

1. Payment of insurance benefits and return of refunds;
2. Redemption of loans and interests thereon;
3. Contribution to the Service;
4. Purpose as prescribed in Article 61-3 of the Occupational Safety and Health Act;
5. Promotion of the welfare of workers suffering from accidents;
6. Contribution to the Korea Occupational Safety and Health Agency established pursuant to the Korea Occupational Safety and Health Agency Act (hereinafter referred to as the "Korea Occupational Safety and Health Agency");
7. Contribution to any person entrusted with business under Article 4 of the Insurance Premium Collection Act;
8. Other insurance business and the management and operation of the Fund.

(2) The Minister of Employment and Labor shall, each fiscal year,
Article 97 (Management and Operation of Fund)

(1) The Fund shall be managed and operated by the Minister of Employment and Labor. 

<Amended by Act No. 10339, Jun. 4, 2010>

(2) The Minister of Employment and Labor shall manage and operate the Fund by the following methods:  

<Amended by Act No. 10339, Jun. 4, 2010>

1. Deposits and money trusts in financial institutions or postal offices;
2. Deposits in financial funds;
3. Purchase of beneficiary certificates, such as investment trusts;
4. Purchase of securities issued directly, or guaranteed by the State, local governments or financial institutions for the performance of obligations;
5. Other activities determined by Presidential Decree for increasing the Fund.

(3) In managing and operating the Fund under paragraph (2), the Minister of Employment and Labor shall make efforts to yield returns in excess of such level as determined by Presidential Decree.  

<Amended by Act No. 10339, Jun. 4, 2010>

(4) The Minister of Employment and Labor shall make accounts of the Fund according to business accounting principles.  

<Amended by Act No. 10339, Jun. 4, 2010>

(5) The Minister of Employment and Labor may entrust the Service or the Korea Occupational Safety and Health Agency with part of its affairs concerning the management and operation of the Fund.  

<Amended by Act No. 9319, Dec. 31, 2008; Act No. 10339, Jun. 4, 2010>

Article 98 (Fund Operational Plans)

The Minister of Employment and Labor shall establish a Fund operational plan after deliberation by the Committee each fiscal year.  

<Amended by Act No. 10339, Jun. 4, 2010>

Article 99 (Accumulation of Liability Reserves)

(1) The Minister of Employment and Labor shall accumulate a liability reserve to appropriate for insurance benefits.  

<Amended by Act No. 10339, Jun. 4, 2010>
(2) If the amount of reserve funds exceeds the liability reserve calculated each fiscal year, the Minister of Employment and Labor shall use such excess as financial resources for the payment of future insurance benefits, and if it is short, accumulate such shortage from the revenues of insurance premiums.  <Amended by Act No. 10339, Jun. 4, 2010>

(3) Necessary matters for the standard for calculating liability reserves and accumulation thereof referred to in paragraph (1), shall be determined by Presidential Decree.

Article 100 (Settlement of Surplus and Loss)
(1) If any surplus accrues from settlement of accounts of the Fund, it shall be deposited as reserve funds.
(2) If any loss accrues from settlement of accounts of the Fund, it may be made up by using reserve funds.

Article 101 (Loans)
(1) If it is required to disburse expenses of the Fund, a loan may be made at the expense of the Fund.
(2) If there is any shortage in cash for disbursement by the Fund, a temporary loan may be made at the expense of the Fund.
(3) A temporary loan referred to in paragraph (2) shall be redeemed within the corresponding fiscal year.

Article 102 (Receipts, Disbursements, etc. of Fund)
Matters concerning the procedure, etc. of receipts and disbursements in the management and operation of the Fund, shall be determined by Presidential Decree.

CHAPTER VI REQUESTS FOR EXAMINATION AND REEXAMINATION

Article 103 (Filing Requests for Examination)
(1) Any person who is dissatisfied with a decision, etc. made by the Service, which falls under any of the following subparagraphs (hereinafter referred to as “decision, etc. on insurance benefits”), may file a request for examination with the Service:  <Amended by Act No. 10305, May 20, 2010>
1. A decision on insurance benefits referred to in Chapter III and Chapter III–2:
2. A decision on medical expenses referred to in Article 45 and 91–6 (4):
3. A decision on medicine expenses referred to in Article 46;
4. A measure, etc. to change a medical treatment plan referred to in Article 47 (2);
5. A decision to make a lump-sum payment of insurance benefits referred to in Article 76;
6. A decision on collection of unjust gains referred to in Article 84;
7. A decision on subrogation of the entitlement to insurance benefits referred to in Article 89.

