

MPVA Revisit Korea Program Terms and Conditions

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1. Definition

The Revisit Korea Program is a 5-night, 6-day initiative organized by the Republic of Korea's Ministry of Patriots and Veterans Affairs (MPVA) to honor veterans of the Korean War and their families by providing an opportunity to revisit the country they served in.

2. Eligibility

Preference for participation will be given to individuals in the following categories who have either never participated in the Revisit Korea Program or who last participated more than three years ago:

① Veteran

- Individuals who served in the Korean War **from June 25, 1950 to July 27, 1953** as a member of the United Nations Forces

※ Legal Basis: "Act on the Elevation of Honor of U.N. Korean War Veterans" Article 2.2

- Individuals who served in Korea as members of the United Nations Forces, the United Nations Command Military Armistice Commission, or U.S. Forces Korea following the armistice agreement on July 27, 1953

② Veteran's family

- Immediate family members of a veteran, including spouse, children, grandchildren, siblings, or other close relatives.

③ Special Invitees

- Individuals those invited by the MPVA for significantly contributing to promoting the honor of veterans

3. Benefits

① Airfare

- The veteran and one companion will be provided with the airfare support as follows:

1. Veteran:

1.1 Veterans who served in the Korean War (June 25, 1950 – July 27, 1953) will be provided with a business class ticket (100%).

1.2 Veterans who served in Korea following the armistice agreement on July 27, 1953, will be provided with an economy class ticket (100%).

2. One accompanying family member or representative will be provided with a ticket at half the cost of an economy class fare.

- If the veteran is deceased or unable to attend due to personal reasons (such as age or health), one representative family member and one additional accompanying person will each receive a ticket at half the cost of an economy class fare.

*** This applies only to the initial purchase and excludes any changes, cancellations, or upgrades made after the initial booking.**

3. Special Invitees:

- Employees those specially invited by the MPVA will also be eligible to receive airfare support, covering the cost of an economy class ticket.

② Accommodation

- Accommodation during the official itinerary will include a standard room (twin or double, two people per room) in a five-star hotel.

③ Coach

- Coach buses will be provided for transportation during the official itinerary. For long-distance travel, KTX (Korea Train Express) will be arranged for the participants' convenience.

4. Liability

- All required documents, such as registration forms and consent forms, must be completed in full and submitted to the MPVA no later than three weeks prior to the participant's scheduled entry into the Republic of Korea.

- All participants are required to purchase travel insurance that includes coverage for medical expenses, and must provide proof of insurance in English. The insurance must be valid for the entire duration of the program in Korea.

- Participants with underlying health conditions are required to submit a medical certificate from their doctor, confirming their fitness to travel, prior to departure. Failure to submit this documentation may result in denial of entry into the Republic of Korea.
- If a veteran of advanced age is participating in the program, they must be accompanied by a family member or representative who is capable of assisting with the veteran's health and well-being throughout the entire itinerary.

5. Details

① Flight

- Participants will receive round-trip airfare for international flights, including necessary domestic flights, for the official program dates. To qualify for this benefit, participants are encouraged to prioritize booking a direct flight with a Korean airline company.
- Participants may upgrade their ticket by using personal airline miles or paying an additional fee. However, if a participant purchases a ticket using miles, no cash reimbursement will be provided.
- If a participant upgrades his/her ticket class (including Economy Premium class) he/she must submit the cost of an economy class ticket on the date of issuance for further reimbursement.

* Reimbursement is based on the cost of an economy class ticket on the date of purchase, regardless of upgrades.

- The cost of any additional plane tickets purchased for personal travel shall be borne by the participant.
- Any fees incurred due to reissuance or cancellation of a plane ticket resulting from personal error will be borne by the participant.
- Additional expenses, such as visa issuance fees, excess baggage charges, and separate airport taxes, will be the responsibility of the participant.
- Any expenses incurred before entry into the Republic of Korea, including local transportation fees, airport meals, and layover accommodation costs, are the responsibility of the participant.

② Hotel

- Accommodation during the official program will be in a twin/double room (two people per

room). If a participant requests a single room, they will be responsible for covering the full cost of the single room.

