

USEFUL INFORMATION

ON HEALTH INSURANCE, SICKNESS, MATERNITY AND EMPLOYMENT INJURY & OCCUPATIONAL DISEASES BENEFITS

FOR FACTORY WORKERS IN VIET NAM



LUXEMBOURG
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International
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In this booklet, you will see some terminologies which are defined¹ as belows:

- Insurable monthly salary: Wage + Allowances + Other additional incomes (specifically determined together with the salary stated in the employment contract and paid regularly with salary payment). It excludes a range of compensations and allowances (e.g. food, telephone, petrol, housing, child support)
- Base salary: A fixed amount used as the base to calculate salaries of government employees and general living costs, normally adjusted every six months (for example, the base salary is VND1,490,000 applied from July 2019 until a new adjustment decision is issued.
- Principle “Co-payment of medical service expenses”: means the medical expenses which are not covered by Health Insurance fund but borne by the insured out of pocket.

¹ The definitions are explained in simple phrases for factory workers to easily comprehend and are not necessarily definitions in legal documents.

HEALTH INSURANCE

Health Insurance, according to the Law on Health Insurance, is mandatory for all citizens. It is not for profit and is administered and implemented by the State.



REGISTRATION

Q Who should register with the government health insurance scheme?

A Membership is mandatory for everyone according to the Law on Health Insurance. Factory workers must register under the member group called “workers’ and employers’ co-contribution”.

This applies to workers under indefinite-term employment contracts, workers with employment contracts of durations of at least three months; waged managers of enterprises; officials and civil servants (herein called ‘Employees’).

Q Who is eligible for health insurance benefits?

A Employee who has paid health insurance contributions, received a health insurance card and needs to undergo medical examinations and treatment at medical facilities as prescribed by the Law on Health Insurance is eligible for health insurance.

Q How do I register?

A Your employer is responsible for registering and paying health insurance to the Social Security Agency for employees.

- ▶ Enrolling in health insurance for the first time: The employee declares necessary information in the health insurance application form and submits it to the employer. The employer receives it, prepares another form, makes an employee enrolment list; submits a complete dossier and pays the contribution to the Social Security Agency within 30 days from the effective date of the labour contract. The social insurance authority shall issue a health insurance card or reply to the employer within 5 days after receiving the dossier.
- ▶ From the second and subsequent contributions: Workers do not need to fill out the application form again. The employer is responsible for paying the employee's health insurance contribution to the Social Security Agency to extend the employee's health insurance card based on the database of the Social Security Agency.

MEMBERSHIP CARD

Q Why is a health insurance card important?

A A health insurance card is issued to the insured and serves as a basis for enjoying health insurance benefits. You need to show it, together with your identity card, every time you go to a health facility to get your benefits.

Each person is granted only one health insurance card at a time.

Q What is the meaning the number on your health insurance card?

A According to the regulation effective from 1/8/2017, the number in the card tells us the following.

The diagram shows a hand holding a Vietnamese Health Insurance Card (The Bao Hiem Y Te) issued by Bao Hiem Xa Hoi Viet Nam. The card contains the following information:

- Ma y: CN 3 01 0003500099
- Họ và tên: [Redacted]
- Ngày sinh: [Redacted]
- Giới tính: Nam K1
- Địa chỉ: [Redacted]
- Nơi DK KCBBĐ: TT YT quận Đống Đa. Mã: 01 033
- Giá trị sử dụng: từ ngày 01/07/2017
- Thời điểm đủ 05 năm liên tục: từ ngày 01/7/2015
- Ngày 25 tháng 07 năm 2017
- GIAM ĐỐC BHXH (Seal)
- NGUYỄN TH [Redacted]

Five callout boxes explain the meaning of the numbers on the card:

- Box 1:** Category of Health Insurance member (points to 'CN')
- Box 2:** Code of level of benefits entitled to (points to '3')
- Box 3:** Code of issuing province (points to '01')
- Box 4:** Social Security ID number of this individual (points to '0003500099')
- Box 5:** Valid from (points to '01/07/2017')

Q How to renew my health insurance card?

A Employers are responsible for paying employees' health insurance contributions to the Social Security Agency on a monthly basis. Enterprises in agriculture, forestry, fisheries and salt-making shall pay periodically every 3 or 6 months (not monthly). The Social Security Agency will extend the validity of the health insurance card.

As long as your contribution is remitted by your employer before the expiry date, the card will be continuously renewed, and provided to you through your employer, without any further action from your side.

From 2019, printed health insurance cards are no longer issued every year to the insured. Instead, plastic cards with electronic chips are now issued. However, printed cards issued in 2017 and 2018 can still be used.

Q How can I check my card is still valid?

A There are two ways of searching your personal information on health insurance, including validity of your card:

- ▶ Via SMS: Compose the message: TC (space) BHYT (space) Mã thẻ BHYT -> Send to 8179 ;
- ▶ Via Viet Nam Social Security Portal: <https://baohiemxahoi.gov.vn/tracuu/pages/tra-cuu-thoi-han-su-dung-the-bhyt.aspx> and fill in the required information. The information page will detail the place of primary registered health facility, validity of the health insurance card and the remaining time until you accomplish 5 consecutive years. Once you have reached 5 consecutive years of contributions, you are entitled to lower co-payment (as described in section on Costs of care, page 14)

Access to social security, including health insurance and social insurance, is a basic right of every person in Viet Nam.

Q What if I lose my health insurance card?

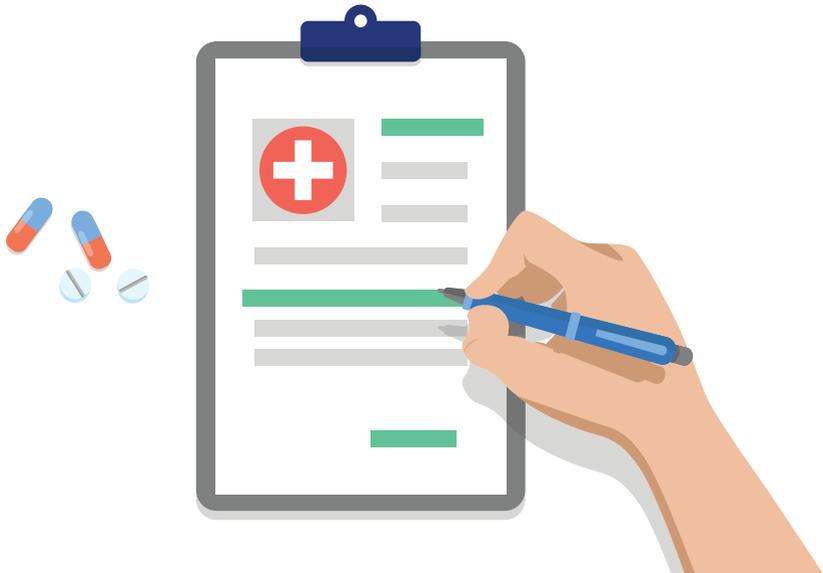
A To obtain a new card, you need to fill in a form (ask your employer to get the Social Security Agency form) and to submit it to your employer.

