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* In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail.

Personal insurance and
Cathay Life on-the-job
group insurance only

Cathay Life Insurance Co., Ltd.

Claim Settlement Application Form

Victim's Basic Information

Fields marked with (*) are required; make sure to fill them out to facilitate the review process.

(*)Name			(*)National ID No.									
(*)Event Date	Month Day, Year		(*)Date of Birth	Month Day, Year								
(*)Residential Address	<input type="text"/> (Please provide full address)											
(*)Preferred address for meeting during the daytime	<input type="checkbox"/> Same as residential address <input type="text"/> (Please provide full address)											
(*)Contact Information (select one)												
Telephone	()		Mobile phone									
E-mail			<input type="checkbox"/> @yahoo.com.tw <input type="checkbox"/> @hotmail.com <input type="checkbox"/> @cathaylife.com.tw <input type="checkbox"/> @gmail.com <input type="checkbox"/> Other @									

- The Company shall send an SMS on the claim progress and case closure to the mobile phone number specified on the application form.
- If the e-mail is provided, the Company shall send the details of the claim payment electronically to the e-mail address specified in the form after the case is closed.

Application Content

(*)Application Date	Month Day, Year	(*)Cause of Event		
(*)Applying for	<input type="checkbox"/> Non-accidental event (illness) <input type="checkbox"/> Accidental event (Check only one)			
(*)Type of Claims (multiple selections accepted)	<input type="checkbox"/> Full medical reimbursement of actual treatment expenditure (F) <input type="checkbox"/> Daily medical treatment subsidy (burn injury) (E) <input type="checkbox"/> Cancer (G) <input type="checkbox"/> Subsidy (I) (childbirth and wedding) <input type="checkbox"/> Critical illness (designated illness) (C) <input type="checkbox"/> Death (A) <input type="checkbox"/> Disability (B) <input type="checkbox"/> Total disability (K) (total disability care) <input type="checkbox"/> Premium waiver (loss of capacity to work) (J) <input type="checkbox"/> Long-term care (H) <input type="checkbox"/> Regular insurance return check (N) (support income and income for disability) <input type="checkbox"/> Terminal state (hospice) (D) <input type="checkbox"/> Employee benefit group insurance (including benefit group insurance for retired employees) (O) <input type="checkbox"/> Accident insurance (X) 1. When employee benefit group insurance and accident insurance are selected, please select other relevant claims for the application to expedite operations. 2. To apply for in-kind benefits, please fill out the "In-kind Benefits Service Application Statement and Consent Form". Please refer to the documents in the preceding paragraph for the selection of the type of claims. Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.			

Accident Information (applicants who are applying for an accident-type event is required to fill out this section)

Accident Location			Work Description		
Narrative				Date Reported (Not required if unavailable)	
Reported Party (Not required if unavailable)		Telephone	()	Case Police Officer (Not required if unavailable)	

Victim is a family member of an insured in a main (supplementary) insurance policy with unspecified beneficiary
(do not fill out this part if the victim is the insured of the main insurance policy)

If the claim settlement application includes a policy with accident insurance, please fill out the information below. If there are more than 4 items, please fill out Appendix (1)

Insurance policy with unspecified beneficiary (Group accident insurance policy, both-parent/single-parent cancer insurance policy, special family injury insurance policy, etc.)	Insurance policy number:	Insurance category code:	Relationship:
	Insurance policy number:	Insurance category code:	Relationship:
	Insurance policy number:	Insurance category code:	Relationship:
	Insurance policy number:	Insurance category code:	Relationship:

- For all insurance policies with unspecified beneficiaries that require the information in the fields above, the household registration information of the victim must also be provided to facilitate identity and relationship verification.
- Only one code may be specified for each insurance category code. If there are several riders with unspecified beneficiaries, please fill out information separately.



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Claim Payment Methods

Limited to one payment method, even if there are multiple beneficiaries; Fill out Appendix (1) if there are more than 3 beneficiaries

(*)Receiving method
(If the remittance cannot be completed because the remittance account is erroneous, changed, withdrawn, or suspended, the Company may proceed with payment by checks that may not be negotiated by special endorsement.)

- ☐ Remit to beneficiary's bank account designated in "Fingertip" (The following account information is not required)
- ☐ Remit to beneficiary's other account (Fill out the domestic bank account information if this option is selected)
- ☐ Remit to the bank account of beneficiary's legal representative
(If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance remits the benefits to the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.
If the legal representative of the beneficiary is not the policyholder, additional documents must be attached to prove their relationship).
- ☐ Check that may not be negotiated by special endorsement
(☐ Delivery by claims handler ☐ Collected personally by applicant)

Account Information	Account Name				National ID No.												
	Financial Institution (Branch)		Branch Connection Code		Account Number												
	Account Name				National ID No.												
	Financial Institution (Branch)		Branch Connection Code		Account Number												
	Account Name				National ID No.												
	Financial Institution (Branch)		Branch Connection Code		Account Number												

Notification and Declaration	1.	When the applicant applies for a claim settlement with this form, it is deemed that the applicant is applying for all of the victim's personal insurance policies purchased from the Company that are still in effect. Whether the benefit payment is to be made or not shall be handled in accordance with the insurance policy. However, when the beneficiary and the victim is the same person, the beneficiary can apply for insurance benefits from part of the insurance policies only, but an additional declaration must be made.
	2.	Where a long-term rider added prior to January 1, 2013 is terminated along with the main policy due to insurance incidents other than death, the proposer may apply for the continuation of the validity of the rider with the Company within 60 days after the termination of the long-term rider.
	3.	According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the delay interest for the claim settlement of a single payment reaches NT\$20,000, the supplementary insurance premium shall be deducted in accordance with regulations. However, the supplementary insurance premium may be exempted for the following individuals upon the applicant's active presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible for National Health Insurance enrollment or have lost their eligibility for National Health Insurance: Photocopy of the passport for non-Taiwanese nationals; household registration certification document issued in the last 3 months for Taiwanese nationals with canceled household registration.
	4.	If applying for the death benefit, the beneficiary agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities.
	5.	When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.
	6.	If the insurance is terminated due to the beneficiary applying for the death benefit or full permanent disability benefit, the beneficiary agrees to trust Cathay Life Insurance to destroy the insurance policy. If the insurance policy has been lost or damaged, the beneficiary must declare the insurance expired on the day the applicant applies for the aforementioned insurance benefits. If Cathay Life Insurance's rights are violated or if the Company is involved in monetary, legal, or other disputes in the future because the policy is used by an identity thief or due to other reasons, the applicant shall bear full responsibility.
	7.	Required information per the Personal Data Protection Act: Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800-036-599 on landlines; please dial the toll number 02-4128-010 on mobile phone) or use the online telephone service to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.
	8.	The mailing address, contact number, and e-mail provided in this application form are provided solely for use in this application and do not constitute a notification to the Company for implementing changes.