(2) A request for examination referred to in paragraph (1) shall be filed with the Service through an agency, which has made the decision, etc. on insurance benefits, affiliated with the Service.

(3) A request for examination referred to in paragraph (1) shall be filed within 90 days after the decision, etc. on insurance benefits is informed.

(4) An agency affiliated with the Service shall, in receipt of a written request for examination filed under paragraph (2), send it to the Service, along with its written opinion within five days.

(5) No administrative appeal as prescribed by the Administrative Appeals Act may be made against any decision, etc. on insurance benefits.

**Article 104 (Industrial Accident Compensation Insurance Examination Committee)**

(1) In order to deliberate on requests for examination filed pursuant to Article 103, an Industrial Accident Compensation Insurance Examination Committee (hereinafter referred to as the "Examination Committee") comprised of relevant experts, etc., shall be established in the Service.

(2) Article 108 shall apply mutatis mutandis to the exclusion, recusal and abstention of a member of the Examination Committee.

(3) Necessary matters for the composition and operation of the Examination Committee, shall be prescribed by Presidential Decree.

**Article 105 (Deliberation and Decisions on Requests for Examination)**

(1) The Service shall make a decision on any request for examination filed after deliberation by the Examination Committee within 60 days after it receives a written request for examination under Article 103 (4):

Provided, That where it is impossible to make a decision thereon within such period due to extenuating grounds, such period may be extended only once within the limit of 20 days.

(2) Notwithstanding the main sentence of paragraph (1), if there is any
ground prescribed by Presidential Decree, such as a request for examination filed after the period of the request for examination ends, a decision on the request for examination may be rendered without a deliberation process by the Examination Committee.

(3) When the period of the decision is extended pursuant to the proviso to paragraph (1), the requester for examination and the agency, which has rendered the decision on insurance benefits, etc., affiliated with the Service, shall be informed thereof until seven days before the period of the initial decision ends.

(4) If it is required for deliberating on a request for examination, the Service may, upon request by the requester or ex officio, take the following measures:

1. To have the requester or other interested person appear at a designated place, in order to ask questions or to seek his/her opinion;
2. To have the requester or other interested person present any documents or other things that can be used as evidence;
3. To have a third person having expertise or experience make an appraisal;
4. To have an employee belonging to the Service enter any place of business or other place related to the case, in order to ask questions to the business owner, workers and other interested persons or to inspect documents or other things;
5. To have a worker related to the request for examination diagnosed by a doctor, dentist or oriental medical doctor (hereinafter referred to as "doctor, etc.") designated by the Service.

(5) Any employee belonging to the Service who makes questions or inspections under paragraph (4) 4, shall carry a certificate indicating his/her authority and show it to interested persons.

Article 106 (Filing Requests for Reexamination)

(1) Any person who is dissatisfied with a decision on a request for examination under Article 105 (1), may file a request for reexamination with the Industrial Accident Compensation Insurance Reexamination Committee under Article 107:
Provided, That a person, who is dissatisfied with a decision on insurance benefits which has been deliberated upon by the Adjudication Committee, may file a request for reexamination without filing a request for examination pursuant to Article 103.

(2) A request for reexamination under paragraph (1) shall be filed with
the Industrial Accident Compensation Insurance Reexamination Committee under Article 107, through an agency which has rendered the decision on insurance benefits, etc., affiliated with the Service.

(3) A request for reexamination under paragraph (1) shall be filed within 90 days after the decision on such request for examination is informed: Provided, That where a request for reexamination is filed without filing a request for examination pursuant to the proviso to paragraph (1), the request shall be filed within 90 days after the decision on insurance benefits is informed.