* The request should be made to MPVA no later than two weeks before the first day of accommodation.

- Participants may extend their stay beyond the official itinerary for an additional fee.
- Costs incurred by using the mini bar, room service, and other hotel facilities shall be borne by the participant.
- Any damage to or loss of items in the hotel room caused by the participant will require the participant to cover the full cost of repair or replacement.

③ Meals

- Participants with special dietary needs or allergies must notify the program organizers in advance.
- Meals taken in restaurants or cafes outside of designated group meals will be at the participant's expense.
- Any meals consumed while resting in the hotel, outside of the official itinerary, will also be the participant's responsibility.

④ Transportation

- Aside from charter buses provided by the MPVA, any additional transportation costs, such as taxis, will be borne by the participant.
- Transportation outside of the official itinerary will not be provided.
 - * Ground transportation to and from the airport in Korea will only be provided on the official arrival and departure days of the program. If participants arrive earlier or depart later than the official dates, they will be responsible for their own transportation costs.

⑤ Medical Care

- Participants experiencing minor symptoms, such as a headache, mild fever, diarrhea, or indigestion during the official itinerary, will be provided with over-the-counter medications.
- Participants who fail to bring essential medication or medical devices required for daily use must purchase these items at their own expense.

- All costs associated with medical treatment, hospitalization, or prescription medication resulting from injury, pre-existing conditions, or acute illnesses will be the responsibility of the participant.
- In the unfortunate event of a participant's death during the official itinerary, the priority will be to arrange for the transfer of the deceased to their home country. This will be carried out in consultation with the MPVA.

⑥ **Other**

- If a participant visits Korea for personal reasons outside of the official Revisit Korea Program itinerary prepared by the MPVA, the participant's travel expenses will not be covered.
- All other matters shall be addressed following prior consultation with the MPVA.

Travel Date:

When you write Attachment 2 "Attending Month" (page 8), please write the month(s) you wish to attend. Multiple selections are allowed.

1. **April 22-27** / Theme: Brotherhood
2. **July 24-29** / Theme: Appreciation
3. **November 8-13** / Theme: Remembrance

Please fill out the application form below clearly and send it to the following email address: defenceaide@mofa.go.kr by February 20.

- Attachment 5 is very important. Don't skip it. Thank you.

Documents Submission Check List

Document	Description	Submit
[Attachment #1] Consent Form to the Terms and Conditions of the Revisit Korea Program	Veteran or Family Representative	
	Companion	
[Attachment #2] Information Form (◆ Every participants must submit) ①③ or ②③	Veteran (#2-①)	
	Family Representative (#2-②)	
	Companion (#2-③)	
[Attachment #3] Medical History Form (◆ Every participants must submit)	Veteran or Family Representative	
	Companion	
[Attachment #4] Consent Form for the Collection and Use of Personal Information (◆ Every participants must submit)	Veteran or Family Representative	
	Companion	
[Attachment #5] Veteran's (or Family Member's) Comments	A special story during service in Korea would be highly appreciated	
Copy of passport (◆ Every participants must submit)	Veteran or Family Representative	
	Companion	
Copy of travel insurances (Must be valid in RoK during the program dates) (◆ Every participants must submit)	Veteran or Family Representative	
	Companion	
Dietary / Medical restrictions (◆ Every participants must submit)	Please fill out in the Attachment #2	

[Attachment 1]

**Consent Form to the Terms and Conditions of the Revisit Korea
Program**

※ Please read the Terms and Conditions carefully before signing and submitting this consent form to the secretariat.

I, _____ (Veteran or Family Representative's Name),
having fully understood the Terms and Conditions of the Revisit Korea Program,
and by accepting the invitation to participate in the 2025 cohort,
hereby agree to comply with all stipulated conditions. I further agree that I will not raise any
objections regarding penalties, including but not limited to trip cancellation or refund of
support funds, in the event of a violation of the Terms and Conditions.

By signing below, the Veteran (or Family Representative) and the companion acknowledge that they
have read, understood, and agree to the Terms and Conditions of the Revisit Korea Program.

