Please send the completed questionnaire by	
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社會安全計畫聯絡人資訊

ILO SOCIAL SECURITY INQUIRY QUESTIONNAIRE FOR SOCIAL SECURITY SCHEMES

					配合調查表S	_A2之英文名稱
Scheme name						
Questionnaire No.	1	of	1			
Country:		Taiwa	n			** **
Period:		2005			配合S_A3之	央义石牌
Department/Branch completing						The filled questionnaire should be
this questionnaire:						returned to:
Person(s) who may be					由女次司	
contacted:					一 中文資訊	Name: [Correspondent or ILO Office]
Address:					//	Address:
				/	/	
				//	,	
Tel:				¥ /		Tel:
Fax:				₹		Fax:
Email:						Email:
Date of completion:						Date
				 _		Sent:
					、 (日/月/年, 如2	2/06/2007)

Structure of the questionnaire

This is one of three questionnaires and to be completed by the **institution administering the scheme**. Two related questionnaires that will be completed by Ministry of Finance and Ministry of Labour/Welfare respectively.

This questionnaire has SEVEN segments which are as follows:

Segment General information concerning the scheme

S_A

Segment Benefits Inventory and Benefits Expenditure

S_B

Segment Detailed information on the number of beneficiaries and benefit

s c amounts

Segment Old age, disability and survivorship, including disability and survivor

S D benefits under employment injury schemes

Segment Sickness and maternity, including sickness benefits under employment

S_E injury schemes

Segment Unemployment benefits

S_F

Segment Specific questions on means-tested benefits

SG

Comments

Additional guidelines

This questionnaire may be completed **electronically** (preferably Excel) or **on paper**.

→ 以Excel為工具

Please consult the appropriate sections of the **manual** as well as respective **endnotes** (**marked by superscript figures**).

→ 請參閱手冊中相 關段落及附註

Please **do not add, delete or modify** cells, rows, columns and wordings. If more space is needed, please add another sheet and clearly mention the question — number to which the additional information refers to.

請勿增刪修改欄 位及內容,若空 間不足,請新增 一張工作表並標

示清楚。

Any **additional explanations** may be added in the comments box.

→ 額外的解釋填於備註的方格內。

Please indicate the **source** of the information in the source box.

Main concepts and symbols for filling the questionnaire

⇒ 說明資料來源。

Currency

→ 請註明新台幣

Decimals Please use a dot [.] to separate decimals or indicate if

another symbol is used.

Name of local currency or applicable currency.

小數點為'.'

Missing values Not applicable dot [.]

Not available three dots [...]

→ '.'表無數值 '...'表數**值**尚未 產生

Rounding Please round to the nearest unit

(e.g. 1.49 is rounded to 1; 1.50 is rounded to 2)

15 87

數值四捨五入至

參見註腳之解釋

Superscript number Please refer to endnotes for explanations.

, NT

Unit Thousand, Million etc.

│以千、百萬、十 **-** 億為單位

Segmer	nt S_A: General information concerning the scheme 計畫概況	
S_A1	Period for which questionnaire is being completed: calendar year: 1 January - 31 December 2005	
S_A2	or accounting year (day/month/year - day/month/year - day/month/year - Name of the scheme for which the questionnaire is being filled:	·)
	English translation (if applicable)	—— 請填計畫中文名稱,如「全民健康保險」 —— 請填計畫英文名稱,如
S_A3	Name of the institution administering the scheme:	'National Health Insurance'
	English translation (if applicable)	請填管理機關英文名稱,如 'Bureau of National Health Insurance'

S_A4 Who is covered by the scheme? 計畫保障範圍

Please indicate the official source, e.g. name(s) and date(s) of respective law(s).

If there are estimates available for numbers of persons covered in each group, please provide them together with comments, indicating the reference period.

	Yes/No	Estimate Unit:	Comments
Public sector employees			公營員工
Civil servants			公務人員,不含公立老師
Private sector employees	有人數資	單位 , 請填	私人企業,不含私立老師
Self-employed	料或估計	' person '	自營作業者
in agriculture	數,請填		農業
non agriculture	'Yes'		非農業
Military personnel	, 否則為		軍人
Other groups (please specify):	' No '		
			外籍勞工
			公立老師
			私立老師
Comments			
Source			

	S	Α5	Scheme	expenditure	and	revenue
--	---	----	--------	-------------	-----	---------

Please provide in the table below expenditure and revenue of the scheme (in national currency).