(4) Article 103 (4) shall apply mutatis mutandis to requests for reexamination. In such cases, "written request for examination" shall be deemed "written request for reexamination"; and "Service" shall be deemed "Industrial Accident Compensation Insurance Reexamination Committee", respectively.

**Article 107 (Industrial Accident Compensation Insurance Reexamination Committee)**

(1) In order to deliberate and decide on requests for reexamination as prescribed in Article 106, there shall be established an Industrial Accident Compensation Insurance Reexamination Committee (hereinafter referred to as the "Reexamination Committee") in the Ministry of Employment and Labor.  

<Amended by Act No. 10339, Jun. 4, 2010>

(2) The Reexamination Committee shall be comprised of up to 60 members, including one chairperson, but two persons of such members shall be standing members; and one person of such members shall be an ex officio member.

(3) Two-fifths of the members of the Reexamination Committee shall be comprised of persons recommended by workers' organizations and employers' organizations, respectively, from among persons falling under paragraph (5) 2 through 5. In such cases, the number of persons recommended by workers' organizations shall be equal to the number of persons recommended by employers' organizations.  

<Amended by Act No. 9988, Jan. 27, 2010>

(4) Notwithstanding paragraph (3), where the number of persons recommended by workers' organizations or employers' organizations, respectively, is less than one-fifth of the total number of members to be commissioned, the latter part of paragraph (3) shall not apply; and the number of members recommended by workers' organizations and employers' organizations may be less than two-fifths of the total
number of members.  

(5) The chairperson and members of the Reexamination Committee shall be appointed by the President upon the recommendation of the Minister of Employment and Labor, from among the following persons: Provided, That the ex officio member shall be a person nominated by the Minister of Employment and Labor, from among public officials of Grade III in general service under the Ministry of Employment and Labor or from among public officials in general service belonging to the Senior Civil Service:  

1. Those who are or were in office as public officials of at least Grade III or public officials in general service belonging to the Senior Civil Service;  
2. Judges, public prosecutors, attorneys-at-law, or certified labor affairs consultants with at least ten years of experience;  
3. Those who are or were in office as at least associate professors at schools prescribed in Article 2 of the Higher Education Act;  
4. Those who have engaged in labor-related services or industrial accident compensation insurance-related services for at least 15 years;  
5. Those with substantial knowledge and experience in social insurance or industrial medical science.  

(6) None of the following persons shall be appointed as a member:  

1. An incompetent person under the adult guardianship, a quasi-incompetent person under the limited guardianship, or a person declared bankrupt and not reinstated;  
2. A person sentenced to imprisonment without prison labor or a heavier penalty, and for whom three years have not passed since the execution of the sentence was terminated or the non-execution thereof became definite;  
3. A incapacitated person or a feeble-minded person.  

(7) The term of office of members (excluding the ex officio member) of the Reexamination Committee, shall be three years, but may be renewed consecutively; and the chairperson or a standing member whose term has expired may continue to perform his/her duties until his/her successor is appointed.
(8) No member of the Reexamination Committee shall be dismissed from office against his/her will except in any of the following cases:

<Amended by Act No. 9988, Jan. 27, 2010>
1. Where he/she is sentenced to imprisonment without prison labor or a heavier penalty;
2. Where he/she becomes unable to perform his/her duties due to any chronic physical or mental infirmity.

(9) The Reexamination Committee shall establish a secretariat.

<Amended by Act No. 9988, Jan. 27, 2010>

(10) Necessary matters for the organization, operation, etc. of the Reexamination Committee, shall be determined by Presidential Decree.

<Amended by Act No. 9988, Jan. 27, 2010>

Article 108 (Exclusion, Recusal and Abstention of Members)
(1) Any member of the Reexamination Committee shall be excluded from participating in the hearing and ruling of a case if he/she falls under any of the following subparagraphs:

1. Where a member or his/her spouse or former spouse is a party to the case, or a joint right holder or obligator regarding the case;
2. Where a member is or was a relative of a party to the case, who is prescribed in Article 777 of the Civil Act;
3. Where a member gives any testimony or makes an appraisal regarding the case;
4. Where a member is or was involved as an agent of a party to the case;
5. Where a member is involved in making a decision on insurance benefits, etc. which is the subject matter of the case.