Special Personal Information Consent	Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information	
	The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.	
	(*)Undersigned (the insured)/beneficiary signature: _____ (*)Legal representative (guardian) signature: _____	
	When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.	

Basic information of the claims handler (case officer) of the Company									
Name of the case officer				Department code		Case officer ID			
Telephone (Provided solely for communication in this application)					Case officer receipt date				
					Month Day, Year				
1. The claims handler must meet the undersigned/beneficiary in person and witness that this application is signed by the beneficiary. If the claims handler signs on behalf of the beneficiary or does not personally witness the beneficiary signing the application, and causes harm to the beneficiary or the Company, the claims handler must assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities. 2. To protect the policyholder's rights and interests and so that the process proceeds accordingly, please be sure to review the application to make sure it is filled out properly and accurately.									



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List of Documents Required to Apply for Claims

	Death	Critical illness and designated illness	Full permanent disability	Second to eleventh disability level	Moderate to severe burn injury	Terminal state/long term care status/premium waiver	Medical expenses			Subsidy			Occupational accident		
							Full medical reimbursement of actual injury treatment expenditure	Cancer	Hospitalization/surgery coverage ^{Note 5}	Wedding	Childbirth	Funeral subsidy	Death	Disability	Medical expenses for injury and illness
Claim Application Form	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
Declaration of Inquiry Consent ^{Note 1}	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙				⊙	⊙	⊙
Death certificate/autopsy report	⊙											⊙	⊙		
Disability diagnosis report ^{Note 2}			⊙	⊙		⊙								⊙	
Insured person's canceled household registration records or new Household Certificate with canceled household registration records	⊙											⊙	⊙		
Identification document of the beneficiary	⊙											⊙	⊙		
Inheritors or other unspecified beneficiaries shall be required to provide a printed copy of the household registration transcript, electronic household registration transcript, or new household certificate printed issued within the last three months	⊙											⊙	⊙		
Doctor's diagnosis report ^{Note 3}		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙					⊙	⊙
Original receipts and details of expenses							⊙								
Relevant test/examination report ^{Note 4}		⊙				⊙		⊙							
Birth certificate/new household certificate that already contains birth records or a related document of proof											⊙				
New Household Certificate that contains marital status or a related document of proof										⊙					
Inheritor Authorization Letter ^{Note 6}	⊙														
Photocopy of labor insurance payment receipt													⊙	⊙	⊙

Note 1: See previous page for general Declaration of Inquiry Consent. When accessing hospital records that require a specific letter of consent, Cathay Life will provide the specific letter of consent.

Note 2: In case of amputation, the amputated appendage shall be specified. In case of joint function loss and movement disability, the movement range (angle) of the joint shall be specified. In case of disability caused by loss of other functions, the disability shall be specified. In case the person cannot take care of himself/herself, the area where the person requires assistance (food, clothing, shelter, transportation, putting on and taking off clothes, using the toilet), and the level of assistance required by the person shall be specified.

Note 3: Cathay Life suggests you ask doctors to note the diagnosed illness's diagnosis code from the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) to speed up the claim review.

Note 4: First-time cancer patients shall attach the biopsy report or other relevant examinations (blood test, abdominal ultrasound, CT scan, etc.) Persons with acute myocardial infarction shall attach the electrocardiogram and cardiac enzyme report. Patients with other critical illnesses/specific conditions (cerebrovascular accident, paralysis, Parkinson's disease, benign brain tumor, poliomyelitis, severe head trauma, etc.) please refer to the explanation on the disability diagnosis report (Note 2).

Note 5: When applicants are applying for surgical claims, make sure to indicate the name of the surgery on the diagnosis report or ask the hospital to indicate the National Health Insurance coverage code.

Note 6: If the recipient of insurance claims is the inheritor of the beneficiary or the person entitled to receive refund nonforfeiture value or insurance premiums is the inheritor of the applicant for insurance, then this document is required.

Notices:

- The above documents are required to apply for general insurance claims; the claims officer shall inform the applicant of the actual documents required for claim review.
- The applicant may provide documents of proof for accidental injury incidents (e.g., police report, traffic accident report) to speed up the review process.
- When applying for accidental injury full medical reimbursement, copies of the receipt are acceptable.
- If you have any questions, please dial use the service hotline (please dial the toll-free customer service hotline 0800036599 on landlines; please dial the toll number 02-21626201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage > Contact Us > (Service Line) Customer Service Hotline > Online Telephone) or international consultation toll hotline (+886-2-55595110 press 1).
- In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.

Declaration of Inquiry Consent

The undersigned, _____, for the purpose of granting authorization to Cathay Life Insurance Co., Ltd.
(hereinafter referred to as Cathay Life Insurance) ☐ Application for insurance payment
☐ Required for insurance enrollment/underwriting

to verify the identity of the insured Name: _____
National ID No.: _____ Date of birth: _____ (month) _____ (date),

☐ Undersigned ☐ Parent ☐ Spouse ☐ Child ☐ Other (_____ of the insured), agrees that Cathay Life Insurance may search, inquire, obtain medical records, view, copy, or photocopy the following information of your institution/unit as reference and evidence:

- I. Medical history.
- II. Insurance enrollment information.
- III. Required information for this insurance accident / insurance enrollment / insurance underwriting (including files in written or electronic format).
- IV. Compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents (death benefit application).

To

All relevant medical institutions, police authorities, fire departments, public health authorities, prosecutors offices, life insurance associations, non-life insurance associations, insurance companies, Immigration Agency of the Ministry of the Interior, or other relevant institutions or persons.

◆ The undersigned agrees that photocopies of the consent made by Cathay Life can be used, and the photocopy has the same legal weight as the original copy.

* Please affix the signature and seal of the undersigned

* If the undersigned is a minor/under guardianship or subject to an order of commencement of assistance, please affix the signature and seal of the legal representative/guardian/assistant

Undersigned signature:

Legal representative/guardian/assistant signature:

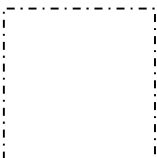
National ID No.:


National ID No.:

Telephone:

Telephone:

Address:

Seal: 

Seal: 

_____ (month) _____ (date), _____ (year)

Required Information per the Personal Data Protection Act

Cathay Life Insurance may collect your personal information for providing related personal insurance services, implementing and organizing reinsurance, overseas relief, appeal and dispute resolution, company internal control, and auditing. Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by Cathay Life Insurance in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit Cathay Life Insurance's service centers or use Cathay Life Insurance's service hotline for inquiries (please dial the toll-free customer service hotline 0800-036599 on landlines; please dial the toll number 02-2162-6201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage > Questions and Communication (Contact Us) Customer Service Hotline > Call Online Telephone) to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, Cathay Life Insurance can refuse your request if required by law or due to the information's necessity for conducting work. If you fail to provide relevant personal information, Cathay Life Insurance may not be able to provide you with comprehensive services due to requirements for sound implementation of personal insurance businesses.