The Social Security Agency must grant the new card within 3 days upon receipt of the full documents, or within 1 day if the insured is hospitalized.

Q How do I change my personal information?

A If information on the card is incorrect, you have the right to request a card replacement. You must request your employer to provide you with the form to modify information on the health insurance card, fill it in and submit it to the employer.

Employer prepares a list of required information and submits the employee's dossier to the Social Security Agency where the current health insurance card was issued. If you are entitled to higher health insurance benefits, additional evidence is required.



BENEFITS

Q What benefits am I eligible for?

A When using medical services in compliance with the Law on Health Insurance, your medical care costs will be covered according to the regulated scope of benefits and level of health insurance benefits, as follows:

- ▶ Medical examination and treatment expenses: examination; inpatient services; medical technical services, medicines, blood and medical supplies on the list issued by the Ministry of Health and as prescribed by physicians for medical examination and treatment; tests, imaging diagnosis, surgery, medical procedures, traditional medicines;
 - ▶ Expenses for periodic antenatal care and giving birth at health facilities;
 - ▶ Rehabilitation expenses at health facilities.
-

Q What am I not eligible for?

A The health insurance fund does not cover the following expenses:

1. Costs of the services listed in the previous question that have been paid by the State budget' for some specific groups of population.
2. Convalescence at sanatoria or convalescence establishments.
3. Medical check-ups.
4. Prenatal tests and diagnosis for non-treatment purposes.
5. Use of obstetric supportive techniques, family planning or abortion services, except for cases of discontinuation of pregnancy due to fetal or maternal diseases.
6. Use of aesthetic services.

7. Treatment of squint, short-sightedness and refractive defects.
8. Use of prostheses including artificial limbs, eyes, teeth, glasses, hearing or movement aids in medical examinations, treatment and function rehabilitation.
9. Medical examinations, treatment and function rehabilitation in case of disasters.
10. Medical examinations and treatment for addiction to illegal drugs, alcohol or other addictive substances.
11. Medical assessments, forensic or forensic mental examinations.
12. Participation in clinical trials or scientific research.

REGISTERED HEALTH FACILITY

Q Where do I go to get health insurance-covered medical services?

A When you get sick, you need to go directly to the health facility you selected when registering. By doing so you can get the full benefits of health insurance. If your case requires more advanced care that goes beyond the capacity of that health facility, you will be referred to a higher-level health facility. A referral letter must be issued by the first health facility. In case you do not have a referral letter, the co-payment will be higher for you. Please refer to the Cost of Care on Page 14.

Q What documents should I show the health facility when I need care?

A In order to benefit from your health insurance, you must show the following documents at the health facility:

- ▶ Health insurance card with photo (if electronic card); or health insurance card without a photo (if paper card) and identity card (ID card, driving license, Party member card); or letter of appointment for replacement of health insurance card.

Special situations:

- ▶ If referred, provide referral letter or doctor's re-appointment letter (if any).
 - ▶ In case of emergency, health insurance card with a photo ID should be submitted before leaving the hospital.
 - ▶ In case of a business or study trip, you can go to a health facility of the same level as the registered medical facility and submit one of the following documents: travel authorization, student admission, student card, temporary residence card.
-

Q What is my registered health facility?

A Your initially registered health facility is the one you selected when first registering. This is where you need to go first if sick and request your first examination and diagnosis.

Please ask your employer to provide the list of health facilities qualified to provide health insurance medical services so you can select one. Your selected facility is part of the personal information you submit to your employer when registering for health insurance.

Q How can I change my registered health facility?

A To change your selected facility, you should submit a form to your employer (ask the employer for the form) and submit the form to employer. You can also go directly to the Social Security Agency in your area of residence to get instructions.

Submission can only be made during the first 10 days of each quarter (January, April, July and October).

Q What if my registered facility cannot provide sufficient treatment?

A If you need advanced care not available at your selected facility, you will be referred to a higher-level health facility. A referral letter must be issued by the first health facility.

Q Where should I go in case of emergency?

A You can go to any health facility most conveniently located. You can get the usual benefits as you would at the registered health facility, as long as the case is confirmed as a 'emergency' by that health facility. Your health insurance card and ID card should be submitted before hospital release.



PAYMENTS – COSTS OF CARE

Q How much do I pay when going to health facilities?

A As you are an employee with Level-4 benefits as specified on the health insurance card, the co-payment you need to make is as follows:

When you go to a health facility at the level of	The necessary type of care	Whether you have a referral letter	Amount to be paid by <u>employee</u> to health facility (% of eligible expenses)
Commune	Primary health care provided by commune health facilities, including prenatal care and delivery	No need*	0%
District	Out patient treatment (OPD) and inpatient treatment (IPD)	No need*	20%
Province	OPD and IPD	YES	20%
	IPD	NO	$100\% - (60\% \times 80\%) = 52\%$
	OPD	NO	100%
Central	OPD and IPD	YES	20%
	IPD	NO	$100\% - (40\% \times 80\%) = 68\%$
	OPD	NO	100%
All levels	Emergency	No need	20% (or 0% if treatment at commune)

* A referral letter is not needed; whether you obtain medical services at registered facility or not and within the same province or not

If you need medical services during holidays or weekends at health facilities which provide such a service, eligible costs can be still covered.

Special cases

0% of co-payment (100% paid by Social Security Agency):

- ▶ Cost for one visit is lower than 15% of base salary (if the cost is lower than VND223,500/one visit if the base salary is VND1,490,000/month).
- ▶ When the member participates in health insurance continuously for full 5 years or more and the co-paid amount for medical examination and treatment in a year is higher than 6 months' base salary (it is VND8,940,000 if the base salary is VND1,490,000 VND/month), except for cases not compliant with the referral mechanism.
- ▶ E.g: Ms A has full 5 years of continuous participation in health insurance until 1 January 2020, and her co-paid amount of medical expenses is VND10,000,000 in 2020. She will be reimbursed VND1,060,000 by the Social Security agency. From the next visit in the same year, she will not have to pay any money.

Q I paid the medical expenses upfront at the hospital. Will I be reimbursed by the Social Security Agency?

- A** In the following cases, you may have to pay all medical expenses and claim for reimbursement with Social Security Agency:
- a** When you get a medical examination and treatment at a health facility without a medical service contract with the Social Security Agency.
 - b** When going to the registered health facility, but do not show the full required documents for medical examination and treatment with health insurance (if health insurance card/personal identify card is missing).

- c) You are eligible for exemption from co-payment thanks to a full 5 years or more contributions, and the co-paid amount for medical examinations and treatment in a year is larger than 6 months' base salary.
- d) If you can not access to health insurance benefits due to a health insurance data system error.
- e) Hospitalized patient in a emergency situation or loss of consciousness, who is transferred to another health facility, released or died on the same day, could not present his/her health insurance card before being released or transferred due to loss of the health insurance card.