(2) If any party finds it difficult to expect a fair hearing or ruling from a member, it may file an application to recuse such member.

(3) If any member falls under any ground as defined in paragraph (1) or (2), he/she may abstain from the hearing and ruling of the case.

(4) Paragraphs (1) through (3) shall apply mutatis mutandis to employees, other than members, who are involved in clerical work concerning the hearing and ruling of a case.

Article 109 (Hearing and Ruling of Request for Reexamination)
(1) Article 105 (1) and (3) through (5) shall apply mutatis mutandis to the hearing and ruling of a request for reexamination. In such cases, "Service" shall be deemed "Reexamination Committee"; "request for examination filed
after deliberation by the Examination Committee" shall be deemed "request for reexamination": "decision" shall be deemed "ruling": and "employee belonging to the Service" shall be deemed "member of the Reexamination Committee", respectively.

(2) A ruling by the Reexamination Committee shall be binding on the Service.

Article 110 (Succession to Status of Requester for Examination or Reexamination)
Where a requester for examination or reexamination dies, if he/she is a beneficiary of insurance benefits, his/her status shall be succeeded by his/her survivors as prescribed in Article 62 (1) or 81, and, if not, by his/her heirs or heiresses or a person who has succeeded to the right or interest related to the insurance benefits which are the subject matter of the request for examination or reexamination.

Article 111 (Relationship with other Acts)(1) With respect to an interruption of prescription, the filing of a request for examination or reexamination as prescribed in Articles 103 and 106 shall be deemed a judicial claim as prescribed in Article 168 of the Civil Act.
(2) A ruling on a request for reexamination as prescribed in Article 106 shall be deemed, in applying Article 18 of the Administrative Litigation Act, a ruling on an administrative appeal.
(3) Matters which are not provided by this Act, concerning requests for examination and reexamination as prescribed in Articles 103 and 106, shall be subject to the provisions of the Administrative Appeals Act.

CHAPTER VII SUPPLEMENTARY PROVISIONS

Article 112 (Prescription)(1) If a right described in any of the following subparagraphs is not exercised for three years, it shall become extinctive by prescription: <Amended by Act No. 9988, Jan. 27, 2010>
1. Entitlement to insurance benefits under Article 36 (1):
2. Right of an industrial accident insurance–related medical institution referred to in Article 45:
3. Right of a pharmacy referred to in Article 46:
4. Right of a policyholder referred to in Article 89:
5. Right of the National Health Insurance Corporation, etc. referred to in Article 90 (1).
(2) Except as provided by this Act, extinctive prescription under
paragraph (1) shall be subject to the provisions of the Civil Act.

**Article 113 (Interruption of Prescription)**
Extinctive prescription under Article 112 shall be interrupted by a request filed under Article 36 (2). In such cases, where the request is the first request requiring a judgment on whether the case concerns an occupational accident prescribed in subparagraph 1 of Article 5, the interruption of prescription resulting from the request shall affect the other insurance benefits referred to in Article 36 (1).

**Article 114 (Reporting, etc.)**(1) If deemed necessary, the Service may ask, as prescribed by Presidential Decree, the owner of a business subject to this Act or workers engaged in such business and an agency handling insurance business under Article 33 of the Insurance Premium Collection Act (hereinafter referred to as "insurance business agency") to make a necessary report relating to the insurance business or to submit related documents.
(2) Any person entitled to a disability compensation annuity, survivors' compensation annuity, pneumoconiosis compensation annuity, or pneumoconiosis survivors' annuity, shall report to the Service such matters prescribed by Presidential Decree as necessary for the payment of the insurance benefits. <Amended by Act No. 10305, May 20, 2010>(3) A beneficiary or former beneficiary shall report to the Service such matters prescribed by Presidential Decree as related to any change in entitlement to insurance benefits.
(4) If a beneficiary dies, a person, who is responsible for reporting under Article 85 of the Act on the Registration, etc. of Family Relationship, shall report such death to the Service within one month.

