

IMPLEMENTATION OF GOVERNMENT REGULATION NO. 76/2015 CONCERNING AMENDMENT TO GOVERNMENT REGULATION NO. 101/2012 CONCERNING RECIPIENTS OF HEALTH SECURITY COVERAGE CONTRIBUTION ASSISTANCE (Regulation of the Social Service Minister of the Republic of Indonesia No. 5/2016 dated April 22, 2016)

BY THE GRACE OF ALMIGHTY GOD

THE SOCIAL SERVICE MINISTER OF THE REPUBLIC OF INDONESIA,

Considering :

That to implement provisions in Article 11 paragraph (8) and Article 11A paragraph (3) of Government Regulation No. 76/2015 concerning Amendment to Government Regulation No. 101/2012 concerning Recipients of Health Security Coverage Contribution Assistance, it is necessary to stipulate Regulation of the Social Service Minister concerning the Implementation of Government Regulation No. 76/2015 concerning Amendment to Government Regulation No. 101/2012 concerning Recipients of Health Security Coverage Contribution Assistance.

In view of :

1. Law No. 40/2004 concerning National Social Security System (Statute Book of the Republic of Indonesia of 2004 No. 150, Supplement to Statute Book of the Republic of Indonesia No. 4456);
2. Law No. 13/2011 concerning the Handling of the Needy and the Poor (Statute Book of the Republic of Indonesia of 2011 No. 83, Supplement to Statute Book of the Republic of Indonesia No. 5235);
3. Law No. 24/2011 concerning Social Security Agency (Statute Book of the Republic of Indonesia of 2011 No. 116, Supplement to Statute Book of the Republic of Indonesia No. 5256);
4. Law No. 23/2014 concerning Regional Governments (Statute Book of the Republic of Indonesia of 2014 No. 244, Supplement to Statute Book of the Republic of Indonesia No. 5587) as already several times amended the latest by Law No. 9/2015 concerning the Second Round of Amendment to Law No. 23/2014 concerning Regional Governments (Statute Book of the Republic of Indonesia of 2015 No. 58, Supplement

- to Statute Book of the Republic of Indonesia No. 5679);
5. Government Regulation No. 39/2012 concerning Social Welfare (Statute Book of the Republic of Indonesia of 2012 No. 68, Supplement to Statute Book of the Republic of Indonesia No. 529);
 6. Government Regulation No. 63/2013 concerning Efforts to Handle the Needy and the Poor through Territorial Approaches (Statute Book of the Republic of Indonesia of 2013 No. 157, Supplement to Statute Book of the Republic of Indonesia No. 5aa9l);
 7. Government Regulation No. 101/2012 concerning Recipients of Health Security Coverage Contribution Assistance (Statute Book of the Republic of Indonesia of 2012 No. 264, Supplement to Statute Book of the Republic of Indonesia No. 5372) as already amended by Government Regulation No. 76/2015 concerning Amendment to Government Regulation No. 101/2012 concerning Recipients of Health Security Coverage Contribution Assistance (Statute Book of the Republic of Indonesia of 2015 No. 226, Supplement to Statute Book of the Republic of Indonesia No. 5761);
 8. Presidential Regulation No.12/2013 concerning Health Security (Statute Book of the Republic of Indonesia of 2013 No. 29) as already several times amended the latest by Presidential Regulation No. 19/2016 concerning the Second Round of Amendment to Presidential Regulation No.12/2013 concerning Health Security (Statute Book of the Republic of Indonesia of 2016 No. 421);
 9. Presidential Regulation No.7/2015 concerning the Organization fo State Ministries (Statute Book of the Republic of Indonesia of 2015 No. 8);
 10. Presidential Regulation No.46/2015 concerning the Social Service Ministry (Statute Book of the Republic of Indonesia of 2015 No. 86);
 11. Regulation of the Social Service Minister No. 20/2015 concerning the Organization and Working Procedure of the Social Affairs Ministry (State Gazette of the Republic of Indonesia of 2015 No. 1845);

D E C I D E S :

To stipulate :

REGULATION OF THE SOCIAL SERVICES MINISTER CONCERNING THE IMPLEMENTATION OF GOVERNMENT REGULATION NO. 76/2015 CONCERNING AMENDMENT TO GOVERNMENT REGULATION NO. 101/2012 CONCERNING RECIPIENTS OF HEALTH SECURITY COVERAGE CONTRIBUTION ASSISTANCE.