The data given are based on cash rather than accrued revenue	Yes/No	← 資料以權責制為主,如果為現金制請填 'Yes'	, 否則填 ' No '
--	--------	---------------------------	--------------

Table S_A5				Unit: Million
ı		2003 or accounting year 2002/03	2002 or accounting year 2001/02	2001 or accounting year 2000/01
Total Expenditure				
Social benefits				
Cash benefits	現金給付:包括直接給予所	得、津貼、退休金及其他不須償還之現金給	付。	
In-kind benefits		須依具體事實發放之喪葬、家庭照護、健康		
Rerouted social contributions	重繞社會保險負擔:為計畫	間之保費墊付,如有些國家失業保險於勞保	者失業期間代付之保費負擔。	
Administration costs	行政費用:應付利息或稅負	支出請歸入其他支出。		
Transfers to other schemes	計畫間清算或無報酬之移轉			
Other expenditure	其他支出:貸款、稅及雜項	支出。		
Total Revenue				
Social contributions	社會保險費負擔			
Employers social contributions	雇主保險費負擔:含政府以	雇主身份之負擔及私人企業雇主負擔。		
Social contributions by protected	d persons 被保險者負擔之	2保險費支出		
Rerouted social contributions	重繞社會保險貿	費收入		
General government contributions	稅		·	
Earmarked taxes	指定用金稅:如	四公益彩券分配收入、菸酒社會健康保險附加	n捐、汽車保險之附加捐。	
General revenue	 一般歲入:扣降	余政府以雇主身份及指定用途稅之政府支出。		
Transfers from other schemes	移轉收入			
Other receipts	其他		•	
Income from investments and pr	roperty 投資或財產收入	λ		
Other receipts n.e.c.	其他收入			

Comments

1.雇主保險費負擔,請填公部門	,私部門
ource	

S_A5 Scheme expenditure and revenue

全民健保範例 Sample

Please provide in the table below expenditure and revenue of the scheme (in national currency).

The data given are based on cash rather than accrued revenue

Yes/No

No

Table S_A5			Unit: million
	2005 or accounting year	2004 or accounting year	2001 or accounting year
	2004/05	2003/04	2000/01
Total Expenditure	378,640	359,957	
Social benefits	367,397	352,617	
Cash benefits			
In-kind benefits	367,397	352,617	
Rerouted social contributions			
Administration costs	6,247	6,264	
Transfers to other schemes			
Other expenditure	4,996	1,026	
Total Revenue	363,018	344,803	
Social contributions	263,455	252,443	
Employers social contributions	128,533	121,792	
Social contributions by protected persons	134,922	130,651	
Rerouted social contributions			
General government contributions	91,719	90,703	
Earmarked taxes	8,401	8,000	
General revenue	83,318	82,703	
Transfers from other schemes			
Other receipts	7,844	1,657	
Income from investments and property	606	422	
Other receipts n.e.c.	7,238	1,235	

二、安全準備(Reserve Fund)之處理

全民健康保險

	Ч	支出	安全準備		
保費	利息收入	其 他 保險收入	•••	保險給付	淨提列數
				安數	數,表剩餘,提存至 全準備,不處理;負 表動支安全準備,須 入 S-A5 的'其他收

三、若無公私部門之雇主保險費負擔,於備註欄 'Comments'以估算方式填列

S A6 Rerouted contributions and Transfers to and from other schemes 計畫間移轉收入或保險費墊付收支

If there are "rerouted contributions" and "transfers to/from other schemes" for the scheme (as indicated in Question S_A5), please provide the names of the transferring and/or receiving schemes and the amounts transferred/received.

Table S_A6a (2003 or fiscal year 2002/03)	Do garded eac	ial aantuibutiana	Unit:	sfers
Name of the schemes		Re-routed social contributions		
	received	paid	from other schemes	to other schemes
			Unit:	
Table S_A6b (2002 or fiscal year 2001/02) Name of the schemes	Re-routed soc	ial contributions		sfers
			Tran	sfers
	Re-routed soc received	ial contributions paid		sfers
			Tran	

Table S_A6c (2001 or fiscal year 2000/01) Unit:						
Name of the schemes	Re-routed soci	ial contributions	Transfers			
	received	paid	from other schemes	to other schemes		
				1		
On any on the						
Comments						
Source						
Source						
S_A7 Contributors and affiliated persons						
Is the scheme fully/partially contributory?						
Yes/No If no, pleas	se continue with Segme	ent S_B.				

If yes, please continue with Question S_A8.

受保者是否須負擔保險費, 如全民健康則填'Yes'

S A8 Please indicate the number of affiliated and active contributors to the scheme 計畫之實際繳費人數及保障人數

Please indicate the number of contributors and registered/affiliated persons at the end of the reporting period and at the end of the previous reporting period. Whenever available, please provide gender and age break-down.

If data for the end of the reporting period are not available, any other date during the reporting period may be chosen. Please refer to the same date both for the reporting period and the previous reporting period. If this should not be possible, you may choose the average number of affiliated persons and active contributors over the full reporting period instead (please indicate clearly if you have chosen this option).

Unit: paraon

										Ontic.	person		
		Total						ale			Fer	nale	
		Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+
*	For reporting period												
	Persons registered/ affiliated		l 削之實際繳保費 I	Ⅰ ☑人數及未繳保 □	I 費之受保者 I	l I							
	Active contributors	← 實際線	以保費人數	_									
→	For previous reporting	ng period											
	Persons registered/												
	affiliated												
	Active contributors												
	Comments												
,	Source												

繳費受保者之平均薪資

S A9 What is the average gross earnings¹ per month of those who are paying contributions to the scheme?