**Article 115 (Departure Report, etc. by Beneficiary of Annuity, etc.)**(1) If a beneficiary of a disability compensation annuity, survivors' compensation annuity, pneumoconiosis compensation annuity or pneumoconiosis survivors' annuity (hereinafter referred to as "beneficiary of a disability compensation annuity, etc.") or a person entitled to a survivors' compensation annuity or pneumoconiosis survivors’ annuity, who is a Korean national, departs from Korea to live in a foreign country, the beneficiary of a disability compensation annuity, etc. shall report such to the Service. <Amended by Act No. 10305, May 20, 2010>
(2) Where a beneficiary of a disability compensation annuity, etc. or a person entitled to a survivors' compensation annuity or pneumoconiosis survivors' annuity receives a disability compensation annuity, survivors' compensation annuity, pneumoconiosis compensation annuity or pneumoconiosis survivors' annuity while living in a foreign country, the beneficiary of a disability compensation annuity, etc. shall report to the Service, as prescribed by Ordinance of the Ministry of Employment and Labor, at least once every year, such matters prescribed by Presidential Decree as related to entitlement to or eligibility for such annuity.

<Amended by Act No. 10305, May 20, 2010; Act No. 10339, Jun. 4, 2010>

Article 116 (Business Owner’s Assistance)(1) If it is difficult for a person entitled to insurance benefits to proceed with the procedure for filing a claim, etc. for the insurance benefits, due to any accident, the relevant business owner shall assist him/her therein.

(2) If a person entitled to insurance benefits demands certification necessary for receiving them, the relevant business owner shall provide such certification.

(3) If it is impossible to provide certification referred to in paragraph (2) because the whereabouts of the business owner is unknown or other extenuating grounds exist, such certification may be omitted.

Article 117 (Investigation of Workplace, etc.) (1) If deemed necessary for verifying a decision on insurance benefits or the hearing, ruling, etc. of a request for examination, the Service may allow any of its employees to enter the office or place of a business subject to this Act and the office of an insurance business agency to ask questions to relevant persons or to investigate relevant documents.

(2) In the case of paragraph (1), an employee of the Service shall carry a certificate indicating his/her authority and produce it to relevant persons.

Article 118 (Investigation, etc. of Industrial Accident Insurance–Related Medical Institution)(1) If deemed necessary for any insurance benefits, the Service may ask the industrial accident insurance–related medical institution (including its doctors; hereafter in this Article the same shall apply), which has provided medical treatment to a worker receiving such insurance benefits, to report on the medical treatment of the worker or
to submit any document or article related to the medical treatment, or may allow any of its employees to ask questions to relevant persons or to investigate relevant documents or articles, as prescribed by Presidential Decree.

(2) Article 117 (2) shall be apply mutatis mutandis to investigations referred to in paragraph (1).

Article 119 (Demands for Medical Examination)
If deemed necessary for any insurance benefits, the Service may demand that any person, who receives or intends to receive the insurance benefits, undergo medical examination at an industrial accident insurance–related medical institution, as prescribed by Presidential Decree.

Article 119–2 (Payment of Bounty)
The Service may pay a bounty, as prescribed by Ordinance of the Ministry of Employment and Labor, within budgetary limits, to a person who reports another person who unjustly receives insurance benefits, medical expenses, or medicine expenses pursuant to Article 84 (1) and (3). <Amended by Act No. 10339, Jun. 4, 2010> [This Article Newly Inserted by Act No. 10305, May 20, 2010]

Article 120 (Temporary Suspension of Insurance Benefits)
(1) If a person who intends to receive insurance benefits falls under any of the following subparagraphs, the Service may temporarily suspend the payment of such insurance benefits: <Amended by Act No. 10305, May 20, 2010>

1. Where a worker in the course of medical care fails, without any justifiable ground, to follow the order to transfer to another medical institution given by the Service pursuant to Article 48 (1);
2. Where a person fails to comply with a demand issued by the Service by virtue of its authority to redetermine his/her disability grade or pneumoconiosis grade pursuant to Article 59;
3. Where a person fails to make a report or submit documents or to report as prescribed in Article 114 or 115;
4. Where a person fails to respond to questions or investigations as prescribed in Article 117;
5. Where a person fails to comply with a demand for medical examination as prescribed in Article 119.
(2) The types of insurance benefits subject to temporary suspension referred to in paragraph (1) and the period and procedures of the temporary suspension, shall be prescribed by Presidential Decree.