Q How much will I be reimbursed if I go to a health facility that has no medical service contract with the Social Security Agency?

A Depending on each specific cases, you can be reimbursed as follows:

Type of services	Level of health facility	Maximum reimbursement/ one time	Example of benefit with base salary of VND1,490,000/ month
Outpatient treatment	District level and equivalent	0.15 times of the base salary	VND223,500
Inpatient treatment	District level and equivalent	0.5 times of the base salary	VND745,000
	Provincial level and equivalent	1.0 times of the base salary	VND1,490,000
	Central level and equivalent	2.5 times of the base salary	VND3.725.000

Participation in health insurance is compulsory for all Vietnamese citizens.

SICKNESS BENEFITS



ELIGIBILITY

Q Am I entitled to social insurance benefits?

A Social insurance is the guarantee to fully or partially compensate an employee's income that is reduced or lost due to his/her sickness, maternity, employment-related injury or disease, retirement or death, on the basis of his/her contributions to the social insurance fund.

Compulsory social insurance means a form of social insurance organized by the State, in which employees and employers are legally required to participate. Members of the compulsory social insurance scheme are those working under indefinite-term employment contracts, definite terms, seasonal or a specific work contract with a term between full 3 months and under 12 months, including employment contracts signed between employers and legal representatives of people under 15 years; employment contracts between 1 full month and under 3 months, and other groups as stipulated in Article 2, Law on Social Insurance 2014.

If you are an employee with an employment contract for at least 1 month and your employer and you co-contribute to the social insurance scheme, you are eligible for social insurance benefits once conditions provided in the legal documents are met.

Q What is a sickness benefit?

A A sickness benefit is the cash received to partially compensate the salary lost when an employee is on sick leave.

BENEFITS

Q What sickness benefits am I entitled to?

A **First** in case of short-term sickness, the maximum sick leave duration within a year is:

a) If you are sick:

Duration of social insurance contribution	Maximum sick leave days in a year in regular condition	Maximum sick leave days in a year in heavy, toxic, hazardous conditions or in areas with regional allowance coefficient of 0.7 or more*
Contribute to social insurance under 15 years	30 days	40 days
Contribute to social insurance from full 15 years to less than 30 years	40 days	50 days
Contribute to social insurance for full 30 years or more	60 days	70 days

*Regional allowance is an allowance to compensate for labourers working in remote, isolated, or naturally unfavorable areas. Regional allowance coefficient is determined by MOLISA"

b) If your sick child is under 7 years old:

20 days sick leave per calendar year if the child is under 3 years old, 15 working days if the child is 3-7 years old.

Second in case of long-term sickness, the maximum leave duration available in a year is:

- ▶ Maximum of 180 days/year including public holidays and weekends
- ▶ The maximum duration is equal to the period of social insurance contribution.
- ▶ In case treatment must be continued beyond 180 days: Employee continues to take sick leave with lower level benefits (see the next question “How much do I get for sick leave?”).
- ▶ Sickness is considered ‘long-term’ as defined by Ministry of health found in Circular 46/2016/TT-BYT

Q How much do I get for sick leave?

Short-term sickness benefits	
Monthly benefit	Equal to 75% of the insurable salary of the preceding month before the leave; or the current month if employee did not work in the preceding month
Daily benefit	Equal to the monthly sickness benefit divided by 24 days.
Long-term sickness benefits	
Within 180 days	Equal to 75% of the insurable salary of the preceding month before the leave
After 180 days:	
If social insurance contribution duration is from full 30 years or more	Equal to 65% of the insurable salary of the preceding month before the leave
If social insurance contribution duration is from full 15 years to less than 30 years	Equal to 55% of the insurable salary of the preceding month before the leave
If social insurance contribution duration is under 15 years	Equal to 50% of the insurable salary of the preceding month before the leave

Q What is convalescence and health rehabilitation benefit?

A In addition to sickness benefits, you can also benefit from convalescence and health rehabilitation period after sickness. You can take convalescence leave for 5-10 days within a period of 30 days after you return to work, if your health has not recovered.

Type of convalescence	Duration of convalescence benefits, including public holidays, weekend		Example of benefit with base salary of VND1,490,000/month
Long-term sickness	10 days	Level of benefit of 1 day = 30% of base salary	VND620,833
Surgery	7 days		VND434,583
Others	5 days		VND310,417



Q How to claim sickness benefits?

A Procedures

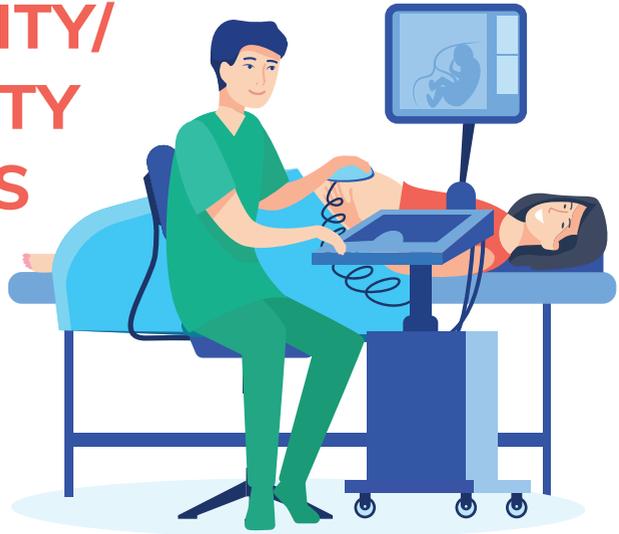
Step 1: Employee submits to employer:

- ▶ Hospital release certificate in case of inpatient treatment
- ▶ Certificate of leave in case of outpatient treatment

Inform employer whether you want to receive cash or bank transfer to allow the employer to fill in the required form. In case of bank transfer, you will provide the bank account details.

Step 2: Employer submits the documents to Social Security Agency for claim review and payment.

MATERNITY/ PATERNITY BENEFITS



ELIGIBILITY

Q Who is eligible for maternity/paternity benefits?

- A** Employees participating in compulsory social insurance (please refer to Page 17, question on Social Insurance Benefits) are entitled to maternity/paternity benefits, including:
- a** Pregnant employees
 - b** Employees giving birth to children
 - c** Surrogate female employees and female employees requesting surrogacy
 - d** Employees adopting children under 6 months old
 - e** Female employees putting on an IUD, or implementing sterilization measures
 - f** Male employee paying social insurance who has a wife giving birth (paternity benefits).

In order to access maternity/paternity benefits, the employee must have at least 6 months of social insurance contributions (case b, c or d) or 3 months (cases b and c with prenatal leave prescribed by doctors) during the 12 months preceding the birth or adoption.

BENEFITS

Q Which benefits am I entitled to?