Senior high school
and below used as
example

Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(*) = Required fields
In case of any discrepancies in the
statements and agreements, the
contents of the claim application
form in Chinese shall prevail

Policyholder Basic Information

Insured (Victim) Information	(*) Insurance Policy Number (Filled out by the claims handler)		Student ID No.		Class and Department	
			1314888		White Rabbit Class	
	(*) Name Kibo		(*) National ID No. A 0 0 0 0 0 0 0 0 0		(*) Date of Birth July 7, 2016	
(*) Residential Address 235 No. XX, XX Rd., Daan Dist., Taipei City, Taiwan						
(*) Telephone ()		Mobile Phone 0900000000	E-mail			
(*) Applying for <input checked="" type="checkbox"/> Non-accidental event (illness) (1) <input type="checkbox"/> Accidental event (injury) (2)			(*) Application Date October 1, 2020			
(*) Cause of Event Gastroenteritis			(*) Event Date September 1, 2020			
Application for special subsidies (Not required if unavailable) <input type="checkbox"/> Application for special subsidies for major surgery benefit by students in senior high school and below and children in kindergarten who meet the criteria for subsidies in Article 11 of the insurance policy (certification document required)						
(*) Type of Claims <input checked="" type="checkbox"/> Death (A) <input type="checkbox"/> Disability (B) <input type="checkbox"/> Critical illness benefits - applicable only to universities and colleges (C) <input checked="" type="checkbox"/> Medical expenses (E) <input type="checkbox"/> Cancer (G) <input type="checkbox"/> Support subsidies (N) Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.						

(*) Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input type="checkbox"/> Remit to beneficiary's bank account <input checked="" type="checkbox"/> Remit to the bank account of beneficiary's legal representative (Please provide a photocopy of the passbook and fill out the fields below to specify the remittance method)					
	Account Name Kibo's father		National ID No. A 1 1 1 1 1 1 1 1 1			
	Financial Institution (Branch) Cathay United Bank Songshan	Branch Number and Code 0130372	Account Number 0130000000			
	<input type="checkbox"/> Check that may not be negotiated by special endorsement					
National ID No. of the Beneficiary []						


Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)
The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.
Relationship between the beneficiary and the insured: ☐ Same person ☒ Parent ☐ Grandparent ☐ Other _____
(*) Undersigned (the insured)/beneficiary signature: _____ (If the insured and the beneficiary are different persons, both persons must affix their signature)
(*) Legal representative (guardian) signature: **Kibo Kibo's father**
(When the insured is deceased, the above signature of the beneficiary only represents the beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.)

1. For the student group insurance for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2020 academic year, where the beneficiary is deceased, the beneficiary of the death benefit shall be the inheritor; the beneficiary of the death benefit shall be the student. If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative (documents certifying the relationship are required). After Cathay Life Insurance receives the remittance method, the benefit is considered paid to the beneficiary.
2. For student group insurance in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before, the beneficiary shall be the legal representative of the insured or the parents of the insured. However, if the insured is an adult, the beneficiary shall be the insured.

Notices
1. For the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, and other business, Cathay Life Insurance may use the personal information of the insured and the beneficiary in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act. The information shall be used in accordance with the law by the Company in the framework stipulated by regulations. The information will be utilized in accordance with the law by the Company in the framework stipulated by regulations. The information will be utilized in accordance with the law by the Company in the framework stipulated by regulations. The information will be utilized in accordance with the law by the Company in the framework stipulated by regulations.
2. Cathay Life Insurance may proceed with payment by checks that may not be negotiated by special endorsement. Cathay Life Insurance may request the insured or the beneficiary to provide the consent for access to medical records and all expenses.
3. The death benefit shall be determined based on the terms and conditions of the insurance policy. Cathay Life Insurance shall be determined based on the terms and conditions of the insurance policy. Cathay Life Insurance shall be determined based on the terms and conditions of the insurance policy.
4. Cathay Life Insurance shall be determined based on the terms and conditions of the insurance policy. Cathay Life Insurance shall be determined based on the terms and conditions of the insurance policy. Cathay Life Insurance shall be determined based on the terms and conditions of the insurance policy.
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7. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authoritative medical records. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities.
8. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and the beneficiary objects in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.

If the beneficiary is the student, select "Remit to beneficiary's bank account" to remit the payment to the beneficiary's account. If the beneficiary is a minor, the beneficiary may choose to "Remit to the bank account of beneficiary's legal representative" to remit the payment to the bank account of beneficiary's legal representative. The signatures of both the beneficiary and legal representative shall be required.

If the official seal of the school is not affixed, Cathay Life Insurance will request the school to verify the student's enrollment online.

(*) Insured School Certification Field		
Insured School School Code School Address Telephone Principal (President) or Deputy Handling Personnel	Taitai Kindergarten XXXXXX No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei 02-2755-1399 Taiwan XXXXXX XXXXXX	Official Seal / Student Insurance Seal  A rubber stamp with the full name of the school may be used in lieu of the official seal of the school (official seal / student insurance seal)

We hereby verify that the insured specified in this application form is a student of the school and is enrolled in student group insurance.

(*) Basic information of the claims handler (case officer)	
Name of the case officer Contact Number Landline: ()	Department code Not required for the policyholder Officer ID Mobile phone:



University or college used as example

Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(*) = Required fields
In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail

Policyholder Basic Information

Insured (Victim) Information	(*) Insurance Policy Number (Filled out by the claims handler)		Student ID No.		Class and Department	
			1314888		Class B, Second Year, Department of Insurance	
	(*) Name Kibo		(*) National ID No. A 0 0 0 0 0 0 0 0		(*) Date of Birth July 7, 2016	
(*) Residential Address 235 No. XX, XX Rd., Daan Dist., Taipei City, Taiwan						
(*) Telephone ()		Mobile Phone 0900000000	E-mail			
(*) Applying for <input checked="" type="checkbox"/> Non-accidental event (illness) (1) <input type="checkbox"/> Accidental event (injury) (2)			(*) Application Date October 1, 2020			
(*) Cause of Event Gastroenteritis			(*) Event Date September 1, 2020			
Application for special subsidies (Not required if unavailable) <input type="checkbox"/> Application for special subsidies for major surgery benefit by students in senior high school and below and children in kindergarten who meet the criteria for subsidies in Article 11 of the insurance policy (certification document required)						
(*) Type of Claims <input checked="" type="checkbox"/> Death (A) <input type="checkbox"/> Disability (B) <input type="checkbox"/> Critical illness benefits - applicable only to universities and colleges (C) <input checked="" type="checkbox"/> Medical expenses (E) <input type="checkbox"/> Cancer (G) <input type="checkbox"/> Support subsidies (N) Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.						