Article 121 (Special Cases concerning Overseas Business)(1) With respect to any business in a country or area as prescribed by a treaty or convention governing social security (hereinafter referred to as "social security–related treaty") to which Korea is a party, for the purposes of compensating a worker for any occupational accident that occurs during his/her overseas service period, a person designated by the Minister of Employment and Labor after consultation with the Financial Services Commission (hereinafter referred to as "insurance company") is allowed to carry on, on its own account, insurance business as prescribed by this Act. <Amended by Act No. 8863, Feb. 29, 2008; Act No. 9988, Jan. 27, 2010; Act No. 10339, Jun. 4, 2010>
(2) Insurance companies shall carry on insurance business in accordance with a business method as prescribed by the Insurance Business Act. In such cases, no insurance benefits paid by insurance companies shall be unfavorable for workers, compared with insurance benefits as prescribed by this Act.
(3) Insurance companies carrying on insurance business under paragraph (1) shall faithfully carry out all the responsibilities to be borne by the Government under this Act and social security–related treaties for the sake of workers.
(4) Articles 2 and 3 (1), the proviso to Article 6, Articles 8 and 82, and Chapters V and VI, shall not apply to any overseas business as prescribed in paragraph (1) and insurance business dealing with such business.
(5) In carrying on insurance business under paragraph (1), insurance companies may exercise the authority of the Service as prescribed by this Act.

Article 122 (Special Cases concerning Persons Dispatched Overseas)(1) If any policyholder referred to in Article 5 (3) and (4) of the Insurance Premium Collection Act, applies for an insurance policy to the Service and obtains approval therefrom for a person dispatched to work in a business run by the said policyholder in a territory (excluding any territory prescribed by Ordinance of the Ministry of Employment and Labor) other than the Republic of Korea (hereinafter referred to as
"person dispatched overseas"), the person dispatched overseas may be deemed a worker employed for a business (where at least two businesses exist, this refers to the main business) within the territory of the Republic of Korea and thus be subject to this Act.  <Amended by Act No. 10339, Jun. 4, 2010>

(2) The amount of wages, used as the basis for calculating insurance benefits of a person dispatched overseas, shall be the amount determined and published by the Minister of Employment and Labor taking account of the amount of wages for workers employed in the same type of work in the relevant business and other conditions.  <Amended by Act No. 10339, Jun. 4, 2010>

(3) Necessary matters for the payment, etc. of insurance benefits to persons dispatched overseas, shall be determined by Ordinance of the Ministry of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>

(4) The Insurance Premium Collection Act shall be applied to calculation of insurance premiums, applications and approvals for insurance policies, reporting and payment of insurance premiums, termination of insurance relationship, and other necessary matters for persons dispatched overseas subject to this Act under paragraph (1).

Article 123 (Special Cases concerning On-the-Job Trainees)

(1) Among students or vocational trainees receiving practical on-the-job training in a business subject to this Act (hereinafter referred to as "on-the-job trainees"), on-the-job trainees determined by the Minister of Employment and Labor, shall be deemed workers employed for the business when applying this Act, notwithstanding subparagraph 2 of Article 5.  <Amended by Act No. 10339, Jun. 4, 2010>

(2) Any accidents suffered by on-the-job trainees in relation to their training shall be deemed occupational accidents, and the on-the-job trainees shall be paid insurance benefits under Article 36 (1).  <Amended by Act No. 10305, May 20, 2010>

(3) The amount of wages, used as the basis for calculating insurance benefits of on-the-job trainees, shall be all the money and valuables, such as training allowances, etc. paid to on-the-job trainees, but, if such application is deemed inappropriate for accident compensation for on-the-job trainees, may be the amount determined and published by the Minister of Employment and Labor.  <Amended by Act No. 10339, Jun. 4, 2010>
(4) Necessary matters for the payment, etc. of insurance benefits to on-the-job trainees, shall be prescribed by Presidential Decree.
(5) The Insurance Premium Collection Act shall be applied to matters relating to the calculation, reporting, payment, etc. of insurance premiums of on-the-job trainees.