VETERAN (or family representative) SIGNATURE: _____ **DATE:** _____

COMPANION SIGNATURE: _____ **DATE:** _____

**Submitted to the Ministry of Patriots and Veterans Affairs (MPVA)
of the Republic of Korea**

[Attachment 2]

① Veteran Information Form (veteran only)

* Please complete this form with the veteran's information. For family members, please refer to the next page.

Attending Month					
Prefix	Mr. / Mrs. / Ms.	Date of Birth	(yyymmdd)		
Full Name					
Address					
Email		Phone Number			
Passport (Please attach a copy)	Number	Issue date	(yyymmdd)		
		Expiration date	(yyymmdd)		
Emergency Contact Information	Name	Relationship			
	Email	Phone Number			
Language Ability	e.g.) English, French				
Korean War Service Period	(yyymmdd-yyymmdd)	Branch / Unit			
Service Number		Rank		Major Battle	
<p>Have you been awarded with any medals related to the Korean War? Yes No (please circle)</p> <p>If yes, please specify: _____</p>					
<p>Have you been awarded the Ambassador for Peace Medal by the MPVA? Yes No (please circle)</p>					
<p><u>Health Status:</u></p> <p>Have you consulted with a doctor who confirmed that you are healthy enough to travel overseas?</p> <p>Yes No (please circle)</p>					
<p><u>Medical Insurance (Please attach a copy of your travel insurance. Travel insurance is mandatory.)</u></p> <p>Insurance Company or Policy Name:</p> <p>Contact Information:</p> <p>Policy Number:</p>					
<p><u>Dietary or Physical Restrictions:</u></p> <p>Medication Allergies:</p> <p>Food Allergies:</p>					

② Family Representative Information Form

* Please complete this form with the information of the family member.

Attending Month			
Prefix	Mr. / Mrs. / Ms.	Date of Birth	(yyymmdd)
Full Name		Relationship to the Veteran	
Address			
Email		Phone Number	
Passport (Please attach a copy)	Number	Issue date	(yyymmdd)
		Expiration date	(yyymmdd)
Emergency Contact Information	Name	Relationship to the family member	
	Email	Phone Number	
Language Ability	e.g.) English, French		
Veteran's Name		Veteran's DOB	
Veteran's Status	(<input type="checkbox"/> MIA / <input type="checkbox"/> KIA / <input type="checkbox"/> Deceased / <input type="checkbox"/> Others _____)		
Veteran's Korean War Service Period	(yyymmdd-yyymmdd)	Branch / Unit	
Service Number		Rank	Major Battle
<p>Has your family (the veteran) been awarded with any medals related to the Korean War? Yes No (please circle) If yes, please specify: _____</p>			
<p>Has your family (the veteran) been awarded an Ambassador for Peace Medal by the MPVA? Yes No (please circle)</p>			
<p><u>Health Status:</u></p> <p>Have you consulted with a doctor who confirmed that you are healthy enough to travel overseas? Yes No (please circle)</p>			
<p><u>Medical Insurance (Please attach a copy of your travel insurance. Travel insurance is mandatory.)</u></p> <p>Insurance Company or Policy Name: Contact Information: Policy Number:</p>			
<p><u>Dietary or Physical Restrictions:</u></p> <p>Medication Allergies: Food Allergies:</p>			

③ Companion Information Form

* Please complete this form with the information of the family member.