(*) Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input checked="" type="checkbox"/> Remit to beneficiary's bank account <input type="checkbox"/> Remit to the bank account of beneficiary's legal representative (Please provide a photocopy of the passbook and fill out the fields below to specify the remittance method)					
	Account Name Kibo		National ID No. A 0 0 0 0 0 0 0 0			
	Financial Institution (Branch) Cathay United Bank Songshan	Branch Number and Code 0130372	Account Number 0130000000			
	<input type="checkbox"/> Check that may not be negotiated by special endorsement					
National ID No. of the Beneficiary A 0 0 0 0 0 0 0 0						

Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)
The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.
Relationship between the beneficiary and the insured: ☒ Same person ☐ Parent ☐ Grandparent ☐ Other _____
(*) Undersigned (the insured)/beneficiary signature: _____ (If the insured and the beneficiary are different persons, both persons must affix their signature)
(*) Legal representative (guardian) signature: **Kibo**
(When the insured is deceased, the above signature of the beneficiary only represents the beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.)


1. For the student group insurance for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2020 academic year, where the beneficiary is deceased, the beneficiary of the death benefit shall be the inheritor; the beneficiary of other insurance benefits shall be the student. If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative (documents certifying the relationship are required). After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.
2. For student group insurance in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before, the beneficiary shall be the legal representative of the insured or the parents of the insured. However, if the insured is an adult, the insured may be designated as the beneficiary of the insurance.

Notices

- Required information per the Personal Data Protection Act: For the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, and other business operations, the Company may collect, process, and use the personal information of the insured or the beneficiary in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special personal information) will only be used during the time period in which the insured or the beneficiary is insured. The Company may also collect, process, and use the personal information of the insured or the beneficiary for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, and other business operations. The information will be utilized in accordance with the law by the Company in accordance with the Company's service hotline (please dial the toll-free customer service hotline 0800-036-599 for details). The Company may also collect, process, and use the personal information of the insured or the beneficiary for the purpose of conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.
- The same payment method must be selected for application.
- If the remittance cannot be completed because the remittance account is erroneous, changed, or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement.
- According to the terms and conditions of the insurance policy, when the beneficiary applies for insurance benefits, the Company may request the insured or the beneficiary to provide the consent for access to medical records and all expenses of the examination shall be borne by the Company.
- Please refer to the following page for the application documents required for claim payments. However, the payment items shall be determined based on the terms and conditions of the insurance policy.
- According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the delay interest for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with the supplementary insurance premium rate in the regulations. However, the supplementary insurance premium may be exempted for the two following categories of individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of low-income households approved by the social welfare authority. (2) Individuals who are not eligible for enrollment or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate for non-Taiwanese nationals with canceled household registration.
- If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authoritative medical records. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities.
- When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary, the beneficiary may apply for the claim-settlement payment in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.

Where the beneficiary is deceased, the beneficiary shall be the inheritor; the beneficiary of other insurance benefits shall be the student.

Official seal of the school / student insurance seal required

(*) Insured School Certification Field		
Insured School School Code School Address Telephone Principal (President) or Deputy Handling Personnel	Taitai University XXXXXX No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei 02-27551399 XXXXXX XXXXXX	Official Seal / Student Insurance Seal  A rubber stamp with the full name of the school may be used in lieu of the official seal of the school (official seal / student insurance seal)

We hereby verify that the insured specified in this application form is a student of the school and is enrolled in student group insurance.

(*) Basic information of the claims handler (case officer)	
Name of the case officer Contact Number	Department code Landline: () Mobile phone:

Not required for the policyholder



303002

00018

School group insurance only
Including university/college
group insurance

Cathay Life Insurance Co., Ltd.

Claim Settlement Application Form

Appendix (1)

Victim's Basic Information											
(*)Name		Kibo			(*)National ID No.		A 0 0 0 0 0 0 0 0 0				
Claim Payment Methods											
Receiving Method		<input checked="" type="checkbox"/> Remit to beneficiary's bank account (Please fill out the account information) <input type="checkbox"/> Check that may not be negotiated by special endorsement <input type="checkbox"/> Remit to the bank account of beneficiary's legal representative (Please fill out the account information)						Please specify the national ID number of the beneficiary in the national ID No. field in account information to facilitate the check issuance.			
Account Information	Account Name	Kibo Jr.			National ID No.		A 2 2 2 2 2 2 2 2 2				
	Financial Institution (Branch)	Cathay United Bank Songshan		Branch Number and Code	0130372		Account Number		0140000000		
	Account Name	Kibo Sr.			National ID No.		A 3 3 3 3 3 3 3 3 3				
	Financial Institution (Branch)	Cathay United Bank Songshan		Branch Number and Code	0130372		Account Number		0150000000		
	Account Name				National ID No.						
	Financial Institution (Branch)	(Name in Chinese)		Branch Number and Code			Account Number				

1. The same payment method must be selected for applications for the death benefit by multiple beneficiaries.
2. If the remittance cannot be completed because the remittance account is erroneous, changed, or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement.
3. According to the terms and conditions of the insurance policy, when the beneficiary applies for insurance benefits, the Company may request the insured or the beneficiary to provide the consent for access to medical records and all expenses of the examination shall be borne by the Company.
4. Please refer to the following page for the application documents required for claim payments. However, the payment items shall be determined based on the terms and conditions of the insurance policy.
5. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the delay interest for the claim settlement of a single insurance policy reaches NT\$20,000, the supplementary insurance premium shall be deducted in accordance with the supplementary insurance premium rate in the regulations. However, the supplementary insurance premium may be exempted for the two following categories of individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible for enrollment or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration.
6. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities.
7. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.
8. **Required information per the Personal Data Protection Act:** Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service centers or use the Company's service hotline (please dial the toll-free customer service hotline 0800-036-599 on landlines; please dial the toll number 02-4128-010 on mobile phone) or use the online telephone service to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. **If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.**

Beneficiary signature:

Legal representative (guardian):
Kibo Jr. Kibo Sr.

Documents Required for Claim Payments

Application Document	Benefit	Medical insurance benefit	Disability benefit	Support subsidies	Death benefit	Special subsidies for critical surgery benefits (limited to full-time students receiving subsidies for insurance premiums)
School group insurance claim application form		V	V	V	V	V
Medical diagnosis report (Note 5)		V				V
Receipts for medical expenses		V (Note 1)				V (Note 1)
Disability diagnosis report, disability card, or other disability certification			V			
Death certificate or autopsy report					V	
Household registration transcript with removal of the insured					V	
Certificate of the relationship between the beneficiary and the insured (Note 2)		(Note 2)	(Note 2)	(Note 2) V (Note 3)	V	
School registration information (or photocopy of enrollment information) (Please affix the job seal of the handling personnel)		V (Note 4)	V (Note 4)		V (Note 4)	V (Note 4)
Identity certification for insurance premium subsidies						V
Legal inheritor statement and consent form					V (Note 5)	
Related documents for outdoor education			(Note 7)		(Note 7)	

Note 1: To apply for medical insurance benefit, the diagnosis report and receipts for medical expenses must be provided (if a copy or photocopy is provided instead, the official seal of the hospital or other special seals must be affixed as evidence).