Article 124 (Special Cases concerning Small and Medium Business Owners)
(1) Any small or medium business owner as prescribed by Presidential Decree (including persons who do not employ any worker; hereafter in this Article the same shall apply) may, after obtaining approval from the Service, purchase an insurance policy designating him/her or his/her survivors as the insured. In such cases, the business owner shall be deemed a worker when applying this Act, notwithstanding subparagraph 2 of Article 5.
(2) The scope of occupational accidents that give rise to the payment of insurance benefits to small and medium business owners under paragraph (1), shall be prescribed by Presidential Decree.
(3) The average wage, used as the basis for calculating insurance benefits paid to small and medium business owners under paragraph (1), shall be the amount determined and published by the Minister of Employment and Labor. <Amended by Act No. 10339, Jun. 4, 2010>
(4) If any occupational accident referred to in paragraph (2) occurs while insurance premiums are overdue, all or part of the insurance benefits for such occupational accident may not be paid as prescribed by Presidential Decree.
(5) Necessary matters for the payment, etc. of insurance benefits to small and medium business owners, shall be determined by Ordinance of the Ministry of Employment and Labor. <Amended by Act No. 10339, Jun. 4, 2010>
(6) The Insurance Premium Collection Act shall be applied to calculation of insurance premiums, applications and approval for insurance policies, reporting and payment of insurance premiums, termination of insurance relationship, and other necessary matters for small and medium business owners subject to this Act under paragraph (1).

Article 125 (Special Case concerning Persons in Special Types of Employment)
(1) Notwithstanding Article 6, the business which receives labor service, from persons who engage in jobs prescribed by Presidential Decree, among the persons who are not subject to the
Labor Standards Act, etc., even though they offer labor service similar to that of workers regardless of the type of contract, and therefore need protection from occupational accidents, and who also meet all the following requirements (hereafter in this Article referred to as "persons in special types of employment"), shall be deemed business subject to this Act:  

1. They mainly provide one line of business with labor service necessary for the operation thereof on a routine basis, and receive payment for such service and live on such pay;  
2. They do not use other persons to provide such labor service.

(2) Notwithstanding subparagraph 2 of Article 5, persons in special types of employment shall be deemed workers of the business concerned in applying this Act: Provided, That where the persons in special types of employment request exclusion from the application of this Act pursuant to paragraph (4), they shall not be deemed such workers.

(3) Where a business owner begins or ceases to receive labor service from a person in special type of employment, the business owner shall report such to the Service as prescribed by Presidential Decree.

(4) Where a person in special type of employment does not want to be subject to this Act, he/she may file a request for exclusion from the application of this Act, with the Service as prescribed by the Insurance Premium Collection Act: Provided, That this shall not apply to persons in special types of employment whose insurance premiums are paid fully by their business owners.

(5) Where a request for exclusion from the application of this Act is filed pursuant to paragraph (4), this Act shall cease to apply from the date following the date of the request: Provided, That where the request for exclusion from the application of this Act is filed within 70 days after the date of the first application of this Act, this Act shall not apply retroactively to the date of the first application of this Act.

(6) Where a person who is not subject to this Act pursuant to paragraphs (4) and (5) files a request with the Service in order to become subject to this Act again, this Act shall begin to apply in the following insurance year.

(7) The Insurance Premium Collection Act shall be applied to necessary matters, for the establishment, termination and change of insurance relationships, requests for exclusion from the application of this Act and for the reaplication of this Act, the calculation, reporting and payment
of insurance premiums, and the collection of insurance premiums and other charges, with respect to persons in special types of employment subject to this Act pursuant to paragraph (1).

(8) The amount of average wages, used as the basis for calculating insurance benefits for persons in special types of employment, shall be the amount published by the Minister of Employment and Labor.

<Amended by Act No. 10339, Jun. 4, 2010>

(9) The criteria for recognizing occupational accidents that give rise to the payment of insurance benefits to persons in special types of employment, shall be prescribed by Presidential Decree.