	1				T				Unit:	dollars		-
		To	otal			M	ale			Fen	nale	
	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+
For reporting period		•		•								
Average gross earnings of contributors												
For previous reporti	ng period			<u> </u>			<u>l</u>					
Average gross												
earnings of												
contributors												
Source												
S_A10 What type	e of scheme	is it?	' 公積金詞	十畫',含有	有儲蓄意涵 ,	一般為一次	文支出而非按	期支付				
Defined C	Fund Schemontribution Senefit Schen	Scheme		Yes/No	J		,如勞退新制 ,如勞退舊制			李 則情:	'Yes'	
2004 2	2			<u> </u>	, HE	C41 C 1 Hm	, vevi es es in	~~~~~~	~ ~ F 1 / / / / / CE	- Mr / 70°74	. 00	
Comments												
Source												
Outlo												

元

Segment S_B: Benefits Inventory and Benefits Expenditure

填列此計畫之給付清單名稱(含現金及實物給付):定期性家庭補助金獨立一列,並列入下表S_B2功能別之FAM(家庭與兒童)

S_B1 Please provide the names of all benefits that are included in the scheme

Please indicate all benefits that are provided by the scheme. Benefits are defined as transfers (in cash or kind) provided to an individual or household on the basis of an entitlement or need.

The benefit reference number listed in the first column of the table should be used to identify the same benefit in all subsequent tables in this questionnaire. If possible, periodic family allowances for dependents should be recorded as a separate benefit with the main function "Family and children".

Benefit reference number	Name in original language	Name in English (if applicable)
B1		
B2		
B3		
B4		
B5		
B6		
B7		
B8		
B9		
B10		
B11		
B12		
B13	↑	
B14		
B15		
B16		
B17		
B18		
B19		
B20		

如全民健保僅有'醫療給付(Medical Benefits)'

ILO Social Security Inquiry

S_B1 Please provide the names of all benefits that are included in the scheme

Please indicate all benefits that are provided by the scheme. Benefits are defined as transfers (in cash or kind) provided to an individual or household on the basis

of an entitlement or need.

The benefit reference number listed in the first column of the table should be used to identify the same benefit in all subsequent tables in this questionnaire.

If possible, periodic family allowances for dependents should be recorded as a separate benefit with the main function "Family and children".

Benefitreferencenumber	Name in original language	Name in English (if applicable)
B 1	生育給付	Maternity Benefits
B 2	老年給付	Old-age Benefits
В 3	普通傷病給付	Injury or sickness Benefits for Ordinary injury and sidisease Subsidies
B 4	普通殘廢給付	Disability Benefits for Ordinary injury and sidisease Subsidies
B 5	普通死亡給付	Survival Benefits for Ordinary injury and sidisease Subsidies
B 6	職業醫療給付	Medical Benefits for Occupational injury
B 7	職業傷病給付	Injury or sickness Benefits for Occupational injury and sidisease Subsidies
B 8	職業殘廢給付	Disability Benefits for Occupational injury and sidisease Subsidies
B 9	職業死亡給付	Survival Benefits for Occupational injury and sidisease Subsidies

S B2 Please provide requested characteristics of all benefits and total expenditure on each benefit in the reporting period

Based on the list of benefits provided above, please specify the following details for each benefit (as identified by the benefit reference number):

Main function covered Please indicate which is the main function covered by each benefit. If a benefit covers several functions, please indicate the function that

reflects best the purpose of the benefit.

The functions are: Old Age (OA), Disability (DIS), Survivors (SUR), Sickness and Health (SH), Unemployment (UE), Employment Injury

(EI), Family/Children (FAM), Maternity (MAT), Housing (HOU), Basic education (BE), Other income support and assistance not

elsewhere classified (OTH). The codes in the brackets may be used for easier reference in the table.

Basic or supplementary Basic: benefits that guarantee a basic level of protection (not to be understood as a minimum level of benefits).

Supplementary: benefits that top up cash benefits granted by the basic scheme, or extend the coverage of the basic scheme, or replace

the basic scheme where conditions for entitlement to the basic scheme are not fulfilled.

Contributory or non-

Contributory: Entitlement to benefits is subject to previous payment of contributions.

contributory Non-contributory: Benefits are granted on the basis of conditions other than previous payment of contributions.

Periodic benefit Periodic benefits are provided during a given time period, recurring at regular intervals (generally on a monthly or quarterly basis).

Non-periodic benefits are paid once (e.g. lump sum benefits) or at irregular intervals.

Cash benefit, in-kind benefit or rerouted

contribution

Cash benefits are defined as those provided in cash such as income replacement and income support benefits.

In-kind benefits are goods and services provided directly to the recipients as well as in the form of cash reimbursements.

Rerouted contributions are payments that a social protection scheme makes to another scheme in order to maintain or accrue the rights

of its protected people to social protection from the recipient scheme.

Benefits directed at

Individuals: Benefit entitlements are based on the characteristics of an individual (e.g. most social insurance benefits).

individuals or households? Households: Benefit entitlements are based on the characteristics of the entire household, not just to one individual (e.g. most housing

and social assistance benefits).

Means-tested benefit Means-tested benefits are benefits that are paid only to those whose means are below a certain threshold, that is, whose needs cannot

be met out of their own resources.