CHAPTER I

GENERAL PROVISIONS

Article 1

Referred to in this Ministerial Regulation as :

1. Health security is security in the form of health protection to enable participants to receive healthcare benefit given to each individual who has paid contribution or whose contribution is paid by the government.
2. Contribution is a sum of money paid regularly by participant, job provider and/or the government.
3. Health security coverage contribution assistance, hereinafter called contribution assistance, is health security program contribution paid by the government for the needy and the poor and unable people.
4. Recipients of health security coverage contribution assistance, hereinafter called PBI health security, are the needy, the poor and unable people as health security program participants.
5. The needy and the poor are people who do not totally have a source of livelihood and/or have a source of livelihood but cannot afford to meet decent basic needs for their life and/or their families' life.
6. Unable people are people who have a source of livelihood, salaries or wages which are only enough to meet decent basic needs but cannot afford to pay contribution for themselves and their families.
7. People with social welfare problems, hereinafter abbreviated into PMKS, are individuals, families, groups, and/or societies that cannot carry out their social function due to hindrance, difficulty or disturbance, so that they cannot meet their physical, spiritual and social needs in an adequate and fair manner.
8. Potential source of social welfare, hereinafter abbreviated into PSKS, is an individual, family, group and/or society that can play a role in maintaining, creating, supporting and strengthening the realization of social welfare.
9. Updating is the process of improving, altering and adding data of PBI health security gathered in an integrated data base.
10. Verification is audit and assessment to ensure the truth of the needy, the poor, and unable people as data of PBI health security.
11. Validation is an act of determining the validity of the poor, the needy and unable people to be incorporated to the data of PBI health security.
12. Social welfare information system officer, hereinafter called SIKS officer, is an officer of district/municipal social service office assigned to process and update any change in verification and validation results.
13. Sub-district social welfare officer, hereinafter abbreviated into TKSK, is an individual given task, function and authority by the Social Service Ministry and/or provincial social service office/agency, district/municipal

social service office/agency for a certain period of time to realize and/or help realize social welfare according to the area of assignment at a sub-district level.

14. Remote customary community, hereinafter abbreviated into KAT, is a group of people in certain number who are bound by geographical, economic, and/or socio-cultural unity and live in poverty, remote area and/or are vulnerable to socio-economic change.
15. Social Welfare Institution, hereinafter abbreviated into LKS, is a social organization or social association formed by the public, either legal entity or non-legal entity, to realize social welfare.
16. Healthcare Social Security Agency, hereinafter called BPJS for Healthcare, is a legal entity formed to provide health security.
17. Single Identity Number, hereinafter abbreviated into NIK, is a citizen identity number which is unique, typical, single and inherent to an individual registered as Indonesian population.
18. Minister is the minister in charge of government affairs in the social field.

CHAPTER II

PROCEDURE OF VERIFICATION AND VALIDATION AND PROCEDURE AND REQUIREMENT OF CHANGES IN PBI HEALTH SECURITY DATA

Article 2

The procedure of verification and validation and the procedure and requirement of changes in PBI health security data are intended to provide a guide to realizing verification and validation and fulfilling requirement of changes in PBI health security data.

Article 3

The procedure of verification and validation and the procedure and requirement of changes in PBI health security data are aimed to obtain updated, well-guided, punctual and valid.

Article 4

The procedure of verification and validation and the procedure and requirement of changes in PBI health security data cover:

- a. procedure of verifying and validating changes in PBI health security data;
- b. the procedure and requirements of changes in PBI health security data; and
- c. the improvement of PBI health security data already registered with the BPJS for Healthcare.

Article 5

The procedure of verification and validation and the procedure and requirement of changes in PBI health security data as referred to in Article 4 are contained in the attachment which is an integral part of this Ministerial Regulation.

CHAPTER III**CONCLUSION****Article 6**

This Ministerial Regulation shall come into force as from the date of promulgation.

For public cognizance, this Regulation shall be promulgated by placing it in the State Gazette of the Republic of Indonesia.

Stipulated in Jakarta

On April 22, 2016

THE SOCIAL SERVICE MINISTER OF

THE REPUBLIC OF INDONESIA,

sgd.

KHOFIFAH INDAR PARAWANSA

Promulgated in Jakarta

On May 9, 2016

THE DIRECTOR GENERAL OF

LAW AND REGULATION OF THE LAW AND HUMAN RIGHTS MINISTRY

THE REPUBLIC OF INDONESIA,

sgd.