(10) Where any occupational accident referred to in paragraph (9) occurs while insurance premiums are overdue, all or part of the insurance benefits for such occupational accident may not be paid as prescribed by Presidential Decree.

(11) Necessary matters for the payment, etc. of insurance benefits to persons in special types of employment, shall be prescribed by Ordinance of the Ministry of Employment and Labor.  <Newly Inserted by Act No. 9988, Jan. 27, 2010; Act No. 10339, Jun. 4, 2010>

**Article 126 (Special Cases concerning Benefit Recipients under the National Basic Living Security Act)**

(1) Among recipients of self-support benefits prescribed in Article 15 of the National Basic Living Security Act, other than workers prescribed in subparagraph 2 of Article 5, the persons who engage in projects determined and published by the Minister of Employment and Labor, shall be deemed workers subject to this Act, notwithstanding subparagraph 2 of Article 5.  <Amended by Act No. 10339, Jun. 4, 2010>

(2) The amount of wages, used as the basis for calculating insurance premiums and insurance benefits for recipients of self-support benefits, shall be the amount of self-support benefits which the recipients of self-support benefits receive as a result of participating in projects under paragraph (1).

**CHAPTER VIII PENAL PROVISIONS**

**Article 127 (Penal Provisions)**

(1) If a person who engages in an industrial accident insurance–related medical institution or a pharmacy referred to in Article 46 (1), receives medical expenses or medicine expenses by fraud or other wrongful means, he/she shall be punished by imprisonment for up to three years or by a fine not exceeding 30 million
(2) A person who receives insurance benefits by fraud or other wrongful means, shall be punished by imprisonment for up to two years or by a fine not exceeding 20 million won.
(3) A person who discloses confidential information, in violation of Article 21 (3), shall be punished by imprisonment for up to two years or by a fine not exceeding ten million won.  <Amended by Act No. 9988, Jan. 27, 2010>

Article 128 (Joint Penal Provisions)
If a representative of a corporation, or an agent, employee or servant of the corporation or an individual commits an offense under Article 127 (1) in relation to the business of the corporation or individual, not only shall such offender be punished accordingly, but the corporation or individual shall also be punished by a fine prescribed in the same paragraph: Provided, That this shall not apply where the corporation or individual has not been negligent in due attention and supervision regarding the business to prevent such offense.
[This Article Wholly Amended by Act No. 9338, Jan. 7, 2009]

Article 129 (Administrative Fines)
(1) A person who falls under any of the following subparagraphs shall be subject to an administrative fine not exceeding two million won:  <Amended by Act No. 9988, Jan. 27, 2010>

1. A person who uses the name "Korea Workers' Compensation and Welfare Service" or any similar name thereto, in violation of Article 34;
2. A person who claims medical expenses from a person other than the Service, in violation of Article 45 (1).
(2) A person who falls under any of the following subparagraphs shall be subject to an administrative fine not exceeding one million won:
1. A person who fails to submit a medical treatment plan referred to in Article 47 (1) without any justifiable ground;
2. A person who fails to answer questions, makes false answers, or refuses, interferes with or evades an inspection, in violation of Article 105 (4) (including cases as applicable mutatis mutandis in Article 109 (1));
3. A person who fails to make a report, makes a false report, or fails to comply with an order to submit documents or things, in violation of Article 114 (1) or 118:
4. A person who refuses to answer questions asked by an employee of the Service, or refuses, interferes with or evades an investigation, in violation of Article 117 or 118:

5. A person who fails to report under Article 125 (3).

(3) Administrative fines referred to in paragraph (1) or (2) shall be imposed and collected by the Minister of Employment and Labor, as prescribed by Presidential Decree.  <Amended by Act No. 10339, Jun. 4, 2010>

(4) through (6) Deleted.  <by Act No. 9988, Jan. 27, 2010>
Article 1 (Enforcement Date)

ADDENDA <Act No. 13323, May 18, 2015>

Article 1 (Enforcement Date)

This Act shall enter into force six months after the date of its promulgation.

Articles 2 through 4 Omitted.