Non-means tested benefits are benefits that are granted on the basis of other grounds (e.g. contributory periods) rather than upon a

proof of need.

Guaranteed minimum Guaranteed minimum benefit level that is paid to those who do not qualify for higher benefits.

Please also indicate the average monthly benefit in payment for beneficiaries of a guaranteed minimum benefit at the end of the

reporting period. If data for the end of the reporting period are not available, any other date (please specify) during the reporting period

may be chosen.

Total benefit expenditure Expenditure made during reporting period on each benefit (excluding administrative costs etc.). Please indicate expenditure on a cash

basis rather than accrued expenditure.

	Main function	Basic or	Contributory or	Is it a periodic	Cash benefit,	Benefits are	Is the benefit	Doe	es the benefit	Total benefit
_		Supplementary		benefit?	In-kind benefit	directed at	means-tested?		rovide any	expenditure
1		? ?	contributory?	(Yes/No)	or Rerouted	Individuals or	(Yes/No)		teed minimum?	during the
number	依下表功能填		1	,	contribution?	Households?	, ,	•	If yes, average	reporting
l e	'OA', 'DIS',							No	monthly benefit	period
	'SUR', 'SH',	^	6 to (D to #						in payment at	
ere	'UE', 'EI', 'FAM', 'MAT',		負擔保險費 Contributory	定期或非	現金	給付為'人	是否須資	是否最 低給付	the end of the	不含行政、移
<u>fe</u>	'HOU', 'BE',		Contributory	定期給付	實物	'或'家庭	產重審	1000年1月	reporting	轉後之現金基
Benefit reference	'DTH'				重繞費用	'為對象			period	礎的給付
l e	<u>{</u>								最低每月給付	
ھ ھ	í									
									Unit:	Unit: Million
B1			┃ ┃ ┃	 	 注 <i>に</i>					
B2			ESSPROS 中對於 性質,做如下定義		华侨 ——————					
B3		基本計書(Basi	c):保證提供一基	. 基本程度之保障計讀	=					
B4			plement):指該計							
B5		_~補足基本計畫	現金給付不足部分							
B6			之保障範圍,或							
B7		一~冨甲請貸格小	符基本計畫之規定	時的替代計畫。	/IT 6A					
B8		│ 川胡 全半 兴 —付全頞相定 甘	給付金額並無相關 至於一項基本計畫	,个應胜環局具取 也可能提供很優渥	71以治 8.6分3全					
B9		—付。基本計畫與 —付。基本計畫與	補充計畫可充分反	映不同給付間的關	: H J MA (条)					
B10		-130 - 1 1 1 - 2 1	1137041 = 3707372							
B11										
B12	l									
B13		<u> </u>				 				
B14		R為'SH、Basic、C	ontributory, No,	in-kind, dividuals	s, No, No, 367,3	869'。 _				
B15		+	!		1					
B16										
B17										
B18										
B19										
B20		<u> </u>								
Comment	ts									
Source										

S_B2

Benefit reference number	Main function covered	Basic or Supplementary ?	Contributory or Non- contributory?	Is it a periodic benefit? (Yes/No)	Cash benefit, In-kind benefit or Rerouted	Benefits are directed at Individuals or Households?	Is the benefit means-tested? (Yes/No)	Does the benefit provide any guaranteed minimum?		ovide any expenditure the repo	
					contribution?			Yes/ No	If yes, average monthly	unit	million
									benefit in payment at the end of the reporting period	2005	2004
B 1	MAT	Supplementary	Contributory	No	Cash	Individuals	No	No		2,573	2,514
B 2	OA	Supplementary	Contributory	No	Cash	Individuals	No	No		149,648	111,330
B 3	SH	Supplementary	Contributory	No	Cash	Individuals	No	No		899	888
B 4	DIS	Supplementary	Contributory	No	Cash	Individuals	No	No		7,263	7,434
B 5	OTH	Supplementary	Contributory	No	Cash	Individuals	No	No		21,648	20,977
B 6	EI	Basic	Contributory	No	In-kind	Individuals	No	No		1,915	1,828
B 7	EI	Supplementary	Contributory	No	Cash	Individuals	No	No		1,817	1,794
B 8	EI	Supplementary	Contributory	No	Cash	Individuals	No	No		1,151	1,249
B 9	El	Supplementary	Contributory	No	Cash	Individuals	No	No		967	886

Segment S C: Detailed information on the number of beneficiaries and benefit amounts

受益人數 S C1 Number of beneficiaries

Please indicate the number of beneficiaries at the end of the reporting period (Table C1a) and at the end of the previous reporting period (Table C1b). If data for the end of the reporting period are not available, any other date during the reporting period may be chosen. Please refer to the same date both for the

reporting period and the previous reporting period. For both these cases please provide also the number of beneficiaries for the previous reporting period at the same date. If this should not be possible, you may choose the average number of beneficiaries over the full reporting period instead (please indicate clearly if you have chosen this option).