Note 2: The certificate of the relationship between the beneficiary and the insured (e.g., household registration transcript and certificate of dependency) must certify that the beneficiary is the legal representative, legal inheritor, guardian, or de facto dependent of the insured, or the family relation and degree of kinship etc. These documents shall also be required to apply for medical insurance benefits, disability benefits, and support subsidies for the group insurance policies for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before.

Note 3: The identification of the beneficiary of support subsidies must certify the survival of the insured one year after the disability (e.g., household registration transcript).

Note 4: The school may affix its official seal or student insurance seal to certify the enrollment status of the insured; school registration information may be provided for students in elementary schools or above; children of educate service institutions may provide enrollment information.

Note 5: These documents are not required to apply for death benefits for the group insurance policies for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before if the beneficiary is not the legal inheritor.

Note 6: **Cathay Life suggests you ask doctors to note the diagnosed illness's diagnosis code from the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) to speed up the claim review.**

Note 7: When an application for insurance payment is filed due to participation in outdoor education, the implementation plan approved and passed by the school or educate service institution and certification documents for participating in outdoor education in accordance with related regulations of the Ministry of Education for outdoor education shall be provided (if the insured is a minor, provide the certificate of consent of the parent or legal representative for outdoor education).

Note 8: When the beneficiary applies for insurance benefits, the Company may, where necessary, request the beneficiary to provide other related documents in addition to those specified in the table above. In addition, the Company may, where necessary, access the medical records of the insured with the approval of the insured (the Declaration of Inquiry Consent must be provided), and all expenses shall be borne by the Company.



303004



00015

Victim is the
employee

Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(*) = Required fields
In case of any discrepancies in the
statements and agreements, the
contents of the claim application
form in Chinese shall prevail

Insured Unit	(*)Company Name Fujio Fujio Studio		Plant F	Department Comics	Unified Business Number												
					1	2	3	4	5	6	7	8					
Victim's Information	Name	Kibo				National ID No.				Date of Birth				Relationship between Victim and Employee			
														<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
Employee Information (Information in the sections outlined in bold are not required if the victim is the employee)	Name					National ID No.								(*)Insurance Policy Number			
														(*)Rating			
(*)Employee Residential Address	1106 (Please provide full address) No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan												Filled out by the claims handler or contact person				
(*)Employee Telephone	(02) 2700-0000		Ext. 1000		Mobile Phone		0912345678				Email		doramixxx@gmail.com				
(*)Accident Type	<input type="checkbox"/> Non-accidental event (illness) <input checked="" type="checkbox"/> Accidental event (injury)										(*)Application Date		December 31, 2019				
(*)Event Description	Fracture										(*)Event Date		December 25, 2019				
(*)Type of Insurance Benefit Claim (multiple selections accepted)	<input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Critical illness (designated illness) <input checked="" type="checkbox"/> Medical expenses <input type="checkbox"/> Cancer <input type="checkbox"/> Regular insurance benefit payment (support income and income for disability) <input type="checkbox"/> Subsidy (childbirth) <input type="checkbox"/> Long-term care Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.																
Accidental Event Location	Ren'ai-Dunhua Roundabout				Work Description				Comic artist's assistant								
Accidental Event Information	Grazed by a car that ran a red light while on the way home																
Unit that Submitted the Report	Bird Cage Precinct		Date Reported		December 25, 2019				Case Police Officer		Ryotsu		Telephone 02-27000001				
(*)Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input type="checkbox"/> Remit to the bank account of beneficiary's legal representative. (If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.) <input checked="" type="checkbox"/> Remit to beneficiary's bank account designated below. <input type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required) (If a family member of the employee applies for "medical reimbursement", the option may be selected to remit to the employee's bank account. The applicant must fill out the Family Member Medical Reimbursement Designated Remittance Agreement Form below.) <input type="checkbox"/> Check that may not be negotiated by special endorsement. (Please specify the national ID number of the beneficiary in the field to the right to facilitate the check issuance)																
	Account Name		Kibo				National ID No. of the Beneficiary				A000000000						
Account Information	Financial Institution (Branch)		Cathay United Bank Songshan				Branch Connection Code		0 1 3 0 3 7 2				Account Number		1000000001		
Family Member Medical Reimbursement Designated Remittance Agreement Form The undersigned, (the victim) is a family member of the employee, and hereby agrees to remit the medical insurance benefits in this application to the employee's designated account in a financial institution (account information provided in the field above). After the remittance is completed, your company's obligation to pay medical insurance benefits to the undersigned for this application shall be terminated. This Agreement is signed as evidence of the above. To Cathay Life Insurance Co., Ltd. Undersigned (victim): (signature or seal) Telephone:																	
Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent) The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will. (*)Undersigned (the insured)/beneficiary signature: Relationship between the beneficiary and the victim: <input checked="" type="checkbox"/> Same person <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (personal signature) Kibo (For applications for insurance benefits for accidents, medical reimbursement for illnesses, disability, or critical illnesses, the beneficiary must be the victim.) When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.																	
Legal representative (guardian or assistant): (personal signature)																	
Filled out by Insured Unit Date of Employment: Month Day, Year Employed on the Event Date: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed by: (Job seal)		1. Required information per the Personal Data Protection Act: Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800-036-599 on landlines; please dial the toll number 02-4128-0110 on mobile phone) or use the online telephone service to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company may refuse your request if required by law or due to the information's necessity for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application. 2. If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment. Please also fill out Appendix (1). 3. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement. 4. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with regulations. However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration. 5. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities. 6. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 12 of the Compulsory Enforcement Act to the executing agency. 7. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate.															
(*)Basic information of the claims handler Filled out by the Cathay Life claims handler)																	
Name of the case officer		Department code		Insurer ID													
Telephone		Landline: ()		Ext.		Receipt Date: Month Day, Year											

Not required if victim = employee

Not required for
the policyholder

Whether this field is
filled out shall be
determined by the
agreement with the
insured unit.