Attending Month					
Prefix	Mr. / Mrs. / Ms.	Date of Birth	(yyymmdd)		
Full Name			Relationship to the Veteran/Representative		
Address					
Email			Phone Number		
Passport (Please attach a copy)	Number			Issue date	(yyymmdd)
				Expiration date	(yyymmdd)
Emergency Contact Information	Name			Relationship to the companion	
	Email			Phone Number	
Language Ability	e.g.) English, French				
Veteran's Name			Veteran's DOB		
Veteran's Status	(<input type="checkbox"/> MIA / <input type="checkbox"/> KIA / <input type="checkbox"/> Deceased / <input type="checkbox"/> Others _____)				
Veteran's Korean War Service Period	(yyymmdd-yyymmdd)		Branch / Unit		
Service Number			Rank	Major Battle	
<p>Has your family (the veteran) been awarded with any medals related to the Korean War? Yes No (please circle) If yes, please specify: _____</p>					
<p>Has your family (the veteran) been awarded an Ambassador for Peace Medal by the MPVA? Yes No (please circle)</p>					
<p><u>Health Status:</u> Have you consulted with a doctor who confirmed that you are healthy enough to travel overseas? Yes No (please circle)</p>					
<p><u>Medical Insurance (Please attach a copy of your travel insurance. Travel insurance is mandatory.)</u> Insurance Company or Policy Name: Contact Information: Policy Number:</p>					
<p><u>Dietary or Physical Restrictions:</u> Medication Allergies: Food Allergies:</p>					

[Attachment 3]

Medical History Form 1

(Veteran / Family Representative / Companion)

Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone & Email: _____

Medication Allergies: _____ Food Allergies: _____

I use a cane or a walker. (please circle) Wheelchair needed? Yes _____ No _____

I can walk less than 5 min. / less than 10 min. / longer than 15 min. (please circle)

Blood Type: _____

Major Illnesses: _____

MEDICATIONS: *Please bring your medications in their **original bottles** and pack them in your **CARRY-ON** luggage.*

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Respiratory Problems: Yes _____ No _____ Need or use oxygen: Yes _____ No _____

List any other medications and/or other major health concerns: _____

_____ (continue on another sheet if necessary)

[Attachment 3]

Medical History Form 2

(Veteran / Family Representative / Companion)

Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone & Email: _____

Medication Allergies: _____ Food Allergies: _____

I use a cane or a walker. (please circle) Wheelchair needed? Yes _____ No _____

I can walk less than 5 min. / less than 10 min. / longer than 15 min. (please circle)

Blood Type: _____

Major Illnesses: _____

MEDICATIONS: *Please bring your medications in their **original bottles** and pack them in your **CARRY-ON** luggage.*

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Medication _____ Dosage _____ Reason _____

Respiratory Problems: Yes _____ No _____ Need or use oxygen: Yes _____ No _____

List any other medications and/or other major health concerns: _____

_____ (continue on another sheet if necessary)

[Attachment 4]

Consent Form for the Collection and Use of Personal Information-1

* Please confirm that you have read, understood, and agreed to the following statements by initialing the blank.

1. Collection and Use of Confidential Information

<p>[Collection of Personal Information]</p> <p>For the purposes of managing the veterans who participate in the Revisit Korea Program, the MPVA collects the following personal information: name, date of birth, address, contact details, passport number, military unit and rank, photos, and health conditions.</p>	<input type="text"/>
<p>[Use of Personal Information]</p> <p>The MPVA uses the information provided for:</p> <ul style="list-style-type: none">○ Program Operation and Management<ul style="list-style-type: none">- Coordinating the Revisit Korea Program schedule and confirming veterans' health status- Other programs carried out to honor the veterans' sacrifices and dedication○ Veteran Registration and Management	<input type="text"/>
<p>[Retention Period of Personal Information]</p> <p>○ Personal information will be destroyed once it is reasonable to assume that the purpose for which it was collected has been fulfilled, except for the following information:</p> <ul style="list-style-type: none">- Name, date of birth, and address- Retention period: permanent <p><i>* Purpose: To exclude veterans who have already participated in the Revisit Korea Program from future invitations</i></p>	<input type="text"/>
<p>[Right to Refuse to Consent]</p> <p>If you choose not to provide your personal information, the MPVA will not collect it.</p> <p>However, refusal to consent to the collection of personal information as outlined in this document will result in ineligibility to participate in the program.</p>	<input type="text"/>

2. Consent to Processing of Sensitive Personal Information

<input type="text"/>
<p>The MPVA processes sensitive personal information (health conditions, including diseases and medications) for the following purpose:</p> <ul style="list-style-type: none">- To confirm the health status of veterans <p>All confidential information provided is used only for the purposes for which it was collected, and will not be used for any other purposes without prior consent.</p>