A Paid leave is as follows:

Type	Specific case	Leave days
Antenatal checkup		5 times (maximum) during pregnancy one day for each time. If you are living too far from the health facility or you have got a pathological pregnancy, you are entitled to two days of leave for each time
Delivery		
	Single child	6 months. Leave before childbirth cannot exceed 2 months
	Twins or more	6 months + 1 month additional leave for each extra child
Adoption		Employees adopting a child under 6 months of age: entitled to take leave to enjoy the maternity leave until the child is full 6 months old
Miscarriage, abortion, stillbirth or pathological abortion		
	If pregnancy is less than 5 weeks	10 days
	If pregnancy is between 5 and under 13 weeks	20 days
	If pregnancy is between 13 and under 25 weeks	40 days
	If pregnancy is 25 weeks or more	50 days

Contraception		
	IUD	7 days
	Sterilization	15 days
Paternity leave: Male insured whose wife gives birth are entitled to paternity leave		
	Normal birth	5 working days
	C-Section	7 working days
	Birth of a child under 32 weeks	7 working days
	Twins or more	10 days for twins 14 days for twins+ C-Section 3 children or more: 10 days + 3 days for each additional child

Q How much will I get during maternity leave?

A

Type of benefits	Level of benefit	Example
Antenatal checkup	5 times (maximum) x daily benefit (monthly maternity benefits divided by 24 days)	If your average insurable salary is VND5,000,000/month and you have had 5 antenatal checkups, you will get: $5 \times \text{VND}5,000,000/24 = \text{VND}1,042,000$
Maternity	6 months of 100% of the average insurable salary of 6 months before taking maternity leave	If your average insurable salary is VND5,000,000/month, for maternity leave you will get: $6 \times \text{VND}5,000,000 = \text{VND}30,000,000$
Adoption	100% of the average insurable salary of 6 months before taking maternity leave until the child is 6 months	If your average insurable salary is VND5,000,000 /month, and you adopt a child of 2 months, for maternity leave you will get: $4 \times \text{VND}5,000,000 = \text{VND}20,000,000$
Abortion	100% of the average insurable salary of 6 months before taking maternity leave for the eligible days	If your average insurable salary is VND5,000,000/month, and you have an abortion of a 20-week pregnancy, you will get: $40 \times \text{VND}5,000,000 /30 = \text{VND}6,667,000$

Contraception	100% of the average insurable salary of 6 months before taking maternity leave for the eligible days	If your average insurable salary is VND5,000,000/month, and you undergo sterilization, you will get: $15 \times \text{VND}5,000,000 / 30 = \text{VND}2,500,000$
Paternity leave	100% of the average insurable salary of 6 months before taking paternity leave for the eligible days	If your average insurable salary is VND5,000,000/month, and your wife delivers a baby via C-section, you will get: $7 \times \text{VND}5,000,000 / 24 = \text{VND}1,458,000$
Maternity allowance lump sum	Two months of base salary for each child paid to the insured (one of the parents)	In February 2020, this allowance is $\text{VND}1,490,000 \times 2 = \text{VND}2,980,000/\text{child}$

Note: Daily benefits are calculated by monthly benefit divided by 24 or 30, depending on the specific regulations



Q What is convalescence and health rehabilitation benefit after maternity leave?

A An employee entitled to maternity benefits can take convalescence leave for 5-10 days, within a period of 30 days after the employee returns to work, if her health has not recovered.

Type of convalescence	Duration of convalescence benefits, including public holidays, weekend		Example with base salary of VND1,490,000/month
One birth of 2 children or more	10 days	Level of benefit of 1 day = 30% of base salary	VND620,833
C-section delivery	7 days		VND434,583
Other	5 days		VND310,417

Note: Daily benefits are calculated by monthly benefits divided by 24 or 30, depending on the specific regulations

Q When can I go back to work?

A In normal cases, you are eligible for 6 months maternity leave. However, you can take shorter maternity leave.

In any case, a person should take at least 4 months maternity leave after birth to ensure full recovery.

Hence, conditions to return to work before 6 months of leave are as follows:

- ▶ Once you have taken maternity leave for at least 4 months
- ▶ Employer and employee mutually agree to resume work earlier than the normal period.

If you wish to return before the maternity leave period expires, you can still enjoy maternity leave benefits in addition to the salary of the working days

provided conditions stipulated above are complied with and your social/health/unemployment insurance contribution is remitted to Social Security Agency.

CLAIM PROCESS

Q What is the procedure to receive benefits?

A Procedures

Step 1: Employee submits to employer:

- Certificate of release in case of inpatient treatment
- Certificate of leave for social insurance in case of outpatient treatment
- Copy of birth declaration or birth certificate of the child
- Copy of death certificate or death certificate (in case the child or mother dies), certificate of adoption.
- Copy of medical reports of the mother when the child dies without a birth certificate.
- 2. Certificate of adoption, if any.

Step 2: Employer submits the documents to Social Security Agency for claim review and payment.

Payment

Two options for payment of benefits:

- ▶ Paid through employer: if employee does not provide bank account
- ▶ Paid directly to employee: to employee's bank account or in cash

EMPLOYMENT INJURY AND OCCUPATIONAL DISEASES BENEFITS



ELIGIBILITY

Q Who is eligible for Employment Injury and Occupational Diseases benefits?

A Vietnamese employees participating in compulsory social insurance (except those who work part-time in occupational communes, wards or townships) are entitled to employment injury and occupational diseases benefits when:

Suffering a work capacity decrease by 5% or more due to an accident in one of the following cases:

a At the workplace and during working hours, even when doing personal activities at the workplace or during working hours permitted by the Labour Code and regulations of the production or business establishment, including breaks between working hours, mid-shift meals, in-kind meals, menstruation breaks, shower time, breastfeeding time and toilet use

- b** Outside the workplace or out of working hours while performing a task requested by the employer or a manager authorized by the employer in writing
- c** During to/from the workplace along a reasonable route and within a reasonable time.

Suffering a working capacity decrease by 5% or more due to an illness. The illness must be listed on the Ministry on the Ministry of Health's list of occupational diseases when working in hazardous environments or occupations. There are 34 occupational diseases eligible for this benefit according to Circular No 15/2016/TT-BYT

Q Why am I not eligible for employment injury and occupational disease benefits even though I am a member of a compulsory social insurance scheme?

- A** You are not eligible for employment injury and occupational diseases benefits if accidents/diseases occur in the following cases:
 - a** Due to a conflict between the victim and a person who caused the accident which is not related to the performance of work or duties
 - b** Workers intentionally damage their health
 - c** Due to illegal use of alcohol, narcotics and other addictive substances as listed by the government.
-

Q What are the benefits?