WIDODO EKATJAHJANA

STATE GAZETTE OF THE REPUBLIC OF INDONESIA

OF 2016 NO. 713

ATTACHMENT

A. PROCEDURE OF VERIFICATION AND VALIDATION OF PBI HEALTH SECURITY DATA

1. The verification and validation of changes in PBI health security data are operationally done by district/municipal health service offices to be passed on to provincial social service offices and later to the working unit in charge of managing social welfare data and information at the Social Services Ministry.
2. The verification and validation of changes in PBI health security data are done by TKSK or other PSKS covering:
 - a. direct check to PBI households/families; and
 - b. village consultative meetings/other means.
3. The verification and validation of changes in PBI health security data are done according to the need.
4. The verification and validation of changes in PBI health security data use instruments according to the data need to declare PBI health security.
5. The instruments of the verification and validation of changes in PBI health security data are filled by conducting checks and filling the column information on the status and condition of the concerned people, such as having died, having double names, being able, changing their address, nor being found, citizen identity number, sex, date of birth or status.
6. Table of the verification and validation of changes in PBI health security data is found in Table A.
7. Officers of the Social Service Ministry give coaching to district/municipal social service offices by involving provincial social service office about the procedure of filling the document of change in PBI health security data and the approval at a district/municipal level.
8. Officers of district/municipal social service offices give coaching to TKSK or other PKSK about the procedure of filling the document of change in PBI health security data and the approval at a sub-district level.
9. The change in PBI health security data resulting from verification and validation and already processed by SIKS officers is contained in a written statement (see Form A), along with a soft copy of online or offline data to be submitted to the provincial social service office and later passed on to the Social Service Ministry.
10. The results of the verification and validation of changes in PBI health security data are processed by the working unit in charge of managing social service data and information to be rated and proposed to the Minister.

11. The Minister shall endorse the results of verification and validation of changes in PBI health security data every month.

(Table A)

Table of Verification and Validation of Changes in PBI Health Security Data

NO ID/ NOKA	PROV	DIST/ CITY	SUB DIST	SUB DIST/ NAME OTHERS*)	ADDRESS	NO KK	NIK	NAME MEMBER FAMILY/ ADDITION	DATE BIRTH	SEX	STATUS/ REMARKS*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

Guide to filling the form:

Column (1) ID/NOKA PBI No.: already filled. Check the truth and if it has not been filled coordination should be made with the local BPJS as PBI health security data verified are those accessed in the previous period (except new proposal).

Column (2) Province: already filled. If the area visited is found in the province as a result of the creation of a new province, the existing data can be changed according to the name of new province.

Column (3) District/City: already filled. If the area visited is found in the district/city as a result of the creation of a new district/city, the existing data can be changed according to the name of new district/city.

Column (4) Sub-district: already filled. If the area visited is found in the sub-district as a result of the creation of a sub-district, the existing data can be changed according to the name of new sub-district.

Column (5) Village/other name: already filled. If the village/other name visited is found in the area as a result of the creation of a new village/other name, the existing data can be changed according to the

name of new village/other name.

Column (6) Address: Address should be written as completely as possible, namely :

- a) name of road;
- b) no. of house (if any); and
- c) no. of RT and RW;

the address should be written in one column

Example : Jl. Dewi Sartika No. 18 RT 003 RW 003

For PMKS at orphanage, street, KAT, the need and the poor, unable people, and others that have not been registered, the address should be based on information adjusted to the condition in the field (address of orphanage, address of LKS, address of area, and so on).

Column (7) No. of family card: already filled, and if it has not been filled, it should be filled with sub-district or village/other name, the right number should be 16 (sixteen) digits.

Column (8) NIK: if NIK is not found, it should be coordinated with the local demography office/vital statistics office or by referring to data at village/other name, the right number should be 16 (sixteen) digits. If NIK is not found, no. of family card (for newly-born babies) can be used.

If NIK is not found, it should be reported to the officer of the local demography office and vital statistics office or village/other name, domicile/place of stay to obtain NIK.

Column (9) Names of family members/addition: check the right names and if similar (double) in column (12) in one of names, the same name will be deleted.

Column (10) Date of birth: already filled but the writing of format (dd-mm-yyyy) should be checked.

If date of birth is not found, it can be taken from NIK.

The numbers found in the digits 7 and 8 are reduced by 40 for women.