3. Consent to Processing of Personal Identifying Information

<input type="text"/>
<p>The MPVA collects personal identifying information (passport number) for the purposes of providing the following services related to the Revisit Korea Program:</p> <ul style="list-style-type: none">- Flight ticket reservation- Hotel reservation

4. Consent to Sharing Personal Information with Third Parties

<input type="text"/>
<p>The MPVA shares the collected personal information with contracted third parties, including travel agencies and hotels, to assist the Revisit Korea Program team in managing veterans during their visit.</p> <ol style="list-style-type: none">1. Third parties: Travel agency and hotel2. Information shared: Name, passport number, contact information3. Purpose: Management of visiting veterans4. Retention period: Information will be retained only during the veteran's participation in the program; all documents containing personal information will be destroyed after the program concludes.5. Data will be shared only as necessary for program management and will be protected against unauthorized access.

[Attachment 4]

Consent Form for the Collection and Use of Personal Information-2

* Please confirm that you have read, understood, and agreed to the following statements by initialing the blank.

1. Collection and Use of Confidential Information

<p>[Collection of Personal Information]</p> <p>For the purposes of managing the veterans who participate in the Revisit Korea Program, the MPVA collects the following personal information: name, date of birth, address, contact details, passport number, military unit and rank, photos, and health conditions.</p>	<input type="text"/>
<p>[Use of Personal Information]</p> <p>The MPVA uses the information provided for:</p> <ul style="list-style-type: none">○ Program Operation and Management<ul style="list-style-type: none">- Coordinating the Revisit Korea Program schedule and confirming veterans' health status- Other programs carried out to honor the veterans' sacrifices and dedication○ Veteran Registration and Management	<input type="text"/>
<p>[Retention Period of Personal Information]</p> <p>○ Personal information will be destroyed once it is reasonable to assume that the purpose for which it was collected has been fulfilled, except for the following information:</p> <ul style="list-style-type: none">- Name, date of birth, and address- Retention period: permanent <p><i>* Purpose: To exclude veterans who have already participated in the Revisit Korea Program from future invitations</i></p>	<input type="text"/>
<p>[Right to Refuse to Consent]</p> <p>If you choose not to provide your personal information, the MPVA will not collect it.</p> <p>However, refusal to consent to the collection of personal information as outlined in this document will result in ineligibility to participate in the program.</p>	<input type="text"/>

2. Consent to Processing of Sensitive Personal Information

<input type="text"/>
<p>The MPVA processes sensitive personal information (health conditions, including diseases and medications) for the following purpose:</p> <ul style="list-style-type: none">- To confirm the health status of veterans <p>All confidential information provided is used only for the purposes for which it was collected, and will not be used for any other purposes without prior consent.</p>

3. Consent to Processing of Personal Identifying Information

<input type="text"/>
<p>The MPVA collects personal identifying information (passport number) for the purposes of providing the following services related to the Revisit Korea Program:</p> <ul style="list-style-type: none">- Flight ticket reservation- Hotel reservation

4. Consent to Sharing Personal Information with Third Parties

<input type="text"/>
<p>The MPVA shares the collected personal information with contracted third parties, including travel agencies and hotels, to assist the Revisit Korea Program team in managing veterans during their visit.</p> <ol style="list-style-type: none">1. Third parties: Travel agency and hotel2. Information shared: Name, passport number, contact information3. Purpose: Management of visiting veterans4. Retention period: Information will be retained only during the veteran's participation in the program; all documents containing personal information will be destroyed after the program concludes.5. Data will be shared only as necessary for program management and will be protected against unauthorized access.

[Attachment 5]

Veteran's (or Family Member's) Comments

We kindly request your invaluable response to the following questions regarding your (or your family member's) service during the Korean War.

What major battle(s) did you (or your family member) participate in during the Korean War?

Do you have any special stories about your (or your family member's) participation in the Korean War?
Please provide specific details.

How do you feel about visiting Korea again, whether for the first time since the war or for the first time ever? *Please provide specific details.*

Are you willing to conduct interviews with the press, media, or any other outlet, to share your experience and opinions?