- A** Employees with employment injury and occupational diseases can benefit from two sources:
 - ▶ From employment injury and occupational disease insurance fund:

Type of benefits	Health status	Level of benefits	Example with base salary of VND 1,490,000/month
Lump-sum	Work capacity reduced by 5-30%	<p>+ 5% of reduced work capacity: 5 times the base salary</p> <p>+ Then for every additional 1% reduced work capacity, an additional 0.5 times the base salary is applied</p> <p>+ Additional benefits based on the number of years of social insurance contributions: From 1 year or less: 50% of preceding insurable monthly salary, for each additional year 30% of monthly salary is added</p>	<p>+ If Ms A lost 5% of work capacity, she gets $5 \times 1,490,000 = 7,450,000\text{VND}$</p> <p>+ If Ms A lost 10% of work capacity, she gets $\text{VND}7,450,000 + (10-5) \times 0.5 \times 1,490,000 = 11,175,000\text{VND}$</p> <p>+ If Ms A has contributed to social insurance for 5 years, and her salary before the accident was VND10,000,000/month, she additionally gets: $0.5 \times 10,000,000 + (5-1) \times 0.3 \times 10,000,000 = 17,000,000\text{VND}$</p>
Monthly allowance	Work capacity reduced by 31% or more	<p>+ 31%: 30% of base salary paid, then for every additional 1% reduced, 2% of base salary is received</p> <p>+ Additional benefits based on the number of years paying social insurance: From 1 year or less, 0.5% of preceding insurable monthly salary, each additional year sees 0.3% of monthly salary added</p>	<p>+ If Ms B lost 40% of work capacity, she gets: $0.3 \times 1,490,000 + (40-31) \times 0.02 \times 1,490,000 = 715,200\text{ VND/month}$</p> <p>+ If Ms B has contributed to social insurance for 5 years, and her insurable salary is 10,000,000 VND/month, she additionally gets: $0.005 \times 10,000,000 + (5-1) \times 0.003 \times 10,000,000 = 1,700,000\text{VND/month}$</p>
Service allowance	81% or more of work capacity impairment, having spinal paralysis, blindness, limb paralysis or mental illness	In addition to the monthly allowance, the employee is entitled to a service allowance equal to the base salary.	VND1,490,000/month
Lump-sum allowance	Upon death due to an employment accident or disease	Next-of-kin are entitled to a lump-sum allowance equaling 36 months of base salary	$36 \times 1,490,000 = 53,640,000\text{VND}$
Providing living aids and orthopedic devices	An injury damaging body functions	An injury damaging body functions based on the injury situation	Specific rates are in Circular 59/2015/TT-BLĐTBXH

Convalescence and health rehabilitation after occupational accident or occupational disease treatment	Work capacity reduced by 51% or more	10 days x 30% of base salary	$10 \times 30\% \times 1,490,000 = 4,470,000\text{VND}$
	Work capacity reduced by 31-50%	7 days x 30% of base salary	$7 \times 30\% \times 1,490,000 = 3,129,000\text{VND}$
	Work capacity reduced by 15-30%	5 days x 30% of base salary	$5 \times 30\% \times 1,490,000 = 2,235,000\text{VND}$

► From employer:

1. Pay medical expenses incurred, from first aid to completion of medical treatment, for victims of occupational accidents and diseases, including:	
	Cover co-payment expenses and pay full costs of those services not covered by health insurance, for those who participate in the health insurance scheme
	Pay costs of medical assessment for determination of decreased work ability for workers decided as less than 5% by the Medical Assessment Council
	Cover the full cost for medical expenses for those who do not participate in health insurance scheme
2. Pay full wage to workers, who suffer from occupational accidents and diseases, during treatment or rehabilitation	
3. Compensate workers who suffer occupational accidents not entirely their fault and those who suffer occupational-related diseases as follows:	
	At least 1.5 months' salary if the worker's work ability is reduced by 5.0-10%. For every additional 1.0%, the worker shall receive an additional 0.4 months' wages. This applies to cases where the worker's work ability is reduced by 11-80%.
	At least 30 months' salary if the worker's work ability is reduced by at least 81% or for family members of the worker who dies of occupational accidents and diseases.
4. If an occupational accident occurs due to a fault of the employee, the worker shall receive an allowance equal to at least 40% of the above-mentioned benefits corresponding to the decrease of his/her work ability.	

If an employer fails to contribute to your employment injury and disease insurance: in addition to employer-paid compensation and expenses, employers must cover the corresponding benefits as specified in the employment injury and disease insurance regime. In short, the employer must cover all compensations and benefits for you as described in Part A of this question.

CLAIM PROCESS



What documents are required for claiming and receipt of benefits?

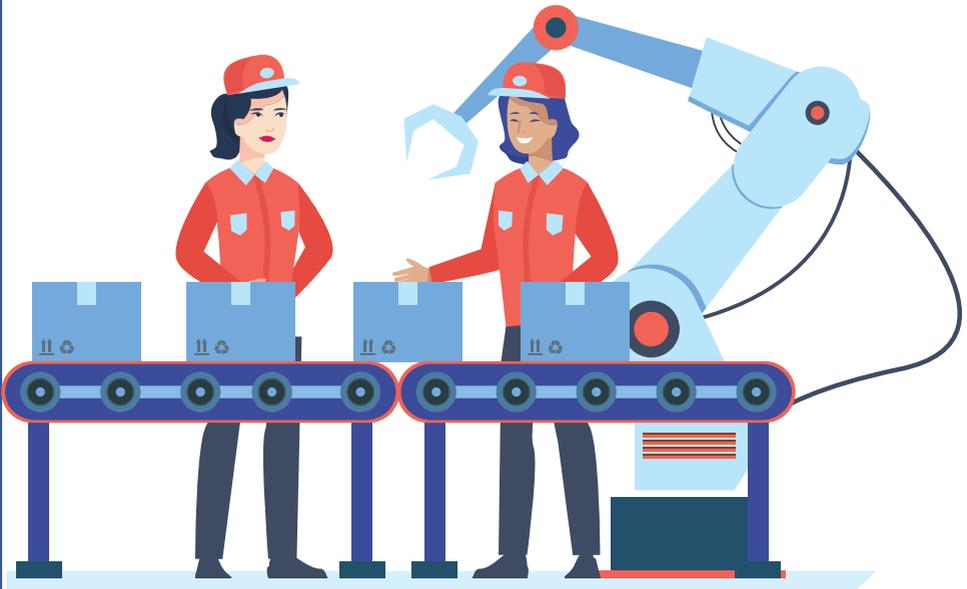
<p>Documents for claiming employment injury and occupational disease benefits for the first time</p>	<ul style="list-style-type: none"> - An assessment report of work capacity decrease (occupational skills) by the Medical Assessment Council or a copy of a HIV infection report due to employment accidents (equivalent to a 61% reduction of work capacity) - In case of inpatient treatment: A copy of the hospital release paper or a medical record after occupational accident or occupational disease treatment. - In case of outpatient treatment, a medical report of employment injury and occupational disease is required. - Orders from health facility, orthopedic and rehabilitation establishments (if any). - Written request for settlement of employment injury and occupational disease benefits. - In case of payment of medical assessment expenses: additional invoices and list of items of medical assessment are required.
<p>Documents for relapsed employment injury and occupational disease benefits</p>	<ul style="list-style-type: none"> - Social insurance book (in case of reservation of social insurance contribution period without data in the system or without social insurance code) for cases of employment injury and occupational disease that have undergone medical assessment, but are ineligible for benefits due to a work capacity decrease lower than the threshold. - In case of hospital release before 1 July 2016, but you are not eligible for employment injury and occupational disease benefits due to lower level of work capacity decrease according to a previous assessment: Report of employment injury investigation or environmental record with toxic elements. A traffic accident can be categorized as an employment injury with the following documents: Report of scene investigation, traffic accident map or report from the police/criminal investigation by the army. - The most recent Medical Assessment Council report if you are ineligible for benefits due to work capacity decrease lower than the threshold. - Re-assessment report of work capacity decrease by the Medical Assessment Council after treatment of relapsed injuries or diseases.