Example : 2080656011940003

So date of birth for women with the formula of digits 7 and 8 will be :

60-40 :20, so the date of birth is filled with 20-11-1994

Column (11) sex : already filled, but if sex is not found, it can be determined from the digits 7 and 8 in NIK, provided:

- if NIK in the digits 7 and 8 are not more than 31, the sex will be male (code 1); and
- If NIK in the digits 7 and 8 are more than 40, the sex will be female (code 2).

Column (12) Status/remarks: fill with the following codes:

Fill with '1' if the participant has died

Fill with '2' if the participant has double names

Fill with '3' if the participant is able

Fill with '4' if the participant changes address

Fill with '5' if the participant is not found

Fill with '6' if NIK is known

Fill with '7' if sex is known

Fill with '8' if date of birth is known

Fill with '9' if the status is known

Fill with '0' if the participant meets qualifications/valid.

(Form A)

INTRODUCTORY LETTER

Regional Logo

LETTER OF STATEMENT

No. /BKS/X/2016

I, the undersigned :

NAME :

NIP :

Position :

certify that the verification and validation of a change in PBI health security data in the district/city
in the province of have been completed with details as attached.

This letter of statement is written as truly as possible.

Stipulated in :

On the date of :

Chief of Social Service Office/Secretary

/Chief of Section *

.....

Note :

1. pick up as required

B. PROCEDURE AND REQUIREMENT OF CHANGE IN PBI HEALTH SECURITY DATA

1. Criteria

a. Scrapped

- 1) No longer meeting the criteria as the needy, the poor and unable persons because :
 - a) Participants of PBI health security have changed status to being able; and
 - b) Participants of PBI health security have changed to workers receiving wages.
- 2) Participants of PBI health security have died.
- 3) Participants of PBI health security double:
 - a) the participants are registered more than twice based on variables: name, NIK, date of birth, address, and sex; and
 - b) participants are registered outside PBI health security.

b. replacement and addition of the needy, the poor, unable people:

- 1) those that have not been included in the data of PBI health security and meet the criteria as the needy, the poor and unable people;
- 2) laid-off workers who are not employed for more than 6 (six) months, provided they :
 - a) have not found jobs; and
 - b) meet criteria as the needy, the poor and unable people.
- 3) victims of disaster during post-disaster with criteria:
 - a) the disaster is declared a national disaster; and

- b) after emergency response period in accordance with the law and regulation*.
- 4) workers entering pension:
 - a) non-state apparatus wage workers; and
 - b) meeting criteria as the needy, the poor and unable people
- 5) members of the families of wage workers who died and meet criteria as the needy, the poor and unable people
- 6) babies born by natural mothers of families registered as PBI health security:
 - a) automatically being participants of PBI health security and entitled to services;
 - b) being entitled to participant identity; and
 - c) being decided by the Minister in an administrative way.
- 7) inmates/residents-guided at state detention houses/correctional institutions that:
 - a) meet criteria as the needy, the poor and unable people; and
 - b) receive recommendations from the leadership of correctional institutions/detention houses.
- 8) PMKS:
 - a) inside LKS that:
 - a.1. meet criteria as the needy, the poor and unable people; and
 - a.2. hold an introductory letter from the leadership of LKS to the social service office, with a copy addressed to the health office.
 - b) outside LKS:
 - b.1. meet criteria as the needy, the poor and unable people; and
 - b.2. receive recommendations from the local social service office.
- 9) people with mental disorder who are displaced, vagrants, threaten their own safety and/or other people's safety; and/or disturb public order and/or security at a psychiatric hospital:
 - a) meet criteria as the needy, the poor and unable people; and
 - b) an introductory letter from the director of psychiatric hospital to the social service office, with a copy addressed to the health office.

2. The procedure and requirement of changes in PBI health security data

a. Scrapped

- 1) No longer meeting criteria as the needy, the poor and unable people:
 - a) Participants of PBI health security change status into able people.

a. 1. Participants of PBI Health Security

- a.1.1. Participants of PBI health security report to the district/municipal branches/operational services of the BPJS for Healthcare;
- a.1.2. Participants of PBI health security sign a letter of statement with duty stamp to quit as participants of PBI health security;
- a. 1.3. the branches of the BPJS for Healthcare report every month to the Head Office of the BPJS for Healthcare, with copies addressed to the local social service office and health office;
- a.1.4. the Head Office of the BPJS for Healthcare reports to the Health Ministry, with a copy addressed to the Social Service Ministry;
- a.1.5. the Health Ministry proposes to the Social Service Ministry to scrap participation every month;
- a.1.6. the Social Service Ministry makes a change based on proposals from provincial and/or district/municipal governments and/or based on integrated data base; and
- a.1.7. the Minister decides scrap and addition (change) every month.