Notices



302002



00014

Victim is the
employee's
family member

Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(*) = Required fields
In case of any discrepancies in the
statements and agreements, the
contents of the claim application
form in Chinese shall prevail

Insured Unit	(*)Company Name Fujio Fujio Studio		Plant	F	Department	Comics	Unified Business Number							
							1	2	3	4	5	6	7	8
Victim's Information	Name	Kibo's mother				National ID No.	A	4	4	4	4	4	4	4
	Date of Birth	April 1, 1966				Relationship between Victim and Employee	<input type="checkbox"/> Employee <input type="checkbox"/> Child <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other							
Employee Information (Information in the sections outlined in bold are not required if the victim is the employee)	Name	Kibo				National ID No.	A	0	0	0	0	0	0	0
	Date of Birth	January 1, 1991				(*)Insurance Policy Number					(*)Rating			
(*)Employee Residential Address	1106 (Please provide full address) No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan													
(*)Employee Telephone	(02) 2700-0000 Ext. 1002				Mobile Phone	0987654321				Email	doramimom@gmail.com			
(*)Accident Type	<input type="checkbox"/> Non-accidental event (illness) <input checked="" type="checkbox"/> Accidental event (injury)						(*)Application Date				December 31, 2019			
(*)Event Description	Fracture						(*)Event Date				December 25, 2019			
(*)Type of Insurance Benefit Claim (multiple selections accepted)	<input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Critical illness (designated illness) <input checked="" type="checkbox"/> Medical expenses <input type="checkbox"/> Cancer <input type="checkbox"/> Regular insurance benefit payment (support income and income for disability) <input type="checkbox"/> Subsidy (childbirth) <input type="checkbox"/> Long-term care Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.													
Accidental Event Location	Ren'ai-Dunhua Roundabout						Work Description		Comic artist's assistant					
Accidental Event Information	Grazed by a car that ran a red light while on the way home													
Unit that Submitted the Report	Bird Cage Precinct		Date Reported	December 25, 2019		Case Police Officer	Ryotsu		Telephone	02-27000001				
(*)Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input type="checkbox"/> Remit to the bank account of beneficiary's legal representative. (If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.) <input checked="" type="checkbox"/> Remit to beneficiary's bank account designated below. <input type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required) (If a family member of the employee applies for "medical reimbursement", the option may be selected to remit to the employee's bank account. The applicant must fill out the Family Member Medical Reimbursement Designated Remittance Agreement Form below.) <input type="checkbox"/> Check that may not be negotiated by special endorsement. (Please specify the national ID number of the beneficiary in the field to the right to facilitate the check issuance)													
	Account Name		Kibo's mother				National ID No. of the Beneficiary		A444444444					
Account Information	Financial Institution (Branch)		Cathay United Bank Songshan				Branch Connection Code		0 1 3 0 3 7 2		Account Number		1000000001	
	Family Member Medical Reimbursement Designated Remittance Agreement Form The undersigned, (the victim) is a family member of the employee _____, and hereby agrees to remit the medical insurance benefits in this application to the employee's designated account in a financial institution (account information provided in the field above). After the remittance is completed, your company's obligation to pay medical insurance benefits to the undersigned for this application shall be terminated. This Agreement is signed as evidence of the above. To Cathay Life Insurance Co., Ltd. Undersigned (victim): _____ (signature or seal) Telephone: _____													
Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent) The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will. (*)Undersigned (the insured)/beneficiary signature: Relationship between the beneficiary and the victim: <input checked="" type="checkbox"/> Same person <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (personal signature) Kibo's mother (For applications for insurance benefits for accidents, medical reimbursement for illnesses, disability, or critical illnesses, the beneficiary must be the victim.) When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.														
Legal representative (guardian or assistant): _____ (personal signature)														
Filled out by Insured Unit Date of Employment: _____ Month Day, Year Employed on the Event Date: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed by: _____ (Job seal)														
Notices 1. Read and understand the terms and conditions of the insurance policy and the claim settlement application form. 2. If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment. Please also fill out Appendix (1). 3. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement. 4. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with regulations. However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration. 5. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities. 6. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 12 of the Compulsory Enforcement Act to the executing agency. 7. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate.														
(*)Basic information of the claims handler filled out by the Cathay Life claims handler) Name of the case officer _____ Department code _____ Telephone _____ Landline: () _____ Ext. _____ Mobile: _____ Receipt Date: _____ Month Day, Year														

Verify the beneficiary of the terms and conditions with the insured unit

Whether this field is filled out shall be determined by the agreement with the insured unit.

Not required for the policyholder



302002



00014

Victim is the
employee's family
member (designated
remittance)

Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(*) = Required fields
In case of any discrepancies in the
statements and agreements, the
contents of the claim application
form in Chinese shall prevail

Insured Unit	(*) Company Name	Plant	Department	Unified Business Number	1	2	3	4	5	6	7	8
(*) Victim's Information	Name	National ID No.		Date of Birth	Relationship between Victim and Employee							
	Kibo's mother	A 4 4 4 4 4 4 4 4 4 4		April 1, 1966	<input type="checkbox"/> Employee <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input checked="" type="checkbox"/>							
Employee Information (Information in the sections outlined in bold are not required if the victim is the employee)	Name	National ID No.		Date of Birth	(*) Insurance Policy Number							
	Kibo	A 0 0 0 0 0 0 0 0 0 0		January 1, 1991	(*) Rating							
(*) Employee Residential Address	(Please provide full address)											Filled out by the claims handler or contact person
(*) Employee Telephone	(02) 2700-0000 Ext. 1002		Mobile Phone	0987654321		Email	doramimom@gmail.com					
(*) Accident Type	<input type="checkbox"/> Non-accidental event (illness) <input type="checkbox"/> Accidental event (injury)				(*) Application Date		December 31, 2019					
(*) Event Description	Fracture V				(*) Event Date		December 25, 2019					
(*) Type of Insurance Benefit Claim (multiple selections accepted)	<input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Critical illness (designated illness) <input type="checkbox"/> Medical expenses <input type="checkbox"/> Cancer <input type="checkbox"/> Regular insurance benefit payment (support income and income for disability) <input type="checkbox"/> Subsidy (childbirth) <input type="checkbox"/> Long-term care Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.											
Accidental Event Location	Ren'ai-Dunhua Roundabout			Work Description		Comic artist's assistant						
Accidental Event Information	Grazed by a car that ran a red light while on the way home											
Unit that Submitted the Report	Bird Cage Precinct		Date Reported	December 25, 2019		Case Police Officer	Ryotsu		Telephone	02-27000001		
(*) Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input type="checkbox"/> Remit to the bank account of beneficiary's legal representative. (If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance benefit is considered paid to the beneficiary.) <input type="checkbox"/> Remit to beneficiary's bank account designated below. <input checked="" type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The beneficiary must be a family member of the employee who applies for "medical reimbursement", the option may be selected to remit to the employee's bank account. The applicant must fill out the Family Member Medical Reimbursement Designated Remittance Agreement below.) <input type="checkbox"/> Check that may not be negotiated by special endorsement. (Please specify the national ID number of the beneficiary in the field to the right to facilitate the check issuance)											
	Account Name	Kibo			National ID No. of the Beneficiary	A000000000						
Account Information	Financial Institution (Branch)	Cathay United Bank Songshan		Branch Connection Code	0 1 3 0 3 0 0		Account Number	01111111110				
	Family Member Medical Reimbursement Designated Remittance Agreement Form											
The undersigned, (the victim) is a family member of the employee Kibo, and hereby agrees to remit the medical insurance benefits in this application to the employee's designated account in a financial institution (account information provided in the field above). After the remittance is completed, your company's obligation to pay medical insurance benefits to the undersigned for this application shall be terminated. This Agreement is signed as evidence of the above.												
To Cathay Life Insurance Co., Ltd. Undersigned (victim): Kibo's mother (signature or seal) Telephone: 0912345678												
Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)												
The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.												
(*) Undersigned (the insured)/beneficiary signature: Relationship between the beneficiary and the victim: <input checked="" type="checkbox"/> Same person <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (personal signature) Kibo's mother Kibo (For applications for insurance benefits for accidents, medical reimbursement for illnesses, disability, or critical illnesses, the beneficiary must be the victim.) When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.												
Legal representative (guardian or assistant): (personal signature)												
Filled out by Insured Unit												
Date of Employment: Month Day, Year	1. Required information per the Personal Data Protection Act: Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800-036-599 on landlines; please dial the toll number 02-4128-010 on mobile phone) or use the online telephone service to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.											
Employed on the Event Date: Yes <input type="checkbox"/> No <input type="checkbox"/>	2. If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment. Please also fill out Appendix (I).											
Confirmed by: (Job seal)	3. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement.											
Whether this field is filled out shall be determined by the agreement with the insured unit.	4. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with regulations. However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration.											
	5. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities.											
	6. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 12 of the Compulsory Enforcement Act to the executing agency.											
	7. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate.											
Name of the case officer	Department code		Not required for the policyholder									
Telephone	Landline: ()		Ext.		Receipt Date: Month Day, Year							