Whenever available, please provide gender and age break-down. In the last column, please indicate whether the registered beneficiaries are individuals (as e.g. for most old age pensions) are households (as e.g. for housing benefits). 統計日期

Table	S	_C1a	

Unit: person Number of beneficiaries at the end of the reporting period³ or at another date during the reporting period (please specify) 以每個人發

'individuals'

, 以家戶為

'households'

與S B1 ←

± ce ≓	"	umber or be	enencianes a	at the end c	i the reporti	ng penoa c	or at another	date during	g the reporti	ng penoa (p	nease speci	iy)	als old
nef ren									Date:	7			idua
Benefit reference number		To	otal			М	ale			Fer	male		Individuals Household
١	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	드 포
_ B1													
B2													
B3													
B4													
B5													
B6 B7													
B7													
B8													
B9													
B10													
B11													
B12													
B13													
B14													
B15													
B16													
B17													
B18													
B19													
B20													

前一期資料

Table S C1b Unit: Number of beneficiaries at the end of the previous reporting period³ or at another date during the previous reporting period (please specify) Individuals/ Households Benefit reference number Date: Male Female Total 15-64 Total < 15 65+ Total < 15 15-64 65+ Total < 15 15-64 65+ В1 B2 ВЗ B4 B6 B8 B9 B10 B11 B12 B13 B15 B16 B17 B18 B19 B20 Comments Source

S_C2 Average benefit level (cash benefits only) 12月之現金給付(若12月加發1個月獎金,獎金部分須折算十二分之一)

For cash benefits, please indicate the average benefit in payment for the last month of the reporting period (Table C2a) and for the last month of the previous reporting period (Table C2b). If data for the last month are not available, any other month (please specify) or any other period (e.g. quarters, weeks, please specify) may be chosen. Please refer to the same month or the same period both for the reporting period and the previous reporting period.

If data for the last month of the reporting period are not available, you may choose to indicate the average monthly benefit in payment over the full reporting period instead (please indicate clearly if you have chosen this option).

Whenever available, please provide gender and age break-down. In the last column, please indicate whether the amounts given include periodic family allowances for dependents or not.

NT dollars

Table S_C	2a									Unit:	,		
0		e benefit in	payment ⁴ fo	r the last m	onth ⁵ of the	reporting p	eriod or ano	ther month	during the re				Periodic family allowances for dependents included? ⁶ Y/N
Benefit eference number									Month:				lic f
Be efe		To	otal			M	ale			Fer	nale		ows ows lepe
_	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	all d
B1													
B2													
B3													
B4													
B5													
B6													
B7													
B8													
B9													
B10													
B11													
B12													
B13													
B14													
B15													
B15													
B16													
B17													
B18													
B19													
B20													

童津貼

Table S_C										Unit			
Benefit reference number	Average	e benefit in p	payment ⁴ for	the last mo	onth ⁵ of the p	orevious rep (please	oorting perions specify)	d or anothe		_	ious reportir	ng period	Periodic family allowances for dependents included? ⁶ Y/N
ere					_				Month:				J odic van oen
a je c			otal		Male				Female				
	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	
B1													
B2											<u> </u>	<u> </u>	<u> </u>
B3													
B4													
B5													
B6													
B7													
B8													
B9													
B10													
B11													1
B12													
B13													1
B14											1	1	†
B15													
B15											<u> </u>		
B16											†		†
B17											<u> </u>		
B18											<u> </u>		
B19											†		†
B20											<u> </u>		
Comments	i	l			I	I	l		l	I	, <u>l</u>		<u>,I</u>
若非抗	按月填列須於	冷備註欄說明]為按季或週	,另為全年	·平均除以12·	也須註明。							
Source													

須填列 S-D 至 S-G 之分配表

	功能	S-D	S-E	S-F	S-G
	功能	長期給付	短期給付	失業給付	須資產調查給付
高	生	◆ 老人年金	_	-	当 若須資產調查者
} /i	心 障 磷	發障年金	-	-	"
貴	旗	遺族年金	-	-	"
醫 报	療 保 俊	-	醫療給付	-	"
失	美	-	-	失業給付	"
職	業傷	殘障及遺族年金	醫療給付	-	"
家 庭	及兒童	<u> </u>	-	-	"
ŧ	首	-	生育給付	-	"
主	7	-	-	-	"
基码	楚 教 育	-	-	-	"
其他月	所得及救助	b -	-	-	"
其他戶	听 得 及 救 🛭	- -	-	-	

Segment S_D: Old age, disability and survivorship, including disability and survivor benefits under employment injury schemes

S_D1 Number of beneficiaries of newly awarded benefits 統計期間新增受益人數

Please indicate the number of beneficiaries of newly-awarded benefits during the reporting period. Whenever available, please provide gender and age breakdown. In the last column, please indicate whether the registered beneficiaries are individuals (as e.g. for most old age pensions) or households (as e.g. for housing benefits).