a.2. Social Services

- a.2.1. based on the results of verification and validation, TKSK and other PSKS find participants of PBI health security failing to meet criteria as the needy, the poor and unable people;
- a.2.2. TKSK and PSKS propose a consultative meeting of village/other name;
- a.2.3. the chief of village/other name report the results of the consultative meeting of village/other name in writing to the district/municipal social service offices;
- a.2.4. the district/municipal social service offices report to the provincial social service office to pass on the report to the Social Service Ministry;
- a.2.5. the Social Service Ministry makes a change based on proposals from provincial, district/municipal governments and/or based on integrated data base; and
- a.2.6. the Minister shall decide the scrap and make addition (change) every month.

b) Participants of PBI health security change into wage workers.

b.1. Participants of PBI health security

- b.1.1. Participants of PBI health security report to the district/municipal branches/operational services of the BPJS for Healthcare;

- b.1.2. Participants of PBI health security sign a letter of statement with duty stamp to quit as participants of PBI health security;
- b.1.3. the branches of the BPJS for Healthcare report every month to the head office of the BPJS for Healthcare, with copies addressed to the local social service office and health office;
- b. 1.4. the head office of the BPJS for Healthcare reports to the Health Ministry, with a copy addressed to the Social Service Ministry;
- b.1.5. the Health Ministry proposes to the Social Service Ministry to scrap participation every month;
- b.1.6. the Social Service Ministry makes a change based on proposals from provincial and/or district/municipal governments and/or based on integrated data base; and
- b.1.7. the Minister shall decide the scrap and make addition (change) every month.
- b.2. company
 - b.2.1 company reports to the district/municipal branches/operational services of the BPJS for Healthcare;
 - b.2.2. a written statement of a change in workers' status from PBI health security into wage workers, using logo paper signed by the leadership of the company or the authorized party, and carrying company stamp;
 - b.2.3. the branches of the BPJS for Healthcare report every month to the Head Office of the BPJS for Healthcare, with copies addressed to the local social service office and health office;
 - b,2.4. the Head Office of the BPJS for Healthcare reports to the Health Ministry, with a copy addressed to the Social Service Ministry;
 - b.2.5. the Health Ministry proposes to the Social Service Ministry to scrap participation every month;
 - b.2.6. the Social Service Ministry makes a change based on proposals from provincial and/or district/municipal governments and/or based on integrated data base; and
 - b.2.7. the Minister shall decide the scrap and make addition (change) every month.
- 2) Participants of PBI health security who have died
 - a) relatives of participants of PBI health security/proxies.

- a.1. relatives of participants of PBI health security/proxies report to the district/municipal branches/operational services of the BPJS for Healthcare, by enclosing :
 - a.1.1. a certificate of death from the village/other name; and
 - a.1.2. Indonesia Healthy Card.
- a.2. the branches of the BPJS for Healthcare report every month to the Head Office of the BPJS for Healthcare, with copies addressed to the local social service office and health office; and
- a.3. the Head Office of the BPJS for Healthcare reports to the Health Ministry, with a copy addressed to the Social Service Ministry.
 - a.3.1. the Health Ministry proposes to the Social Service Ministry to scrap participation every month;
 - a.3.2. the Social Service Ministry makes a change based on proposals from provincial and/or district/municipal governments and/or based on integrated data base; and
 - a.3.3. the Minister shall decide the scrap and make addition (change) every month.
- b) social services
 - b.1. based on the results of verification and validation TSKS and other PSKS find participants of PBI health security who have died are still registered;
 - b.2. heads of village/other names report in writing to district/municipal social service office, with a copy addressed to the demography and vital statistics office;
 - b.3. district/municipal social service offices report to the provincial social service office health to pass it on to the Social Service Ministry;
 - b.4. the Social Service Ministry makes a change based on proposals from provincial and/or district/municipal governments and/or based on integrated data base; and
 - b.5. the Minister shall decide the scrap and make addition (change) every month.
- 3) Participants of double PBI health security
 - a) BPJS for Healthcare
 - a.1. the branches of the BPJS for Healthcare report every month to the Head Office of the BPJS for Healthcare, with copies addressed to the local social service office and health office;
 - a.2. the Head Office of the BPJS for Healthcare reports to the Health Ministry, with a copy addressed to the Social Service Ministry;

a.3. the Health Ministry proposes to the Social Service Ministry to scrap participation every month;

a.4. the Social Service Ministry makes a change based on proposals from provincial and/or district/municipal governments and/or based on integrated data base; and

a.5. the Minister shall decide the scrap and make addition (change) every month.