	<ul style="list-style-type: none"> - Order by health facility, orthopedic and functional rehabilitation facility of the Department of Labour, Invalids and Social Affairs branch or equivalent hospitals or higher to provide orthopedic and functional equipment (if any). - In case of payment of medical assessment fee, additional assessment invoices and supporting document, and list of assessment services.
<p>Documents for cumulated medical assessment benefits</p>	<ul style="list-style-type: none"> - A copy of the hospital release and a copy of the medical record after the last inpatient treatment. - In case of hospital release before July 1, 2016, but you are not eligible for employment injury and occupational disease benefits due to lower level of work capacity decrease according to a previous assessment: Report of employment injury investigation or environmental record with toxic elements. A traffic accident can be categorized as an employment injury with the following documents: Report of scene investigation, traffic accident map or report from the police/criminal investigation by the army. - In case of hospital release before July 1, 2016 but no medical assessment was made: Report of employment injury investigation or environmental record with toxic elements are required. - A report by the Medical Assessment Council on cumulated decrease of work capacity. In case the previous assessment was completed but you were not eligible for benefits, that report is also required. - Order by health facility, orthopedic and functional rehabilitation facility of the Department of Labour, Invalids and Social Affairs branch or equivalent hospitals or higher to provide orthopedic and functional equipment (if any). - A written claim form should be submitted by the employer to claim employment injury and occupational disease benefits for the employee. If the previous employment injury and occupational disease occurred with another employer but the case has not been settled, a written claim from the previous employer is also required. - For payment of medical assessment fees, additional assessment invoices and supporting documents, and list of assessment services are required
<p>Documents for allowance for living aids and orthopedic appliances</p>	<ul style="list-style-type: none"> - Order by an orthopedic and rehabilitation facility belonging to Ministry of Labour, Invalids and Social Affairs at provincial level or higher. - Vehicle tickets (if any)

Q How to claim employment injury and occupational diseases benefits?

A

- ▶ **Step 1:** Employee submits the hospital release certificate after employment injury treatment to the employer to compile a dossier for introducing the employee to the Medical Assessment Council to assess the working capacity decrease.
- ▶ **Step 2:** Employer shall make a dossier, a written claim and send it to the social security organization for settlement.
- ▶ **Step 3:** Social Security Agency reviews documentation and upon approval, pays the benefit(s) to the employee.



GENERAL INFORMATION



Q How much do I pay for social security benefits?

Benefits	Total contribution (%) of insurable monthly salary	Employer share	Employee share
Health Insurance	4.5%	3%	1.5%
Maternity and sickness	3%	3%	0%
Employment Injury and Disease	0.5%	0.5%	0%
Pension and Survivorship	22%	14%	8%
Unemployment	3%	1%	1%
Total	32%	21.5%	10.5%

- Note:
- As an employee, you are not permitted to opt out of any of the above-mentioned schemes
 - Social Security Agency will pay your health insurance contribution in the following cases: you are on maternity leave, on employment injury leave or you are receiving sickness allowances and absent from work due to long-term sickness.
 - Unemployment insurance: the Government may subsidize up to 1%

Q What are my rights if the employer did not register me nor remit the contribution to health insurance/social insurance even though my salary was deducted for a contribution

A The Law on Social Insurance stipulates that employers' responsibilities are to remit social and health insurance contributions and make monthly deductions from employees' salaries to pay into the social and health insurance funds at the same time. If the employer fails to register for social insurance/health insurance or does not pay contributions to social insurance/health insurance funds despite a deduction from an employee's salary, the employee is not entitled to social insurance or health insurance. This violation of the Law on Social Insurance/Health Insurance will result in the employer facing:

1. Examples of administrative sanctions for health insurance contribution violations are as follows:

- ▶ Failure to pay health insurance contributions for all employees obliged to participate in health insurance: A fine between VND500,000 to VND30,000,000 depending on the number of workers .
- ▶ Insufficient health insurance contribution compared to the payable amount: A fine of VND300,000 to VND32,000,000 depending on the value of the violation.

In addition, an employer is liable for corrective actions such as:

- Forced reimbursement of medical care expenses according to the benefits scope and levels as regulated by the health insurance system, which the insured has paid (if any).
- Forced payment of unpaid amounts and arising interest of unpaid, late payment amounts to the health insurance fund's account.

2. Examples of administrative sanctions related to compulsory social insurance contributions as follows:

- ▶ Late payment of compulsory social insurance, insufficient contributions for the full number of employees who are obliged to participate in health insurance, insufficient health insurance contributions compared to the payable amount: A fine of 12-15% of the total contribution of compulsory social insurance in arrears, but not exceeding VND75,000,000.
- ▶ Evasion of compulsory social insurance contributions, 'But not serious enough to be considered a criminal act: A fine of VND50,000,000 to VND75,000,000.
- ▶ Failure to provide accurate, complete and timely information and documents related to the payment of compulsory social insurance at the request of State agencies, social security agencies: A fine of VND5,000,000 to VND10,000,000.

In addition, an employer is liable for corrective actions such as:

- Forced retroactive payment of compulsory social insurance contributions in arrears.
- Forced payment of interest amount equal to twice the average interest rate of investment of the social insurance fund of the preceding year.

3. Examples of criminal infringements on health insurance compulsory social insurance contributions are as follows:

- ▶ A person who is responsible for paying social insurance, health insurance for his/her employees but fails to pay or pays insufficiently for 6 months or more in any of the following cases: The amount of insurance contribution evaded is from VND50,000,000 to under VND300,000,000 or the offender evades paying pay insurance for 10-49 workers:
 - Penalty - individual: A fine from VND50,000,000 to VND200,000,000 or face a penalty of up to 1 year's community sentence or 3-12 months' imprisonment. A corporate legal entity that commits this offence as shall be liable to a fine of VND200,000,000 to VND500,000,000.