										Unit:	persor	1	
Benefit reference number			Num	nber of bene	eficiaries of	newly-award	ded benefits	during the	reporting pe	eriod ⁷			Individuals/ Households
Be efe nur		To	otal			Ma	ale			Fer	nale		
_	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	드호

Comments			

Source													
	icate the av	erage month	ewly award nly benefit in eak-down w	payment for	or newly awa		<mark>益者平均每</mark> its during th		period.	Unit:			
Benefit reference number	Average monthly benefit in payment for newly awarded benefits during the reporting period Total Male Female											Periodic family allowances for dependents included? ⁶ Y/N	
шес	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Peri allo de inclu
	Total	110	10 0 1		rotar	110	10 0 1	00.	rotar	7 10	10 0 1	00.	
		1											+

Comments		

S_D3		曾受益者平均年齡 age of beneficiaries o	f newly awarded ben	fits during the reporting period?
Benefit reference number		Average age		
ref. B	Total	Male	Female	
				_
				-
				-
				+
				7
				4
				1
				4
Comments				
2 2 1 1 1 1 1 1 1 1 1				

獲得定期現金給付條件

S_D4 For contributory schemes: What are the eligibility criteria with respect to contribution periods in order to be awarded a periodical cash benefit?

Please indicate the contribution periods in months.

Benefit reference number		ory periods required to be dical benefit/pension	Contributory periods required to be granted a full periodical benefit/pension				
ы <u>ё</u> с	Male	Female	Male	Female			
	定期年金之最(私繳納期限(月)規定 —	全額定期年金之繳納期限(月)規定 -				

Comments		
Source		

S_D5	Is there a guaranteed minimum benefit?	有凸最低給付規定
	Yes/No	If yes, please continue with Question S-D6.
		If no, please continue with Question S-D8.

S_D6 Guaranteed minimum benefits: number of beneficiaries 最低給付之受益人數

Please indicate the number of beneficiaries of a guaranteed minimum benefit at the end of the reporting period. If available, please provide gender and age breakdown. In the last column, please indicate whether the registered beneficiaries are individuals (as e.g. for most old age pensions) or households (as e.g. for housing benefits).

統計期間最低給付之受益人數

Table S_D	6a		↓							Unit:	person		
Benefit reference number	Number o	f beneficiari	es of a guar	anteed min	imum benef	fit at the end (please	of the repo specify)	rting period		er date durir	ng the repor	ting period	Individuals/ Households
ere ere					T				Date:				ivid
ш Б с			otal		Male			Female				후	
	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	_
													ı

前一期資料

Table S_D	ble S_D6b Unit: Unit: Mumber of beneficiaries of a guaranteed minimum benefit at the end of the previous reporting period or at another date during the previous o o												
	Number of	beneficiarie	es of a guara	anteed mini	mum benefi	t at the end	of the previ	ous reportin	g period or	at another c	late during t	he previous	> 0
Benefit reference number			J		repo	orting period	l (please spe	ecify)	· .		J	·	Individuals/ Households
nef ren dr					•	Date:							
Be efe nur		To	otal	Male					Female				div Sus
_	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	드 포
	10141	1.0		00.	. ota.	1.0	1001	00.	. otal	1.0	1001	55.	
												 	
												 	
												-	
												-	
												-	
												 	
												-	
												-	
												 	
												 	
												 	
												 	
												 	
												 	
												 	
												 	
												 	
				<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
Comments													
Comments	•												
Source													
Cource													
•													

S_D7 Guaranteed minimum benefits: average benefit in payment 有最低給付制度之12月給付金額

For guaranteed minimum benefits, please indicate the average benefit in payment for the last month of the reporting period (Table S_D7a) and for the last month of the previous reporting period (Table S_D7b). If data for the last month are not available, any other month (please specify) or any other period (e.g. quarters, weeks, please specify) may be chosen. Please refer to the same month or the same period both for the reporting period and the previous reporting period. Please provide gender and age break-down whenever available. In the last column, please indicate whether the amounts given include periodic family allowances for dependents or not.

Table S_D	7a									Unit:			
Benefit reference number	For gua	ranteed min	imum benef	its, average		payment ⁵ for orting period					her month d	uring the	Periodic family allowances for dependents included? ⁶ Y/N
l efe									Date:				c fa c fa c fa d? ^e
efit refere		To	otal		Male				Female				riodi owar eper
Bene	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Pe all

前一期資料

Table S_D	7b		\							Unit:			
Benefit reference number	For guaran	teed minim	um benefits	, average be	enefit in pay the previou	ment ⁵ for th us reporting	e last month period (plea	n ⁷ of the pre ase specify)			or another m	onth during	Periodic family allowances for dependents included? ⁶ Y/N
ere									:			dic venc	
a je z			otal		Male					Female			erio Ilow dep cluc
	Total	< 15	15-64	65+	Total	< 15	15-64	65+	Total	< 15	15-64	65+	⊒.
				ļ									
				 									
													·
	1	<u> </u>	<u>l</u>	<u>. </u>	<u>I</u>	<u> </u>	<u>l</u>	<u> </u>	ı.	<u> </u>	<u>. </u>		
Comments	;												
Source													
1													

S_D8	S_D8 For survivor benefits, are spouses of insured women eligible for a survivor's pension benefit? 女性被保險人之配偶是否可獲得遺族年金給付?									
	Yes/No									
S_D9	被保險人死亡人數 Please provide the number of deaths of insured pers	ons o	during	the reporti	ng period					
	統計期間受保人死亡人數					Unit:	person			
					Total	Male	Female			
Total nur	mber of deaths of insured persons during the reporting perio	d		1						
		_	e _							
of which	deaths give rise to an entitlement to survivors benefits	Benefit	reference number							
	受引遺族給付增加	Be								
Commer	nts	配合	↓ S_B1							
Source										
<u></u>										