b) social services

b.1. based on the report from the BPJS for Healthcare, TKSK and other PSKS conduct verification and validation;

b.2. district/municipal social service offices report to the provincial social service office health to pass it on to the Social Service Ministry;

b.3. the Social Service Ministry makes a change based on proposals from provincial and/or district/municipal governments and/or based on integrated data base; and

b.4. the Minister shall decide the scrap and make addition (change) every month.

b. replacement of PBI health security

1) there are the needy, the poor and unable people that have not been included in the PBI health security data.

a) proposals from district/municipal social service offices; and/or

b) integrated data base already verified and validated.

2) there are PBI health security data scrapped

Proposed replacements should be prioritized to regions proposing the scrap with the same number.

3) the national number of PBI health security has not been exceeded

The number of proposed replacements does not exceed the national number of PBI health security.

c. addition of PBI health security

1) there are the needy, the poor and unable people that have not been included in the PBI health security data

a) proposals from district/municipal social service offices; and/or

b) integrated data base already verified and validated.

2) the national number of PBI health security has been exceeded

The Minister decides a change in PBI health security data after coordinating with the minister in charge of government affairs in the financial field and the relevant ministers/heads of government

institutions (the Coordinating Minister for Human Development and Culture, the National Social Security Council, and/or the Minister of National Development Planning/Head of the National Development Planning Board).

C. Revision of PBI health security data already registered with the BPJS for Healthcare

The revision of data is a step and effort to ensure the accuracy and updating of data according to the condition of identity data and the presence of PBI health security participants.

1. change in domicile:

a. within one district/city:

- 1) Participants of PBI health security convey information on a change in domicile to the district/ municipal branches/operational service offices of the BPJS for Healthcare;
- 2) Participants of PBI health security fill a form containing a change in the data of participants, by :
 - a) submitting identity cards of participants of PBI health security;
 - b) showing the document of approval from the head of village/other name; and
 - c) showing the family card.
- 3) the BPJS for Healthcare issues Indonesia Health Cards.

b. outside district/city:

- 1) Participants of PBI health security convey information on a change in domicile to the district/ municipal branches/operational service offices of the BPJS for Healthcare;
- 2) Participants of PBI health security fill a form containing a change in the data of participants, by :
 - a) submitting identity cards of participants of PBI health security;
 - b) showing the document of approval from the head of village/other name; and
 - c) showing the family card.
- 3) the BPJS for Healthcare issues Indonesia Health Cards.

2. change in name

- a. Participants of PBI health security fill a form containing a change in the data of participants, by :
 - 1) showing the family card/electronic resident identity card;
 - 2) submitting identity cards of participants of PBI health security;

- 3) showing the identity card of PBI health security participant from one of family members of the participant contained in the family card.

b. the BPJS for Healthcare issues Indonesia Health Cards.

3. change in date of birth

a. Participants of PBI health security fill a form containing a change in the data of participants, by :

- 1) showing the family card/electronic resident identity card;
- 2) submitting identity cards of participants of PBI health security;
- 3) showing the identity card of PBI health security participant from one of family members of the participant contained in the family card.

b. the BPJS for Healthcare issues Indonesia Health Cards.

4. revision of sex

Participants of PBI health security fill a form containing a change in the data of participants, by :

- a. showing the family card/electronic resident identity card;
- b. submitting identity cards of participants of PBI health security;
- c. showing the identity card of PBI health security participant from one of family members of the participant contained in the family card.

5. NIK:

a. Participants of PBI health security fill a form containing a change in the data of participants, by :

- 1) showing the family card/electronic resident identity card;
- 2) submitting identity cards of participants of PBI health security; and
- 3) showing the identity card of PBI health security participant from one of family members of the participant contained in the family card.

b. the BPJS for Healthcare issues Indonesia Health Cards.

THE SOCIAL SERVICE MINISTER OF THE REPUBLIC OF INDONESIA,

sgd.

KHOFIFAH INDAR PARAWANSA

(S)