- ▶ This offence committed in any of the following cases: The amount of insurance contribution evaded is VND1,000,000,000 or over or the offender fails to pay insurance for 200 workers or over or the offender collects or deducts insurance contributions from employees, but fails to pay insurance.
 - Penalty - individual: A fine of VND500,000,000 to VND1,000,000,000 or a penalty of 2-7 years' imprisonment. The offender might also be liable to a fine of VND20,000,000 to VND100,000,000, be prohibited from holding certain positions or doing certain work for 1-5 years. A corporate legal entity that commits this offence shall be liable to a fine from VND1,000,000,000 to VND3,000,000,000
 - Additional measures: A fine of VND20,000,000 to VND100,000,000, ban from holding certain posts or practicing certain occupations or doing certain jobs for 1-5 years.

Q How do I respond if I encounter the acts of someone who causes difficulties for me to access medical services or someone who does not comply with health insurance regulations which damages my interests?

A Infringement acts may be administratively handled and corrective measures may be applied as prescribed. Some specific examples:

- ▶ Acts of causing difficulties or obstructing health insurance medical services which damage your interests as an health insurance member, health facilities and fund shall face a fine from VND500,000 to VND15,000,000 depending on the level of violation.
- ▶ Acts of failing to comply with regulations, thus damaging your interests as a health insurance member, health facilities and fund shall face a fine of VND1,000,000 to VND40,000,000 depending on the level of violation.

- ▶ Acts of abusing medical services in examination and treatment which damage your interests as a health insurance member, health facilities and fund shall face a fine of VND500,000 to VND40,000,000 depending on the level of violation.
- ▶ The infringer must also carry out corrective measures:
 - Reimbursement for medical examination and treatment expenses to the worker according to the scope of benefits and level of health insurance benefits if originally paid by the worker (if any)
 - Compensation for damage caused to health facilities (if any)
 - Compensation for money lost due to the act (if any)
 - Return money related to the offence to the health insurance fund revenue account (if any)

In addition, acts of misappropriating the health insurance fund will be prosecuted for criminal liability in accordance with the Criminal Code 2015.



Q Which employee acts violate regulations on health insurance/social insurance?

A

- ▶ Agreement with the employer to not participate in compulsory social insurance, or participate in the incorrect type of membership, or at the wrong rate of contribution shall face a fine of between VND500,000 and VND1,000,000.
- ▶ A person who is liable to participate in health insurance, but does not contribute to health insurance shall face a fine of VND50,000 to VND100,000.
- ▶ A person who falsely declares or corrects, erases or falsifies information related to social insurance benefits, but not seriously enough to face a penal liability, shall face a fine of between VND1,000,000-VND2,000,000.
- ▶ A person who lends a health insurance card to another person, or uses another person's health insurance card for medical examinations and treatment shall face a fine of VND500,000 and VND2,000,000. The card will be temporarily retained for 30 days. At the same time, all medical expenses paid by health insurance must be reimbursed.

Q How to make a complaint and denunciation

A a Complaints: according to Law on Complaints 2011

	First complaint	Second complaint
Definition	Complaint means that a citizen, agency, organization, cadre or civil servant requests a competent agency, organization or person to review an administrative decision or act of a State administrative agency or competent person in such agency, or a disciplinary decision against a cadre or civil servant when having grounds to believe that such decision or act is unlawful and infringes upon his/her/ its rights and lawful interests.	
Complaint procedure	<ol style="list-style-type: none"> 1. Submit a complaint letter or make a verbal complaint 2. Acceptance for settlement 3. Verification of the complaint's contents 4. Dialogue 5. Issuance and announcement of complaint decision 6. Execution of complaint decision. <p>In case the complainant disagrees with the first complaint settlement decision or the complaint remains unsettled although past the prescribed time limit, he/she may make a second complaint with the direct superior of the person competent to settle the first complaint or institute an administrative lawsuit at court in accordance with the Law on Administrative Procedures.</p>	
Statute of limitation	Not more than 90 days, after receiving an administrative decision or knowing or being informed of an administrative decision or act.	
Time limit for complaint settlement	Not more than 30 days after the complaint is accepted. For a complicated case, this time limit may be prolonged but must not exceed 45 days after the complaint is accepted.	Not more than 45 days after the complaint is accepted. For a complicated case, this time limit may be prolonged but must not exceed 60 days after the complaint is accepted.
	In remote and isolated geographical areas: not exceeding 45 days For a complicated case, not exceeding 45 days after the complaint is accepted	In remote and isolated geographical areas: not exceeding 60 days For a complicated case, not exceeding 70 days after the complaint is accepted
Complaint withdrawal	<p>A complainant may withdraw his/her complaint at any time in the course of complaint and its settlement</p> <p>A written request for withdrawal must be made, signed or fingerprinted by the complainant and sent to the person competent for complaint settlement.</p>	
Acceptance of complaint	Within 10 days after receiving a complaint under his/her authority	Within 10 days after receiving a complaint under his/her authority

Complaints not eligible to be accepted for settlement	<ul style="list-style-type: none"> - An administrative decision or act not directly related to the rights and lawful interests of the complainant - Complainant has no full civil act capacity and no a lawful representative - Complaint is implemented by an unlawful representative - No signature or fingerprint of complainant in the written complaint - Statute of limitations or time limit for making a complaint has expired, but the complainant has no legitimate reason - A second complaint settlement decision has been issued - There is a written notice of suspension of the complaint settlement and the complainant did not proceed with the complaint during 30 days after the issuance of such notice - Complaint accepted by a court for settlement or settled under a court judgment or decision, except for the court's decision on suspension of the settlement of an administrative case.
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b Denunciation: According to Law on Denunciation 2018

Definition	<p>Denunciation means an individual, according to the procedures prescribed by this Law, notifying a competent organization or individual of a violation committed by any organization or individual which causes or threatens to cause damage to State interests or legitimate rights and interests of organizations and individuals, including:</p> <p>a) Denunciation of violations against the law during performance of duties</p> <p>b) Denunciation of violations against the law related to State management of fields.</p>
Authority to settle denunciation	<p>A denunciation of violations of laws committed by:</p> <ul style="list-style-type: none"> - An officer, public official or public employee during performance of his/her duties shall be settled by the head of the organization that has the authority to manage such official, public official or public employee. - The head/deputy heads of the organization shall be settled by the head of the organization that has the authority to directly manage the denounced officer, public official or public employee. - An officer, public official or public employee under the management of multiple organizations shall be settled by the head of the organization that manages the denounced person, in cooperation with the heads of relevant organizations. - In case the organization has been merged, integrated, or split: the denouncement will be settled by the head of the current organization of the denounced person, in cooperation with the heads of relevant organizations. - In case the organization has been dissolved: the denouncement will be settled by the head of the organization before dissolution. <p>Other circumstances are stipulated in Chapter III, Part 1, Law on Denunciation 2018</p>
Procedure for settling denunciation	<ol style="list-style-type: none"> 1. Accept a denunciation 2. Verify the denunciation 3. Give a conclusion about the denunciation's content 4. Handle the denunciation conclusion issued by the denunciation handler.