Segment S_E: Sickness and maternity, including sickness benefits under employment injury schemes

S_E1 Number of cases⁸ of cash benefits paid by the scheme during the reporting period

		Unit:	cases						
Benefit reference number	Total number of cases which cash benefits were paid by the scheme								
Ber	Total 2005	Female							
B1	100,658								
B7	47.147								
B8	4.573								
B9	861								

—— 統計期間現金給付件數

Comments

Source			

S_E2 Number of days for which cash benefits were paid by the scheme during the reporting period 統計期間現金給付日數

	現金給付 	天數 		Unit:				
efit ance ber	Number of days for w	nich cash benefits were	paid by the scheme	Averaç	Average number of days per case			
Benefit reference number	Total	Male	Female	Total	Male	Female		
							_	
							-	
							1	
]	
Comments	3							
Source								

		Unit:			
Benefit reference number	Averag	ge amount of benefit pe		Periodic family allowances for dependents included?® Y/N	
<u> </u>	Total	Male	Female	allc de incl	
Comments					
Source					
	生育絵付・就業女	性能擁有生育現金給付			
S_E4 Fo				n he employed	to be eligible to receive a maternity cash benefit?
5_L4 10	i materinty benefits	. I of now many mone	iis iiiust a woiliei	i be employed	to be engible to receive a maternity cash benefit:
	Γ	r	nonths		
	_				
Comments					
Comments					
Comments					

Section S_F: Unemployment benefits

失業給付最小給付金額及現金給付最長期限

S_F1 What is the minimum amount of unemployment benefit and the maximum duration of unemployment cash benefits?

Benefit reference number		benefit amount	Maximum duration of benefits (in days).
	2005	2004	
B1	16,838	16,555	180
B3	16,838	16,555	180
		_	

Comme	ents
	↑
Source	

B1(Unemployment benefit):The applicant is paid a monthly unemployment benefit of 60% of his average monthly insurance salary over the six-month period prior to leaving work and withdrawing from the labor insurance program, for a maximum of six months. A person who claims unemployment benefit for the maximum six months shall have his cumulated years of insurance cover recalculated from zero.

B3(Vocational training living allowance):An insured person who involuntarily leaves work, registers at a Public Employment Service Institution to seek employment, and participates in full-time vocational training arranged by the Public Employment Service Institution, may during the training period receive a monthly vocational training living allowance of 60% of the applicantils average monthly salary over the six-month period prior to leaving work and withdrawing from the labor insurance program, for a maximum of six months.

B1(失業給付):失業給付每月按申請人離職辦理本保險退保之當月起前六個月平均月投保薪資百分之六十發給,最長發給六個月。領滿六個月失業給付者,本保險年資應重行起算。

B3(職業訓練生活津貼):被保險人非自願離職,向公立就業服務機構辦理求職登記,經公立就業服務機構安排參加全日制職業訓練,於受訓期間,每月按申請人離職辦理本保險退保之當月起前六個 月平均月投保薪資百分之六十發給職業訓練生活津貼,最長發給六個月。

失業現金給付之每月給付水準

S_F2 What is the level of benefits per day of unemployment cash benefits?

For cash benefits, please indicate the average amount paid per day at the end of the reporting period and at the end of the previous reporting period.

Alternatively another date during the reporting period may be chosen (please specify); the same day/month of the year should be chosen for both parts of the table.

			半均每月絲	衍 水準						
Table S_F2			1	,	Unit:					
	Average benefit per day									
Benefit reference number		porting period or at and rting period (please sp Date:			evious reporting period vious reporting period (Date:		Periodic family allowances for dependents included? ⁶ Y/N			
2 -	Total	Male	Female	Total	Male	Female	Per allo de incl			
Comments										
The amounts	s and cases of unemploym	ent benefits are available.	Data on unemployment days	are not currently available.						
目前僅統語	計申請件數及給付金額	,尚無給付天數之統訂	† .							
Source										
1										

S_F3 Duration of benefit receipt 每件給付平均持續時間

Please indicate the aggregate number of days for which unemployment benefits were paid during the reporting period and the average duration of benefit receipt per case.

Table S_F3		總給付	大數		Unit:				
Benefit reference number	Number of days for which unemployment benefits were paid during the reporting period								
Sen fere		Total			Average per case		──→ 平均每件		
ш ё с	Total	Male	Female	Total	Male	Female			
Commente									
Comments									
Source									

失業給付之受益人是否能涵蓋於表列之計畫

S_F4 Are the beneficiaries of unemployment benefits covered by the following schemes?

Please indicate whether beneficiaries of unemployment benefits are covered by the schemes mentioned in the first column of the table. If yes, please indicate who is responsible for paying the contributions. This refers to contributions that are either paid directly (unemployment beneficiary subject to contribution) or indirectly if contributions are paid on the beneficiaries' behalf by the scheme or the government.