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Group insurance

Cathay Life Insurance Co., Ltd.

Claim Settlement Application Form

Appendix (1)

Victim's Basic Information

(*) Name	Kibo	(*) National ID No.	A	0	0	0	0	0	0	0	0	0	0
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Claim Payment Methods

Receiving Method	<input checked="" type="checkbox"/> Remit to the bank account of beneficiary's legal representative <small>(If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.) (Please fill out the following account information)</small> <input type="checkbox"/> Remit to death benefit beneficiary's bank account (Please fill out the following account information) <input type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required) <input type="checkbox"/> Check that may not be negotiated by special endorsement (Please specify the national ID number of the beneficiary in the account information field below to facilitate the check issuance)
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Account Information	Account Name	Kibo Jr.			National ID No.	A	2	2	2	2	2	2	2	2	2
	Financial Institution (Branch)	Cathay United Bank Songshan	Branch Number and Code	0130372	Account Number	0140000000									
	Account Name	Kibo Sr.			National ID No.	A	3	3	3	3	3	3	3	3	3
	Financial Institution (Branch)	Cathay United Bank Songshan	Branch Number and Code	0130372	Account Number	0150000000									
	Account Name				National ID No.										
	Financial Institution (Branch)	(Name in Chinese)	Branch Number and Code		Account Number										

Notices	<ol style="list-style-type: none"> If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NT\$20,000, the supplementary insurance premium shall be deducted in accordance with regulations. However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application: <ul style="list-style-type: none"> ◎ Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. ◎ Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate. Required information per the Personal Data Protection Act: Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800-036-599 on landlines; please dial the toll number 02-4128-010 on mobile phone) or use the online telephone service to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.
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Beneficiary signature:

Kibo Jr.

Kibo Sr.

**Legal representative:
(Guardian)**

When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.



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Claim Application Procedures

Step 1: Prepare required documents

To inquire the required documents (e.g., hospitalization bills), consult the sales agent or use the inquiry for required documents.

Step 2: Select application channel

You can contact the sales agent for assistance in application, visit a service location of Cathay Life Insurance, or use the official website or Cathay Life App.

Application channels

- **Contact sales agent**
Contract your personal sales agent to ask about the required documents. The sales agent assists in forwarding the claim application. (Claim settlement services available for application: Claims Alliance Chain, E-Claims, general applications, and remote services)
- **Check over-the-counter service locations**
The applicant brings two identity documents (original copy of their national ID card and a second identity document with photo) and the required documents to the service location. (Claim settlement services available for application: Claims Alliance Chain, E-Claims, and general applications)
- **Complete online application in the member's section before mailing**
After verifying the insurance policy, log into MyInsurance in the member's section for self-service before preparing and mailing the required documents. (Claim settlement services available for application: Claims Alliance Chain and general applications)
- **Fill out information online in the Cathay Life App before mailing**
Download the Cathay Life App and verify the insurance policy. Proceed to "claim event notification" in the claims page of the Cathay Life App and prepare and mail the required documents (claim settlement services available for application: general application)
- **Mail in**
Scan and print the "paper claim application form", prepare the required documents, and mail them to the service location.

Step 3: Claim settlement and case closure

- **Payment**
 1. The payment methods include: Remittance, checks that may not be negotiated by special endorsement, and checks that may be negotiated by special endorsement
 2. Notifications for claim settlement details include: SMS notification and email notification
- **Payment refusal**
 1. Notifications for payment refusal include: SMS notification and email notification

Inquiry and Description of Required Claim Documents

Required domestic claim documents

The inquiry of required documents provides a list of documents necessary for claim applications, but does not apply to all claim settlement scenarios. Only the claim application form and diagnosis report (if any) are the necessary documents for all types of claims. Other documents are applicable under different claim settlement scenarios. For instance, an X-ray image is only required if the insured has a fracture and has purchased an accident daily benefit product (Good Bone Strength insurance policy).

After filing the application, if the claims officer requires other documents to facilitate the case review, the necessary documents shall be collected as supplementary materials. To apply for a "travel inconvenience insurance" claim, please download and inquire related documents on Cathay Century Insurance's official website for the application to speed up your claim process.

If you choose to mail in your application or submit your application at a service location, please prepare the documents and send them to a Cathay Life Insurance service location.

The required documents (templates) are provided and explained below:

1. Claim application form

The basic information necessary for the claim application include the victim's basic information, application content, accident information, and insurance benefit payment method.

2. Diagnosis report

The results of the diagnosis report are used to verify whether the illness is included in the scope of coverage and as the basis for a preliminary judgment of the validity of the claim.

- If an application is not filed at the time of discharge/departure from the hospital, an appointment must be made for the supplementary issuance of the diagnosis report in the future by the attending physician of the original department.
- If the insured is treated in two or more medical institutions, diagnosis reports from each medical institution shall be required.