Time limit for receiving and handling denunciation	<ul style="list-style-type: none"> - Within 10 days upon receipt of denunciation letter, the denunciation will be initially handled, the decision of denunciation acceptance will be made - In case the denunciation falls outside the organization/individual's jurisdiction the denunciation will be transferred to another organization/individual within 05 working days. - In case the denunciation is not eligible to be accepted: immediate announcement to the denouncer
Denunciation not eligible to be accepted for settlement	<ul style="list-style-type: none"> - Denunciation on a case is where the denouncer does not provide further evidence. - Denunciations on cases where the denouncers' content and information provides no evidence to identify the infringer and illegal acts. - Denunciations in cases where competent persons who settle denunciations are not eligible to inspect and verify the illegal acts and infringer.
Time limit for settling denunciations	<ol style="list-style-type: none"> 1. A denunciation shall be settled within 30 days from the date on which it is accepted. 2. Regarding a complicated case, the time limit may be extended once for a period not exceeding 30 days. 3. Regarding a particularly complicated case, the time limit may be extended twice for up to 30 days in each period of extension.
Handling the denunciation conclusion	<p>Within 07 working days from the issuance date of the denunciation conclusion, the denunciation handler shall:</p> <ul style="list-style-type: none"> - In case it is concluded that the denounced party does not commit any violation against the law, the denunciation handler shall inform the conclusion in writing to denounced party, restore the denounced party's legitimate rights and interests that are infringed by the untruthful denunciation and take actions against the person who deliberately makes untruthful denunciation - In case it is concluded that the denounced party commits a violation against the law, the denunciation handler shall take actions against such denounced party within its/his/her power; - In case the denounced party's violation is suspected of a crime, the denunciation handler shall immediately transfer the case file to a competent investigating authority or competent People's Procuracy.

c The role of trade unions

Complainants and denunciators on social/health insurance (especially employees who make complaints and denunciations) can choose the local trade union where they work as their representative or join them at the trial, as trade union organizations have the right:

- ▶ To protect the lawful and legitimate rights and interests of workers participating in social/health insurance

- ▶ To request employers and social security agencies provide information about employees' social/health insurance
- ▶ To monitor and propose competent agencies handle health and social insurance violations
- ▶ To appeal a lawsuit to the Court for violations of the laws related to social/health insurance affecting the lawful rights and interests of employees and employee groups.

Therefore, when an employer is found to breach any regulation, the employee has the right to lodge a complaint with the trade union organization. If the trade union organization verifies the violation, it has the right to announce and request the authority address it.

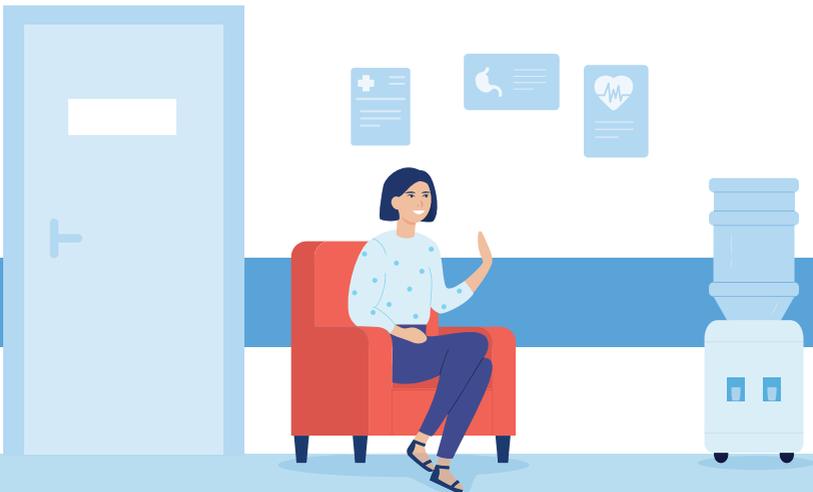
Q What are health and social insurance members' rights?

A

Common:

- Request health insurance agencies, health facilities, employer and other agencies explain and provide relevant information.
- Make complaints, denunciations and lawsuits about health and social insurance

In addition:



Health insurance	Social insurance
<ul style="list-style-type: none"> - Obtain and retain a health insurance card - Select a registered health facility - Access medical examination and treatment services when needed - Be paid for medical examination and treatment expenses under the health insurance regime. 	<ul style="list-style-type: none"> - Enroll and receive benefits of compulsory social insurance regime. - Receive and retain own social insurance book.

Q What are the obligations of the insured?

A Common:
 - Participate and contribute health and social insurance contributions fully and on time.

In addition:

Health insurance	Social insurance
<ul style="list-style-type: none"> - Use the health insurance card for the right purpose - Comply with regulations and guidelines of health insurance organizations and health facilities - Pay the co-payment amount required at health facilities. 	<ul style="list-style-type: none"> - Prepare social insurance dossiers according to regulations.



Q What are the obligations of employers?

A

Common:

- Enroll employees in health insurance and social insurance schemes
- Pay health and social insurance contributions fully and on time
- Hand-over the health insurance card and social insurance book to the insured
- Provide information and documents related to the payment and entitlements at the request of the competent authority
- Every 6 months, publish information about social and health insurance contributions for employees. Provide information on employees' payment of social and health insurance contributions at the request of employees or trade union organizations
- Annually, publish information about employees' payment of social health insurance contributions provided by social insurance agencies.

In addition:

Health insurance	Social insurance
<ul style="list-style-type: none"> - Provide full and accurate information and documents at the request of the health insurance organization, employee or employee's representative. - Comply with the inspection and monitoring of the implementation of the provisions of the Law on Health Insurance. 	<ul style="list-style-type: none"> - Prepare documents for employees to obtain social insurance books, contribute and benefit from social insurance scheme. - Transfer social insurance benefits received from Social Security Agency to employees. - Coordinate with the Social Insurance Agency to return the social insurance book to the employee, certify the time of payment of social insurance contributions when the employment contract or severance contract is terminated.

Social Health Protection ensures that every person can get the health services they need, without financial hardship.

Q Where can I find more official information on health and social insurance?

A

Viet Nam Social Security

→ Access the website: <https://baohiemxahoi.gov.vn/> to search necessary information or call the hotline: 1900.90.68

→ Directly contact social security agencies in the district

Trade Union

→ Hotline: 0243.9428744/0934441899 if you have any questions on worker's rights or trade unions

→ Post your question(s) to the Discussion Forum on the website: congdoan.vn

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This booklet was developed thanks to the partnership of the Viet Nam General Confederation of Labour with Viet Nam Social Security and the International Labour Organization, with the financial support of the Grand Duchy of Luxembourg, under the framework of the Project “Support to the extension of Social Health Protection in South-East Asia”

USEFUL INFORMATION
ON HEALTH INSURANCE, SICKNESS,
MATERNITY AND EMPLOYMENT INJURY
& OCCUPATIONAL DISEASES BENEFITS

FOR FACTORY WORKERS IN VIET NAM