如果涵蓋,保險費由誰支付?

			ii bollollolallos	are covered		
	是否涵蓋	***	.contributions are paid b	ру	no contributions are paid (e.g. scheme not contributory)	
	Covered	the unemployed person	the unemployment benefit scheme on behalf of the unemployed person	the government on behalf of the unemployed person		
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
d-age, invalidity and survivors	Υ	Υ	N	N	N	
ealth care	Y	Υ	Υ	Y	N	
ckness	Y	N	N	N	N	
aternity	Y	Y	N	N	N	
mily and children	Y	N	N	N	Υ	
omments		★ 失業者自付	失業保險計畫代付	由政府代替受保者支付	▼ 不須付保險費	
ource						

Section S_G: Specific questions on means-tested benefits

對所得或

S_G1 How are the rules for income/means testing specified in the statutes of the scheme? 法令對所得或財產設限之規定

For each means-tested benefit, please indicate whether means-test assesses individual or household resources (by placing an "x" in the respective cell) and which income threshold is applied. Please also specify which other eligibility conditions have to be met.

ſ	The means-test In			threshold	Other eligibility conditions that have to be met (please specify)				
	Benefit reference number	•	ses the	ne applied		除所得外,是否另有設限			
1	ene ere umb	resou	rces of	所得	門檻				
	B Ju		house-	l 1					
Į		individual	hold ⁹	Unit:					
ļ									
ļ				*	,	•			
ļ				一、家庭	壓總收入按	一、年滿六十五歲,並實際居住戶籍所在地者。			
ŀ					平均分配-				
ŀ					月未超過	二、未接受政府公費收容安置者。 三、全家人口所有之土地或房屋未逾越合理之居住空間者。			
ŀ		<u> </u>		內政部或	直轄市政				
ł					布最低生	四、水八畑川以川、四未輪」下場は八石」が赤白。			
ı					之二點五				
ľ				倍,且未	超過臺灣				
ľ				地區平均	每人每月				
ı					之一點五				
ĺ				一倍者。	_				
					《人口存款 》				
١				_本金及有	育價證券按.				
ļ				_面額計算	之合計金.				
ļ					過一定數額-				
ŀ				_者。	-				
ŀ				<u> </u>	-				
Į									
	Comments	•							
ſ	Comments	•							
L									
	Source								
ſ									

設定所得門檻計畫之給付件數及給付時間

S_G2 Number of cases of means-tested benefits paid by the scheme during the reporting period and average duration of claim

Please indicate the number of cases during the reporting period. If available, please also indicate the number of months for which benefits are claimed, separately for ongoing and completed claims. Completed claims are those claims which were completed during the reporting period. Ongoing claims are those claims which were not completed at the end of the reporting period.

Benefit reference number	Number of cases durir 給付件數 Unit:	benefits are claimed				- 給付總月份	
шес	individuals	households	complete	ed claims	ongoing claims		1
			•	,	•	y	
			-年底仍申	領之月份	—年底即 —續申領	不再持 之月份	
							-
							-
							1
							-
							-
							-
Comments)						_
Source							

ENDNOTES:

- 1 If 13 months of earnings are subject to contributions, the average insured earnings per month is the average over a 13 month period and not over a 12 month period.
- 2 The ceiling could be a floor (e.g. earnings below the floor are not subject to contributions) or a maximum (earnings above maximum are not subject to contribution).
- 3 If 13 months of periodic benefits are paid (or any other period over 12 months), the average monthly benefit at the end of the year or at the specific date of the reporting period should be reflective of payments standardized to a 12 month period. Thus, for example in the case where a 13th month of an old age pension is paid in a twelve-month period, the average monthly pension at the end of the year or at the specific date in the year should take into account only the portion of the 13th pension which corresponds to that month and not what is actually paid (i.e. in many cases the 13th pension is paid in two parts with 50% being paid in June and 50% being paid in December. Therefore if the average monthly pension in payment on 31 December is considered it should include the proportion of the 13th month which corresponds to the month of December that is to say 1/6th of the 13th month pension actually paid in December). If the average monthly pension over the whole year is taken, then the average monthly pension is over a 13 month period and not over a 12 month period.
- 4 If data for the end of the year are not available, any other date during the year may be chosen. If this should not be possible, you may choose the average number of pensioners instead (please indicate clearly if you have chosen this option). In this case please provide the average number for the reporting period.
- 5 If the last month of benefit payment is not available, please indicate the average amount of the last benefit payment and please indicate to which period of time this refers to if different from month (e.g. week, quarter).
- 6 If possible, periodic family allowances for dependents should be recorded as a separate benefit with the main function "Family and children".
- 7 This should be the total number of new beneficiaries within the 12 month period (between two ends of reporting periods).
- 8 Number of cases refers to the fact that within a given 12 month period a given individual may claim short-term benefits more than once. In this case each individual claim which gives rise to a benefit is counted and considered as an individual case. For example: Mr. X files two claims for sickness benefits during the reporting period. The number of beneficiaries registered is 1. The number of cases registered is 2.
- 9 If income thresholds differ with the size of the household, please indicate the income threshold that would apply for a single parent with two children aged 3 and 7 years.