3. Original copy of the hospitalization and medical treatment receipt

The receipt is used as the certification of hospitalization and for determining the amount of the insurance benefits. It includes three parts: the words "hospitalization receipt", duration of hospitalization, and ward fees. Please note:

- The original copy of the receipt is required for full medical reimbursement insurance; the applicant may choose to provide duplicate copies for other insurance policies.
- Pursuant to the terms and conditions, only the daily benefit shall be paid if a duplicate copy is provided for full medical reimbursement insurance.

4. Duplicate copy of the hospitalization and medical treatment receipt

The copy is used as the certification of hospitalization and for determining the amount of the insurance benefits. A duplicate copy of the receipt is issued by the "medical institution" and affixed with a validity seal stating that it is "identical to the original" or "duplicate copy". Please note: A "duplicate copy" is not the same as a "photocopy". A photocopied version of the receipt is only a "photocopy" and not a "duplicate copy".

5. Original copy of the clinic (emergency room) medical treatment receipt

The receipt is used as the certification of clinic (emergency room) medical treatment and for determining the amount of the insurance benefits. It must contain the text "clinic receipt" or "emergency room receipt", a singular treatment date, and medical expenses. Please note:

- The original copy of the receipt is required for full medical reimbursement insurance; the applicant may choose to provide duplicate copies for other insurance policies.
- Pursuant to the terms and conditions, only the daily benefit shall be paid if a duplicate copy is provided for full medical reimbursement insurance.

6. Duplicate copy of the clinic (emergency room) medical treatment receipt

The receipt is used as the certification of clinic (emergency room) medical treatment and for determining the amount of the insurance benefits. A duplicate copy of the receipt is issued by the "medical institution" and affixed with a validity seal stating that it is "identical to the original" or "duplicate copy". Please note: A "duplicate copy" is not the same as a "photocopy". A photocopied version of the receipt is only a "photocopy" and not a "duplicate copy".

7. Details of medical expenses

It provides all details of expenses for medical treatment within a certain period and consists of the duplicate copies of several clinic receipts.

8. Biopsy report (pathology report)

A biopsy report is used as the cancer diagnosis certificate.

- A biopsy is the most common method for cancer diagnosis and can be used to verify the presence of cancer, category, and staging.
- First-time cancer patients shall attach the biopsy report.

9. Inspection reports (e.g., electrocardiogram and medical history)

Inspection reports are used as the certificate of critical illness. Examples include electrocardiogram, computed tomography (CT), magnetic resonance imaging (MRI), ultrasound, and blood tests. Persons with acute myocardial infarction shall attach the electrocardiogram and cardiac enzyme report.

10. X-ray image (CD-ROM)

If a physician determines that the insured suffered a fracture and specifies it in the diagnosis report, an X-ray image shall be provided regardless of whether the insured was hospitalized. The claims officer shall determine the severity of the fracture based on the X-ray image and issue insurance benefits accordingly.

According to the terms of the insurance policy, fractures are classified based on the severity, including complete fracture, incomplete fracture, and stress fracture, and different amounts of insurance benefits are provided based on the severity of the fracture.

As an example, the True Good Bone Strength insurance rider provides benefits for complete fractures calculated as the insurance amount multiplied by the bone type table; benefits for incomplete fractures calculated as half of the amount for complete fractures; benefits for stress fractures calculated as one quarter of the amount for complete fractures.

11. Death certificate (autopsy report)

Only the spouse or lineal relative of the deceased may file the application. The certificate is used as the certification document for the death of the insured and the verification of the cause of death. Please provide the corresponding certification documents based on the specific conditions of the death.

- Death in a hospital: The hospital issues the death certificate.
- Death of natural causes/acute illness outside the hospital: The family member shall be required to apply for an autopsy with the police station or the department of health, and a physician of the local department of health shall issue the death certificate.
- Death due to an accident regardless of the location: The local police shall request a prosecutor of the District Prosecutors Office to conduct an autopsy along with the forensic pathologist and the prosecutor of the District Prosecutors Office shall issue the autopsy report.
- Missing for seven years or missing for three years if the person is aged 80 or above: The court shall issue a declaration of death, which shall be deemed as equivalent to a death certificate.

12. Household registration transcript with removal of the insured

The household registration transcript is used as the certification document for the death of the insured and the verification of the death of the deceased by law. The applicant must be the spouse, relative, head of the household, or cohabitant of the deceased, and must prepare (1) original copy of the death certificate, (2) national ID card of the deceased (not required if lost), (3) household certificate, and (4) national ID card and seal of the applicant and proceed to the household registration office to register the death and apply for the household registration transcript with removal of the deceased. Please note: If the remarks field of the new household certificate specifies the removal of household registration of the insured, it may be used in lieu of the household registration transcript with removal of the deceased.

13. Electronic household registration transcript (or new household certificate)

This is a necessary document for certifying the identity of the inheritor or other unspecified beneficiaries.

- The electronic household registration transcript may be obtained at home free of charge on the website of the Department of Household Registration, Ministry of the Interior. The applicant can also use the Citizen Digital Certificate for application and download or print the file directly after completion.
- If the applicant of the new household certificate is the head of the household or an appointee, the application shall be processed at the household registration office. As the new household certificate omits certain records by default, the policyholder is required to apply for a version with detailed records. A new household certificate with the latest updates and detailed records shall have the same validity as a household registration transcript.

Required overseas claim documents

If emergency medical treatment is required overseas, please pay the medical expenses when seeking medical treatment and apply for reimbursement after returning to Taiwan.

According to the terms of certain policies, if the insured does not use National Health Insurance coverage or seeks medical treatment from a medical institution without National Health Insurance coverage, the medical expense benefits shall be discounted for payment. If you are enrolled under National Health Insurance, you can assess whether you wish to apply for the "reimbursement of self-advanced medical expenses incurred overseas" within six months after seeking medical treatment overseas before filing the claim. The remaining self-paid parts after reimbursement provided by National Health Insurance may be paid by your commercial insurance.

China

If you are in China and will not return to Taiwan in the immediate future, you can choose to mail your claim documents to a Cathay Life Insurance service location or request the service office of Cathay Life Insurance in Lujiazui to assist in the transfer of your documents to Cathay Life Insurance in Taiwan. If you wish to apply for National Health Insurance reimbursement in China, please visit a local notary office and apply for a notarial certificate for Taiwan-related affairs. The certificate must be authenticated by the Straits Exchange Foundation before you apply for National Health Insurance reimbursement with the National Health Insurance Administration. The detailed procedures are as follows:

Step 1 Collect all medical documents before returning to Taiwan

1. Original copy of medical documents: Including the receipts, statements, and diagnosis report
2. Summary of medical history after discharge: If the insured is hospitalized, an application may be filed to the hospital

Step 2 Apply for notarization and certification by the Straits Exchange Foundation (notarization not required for hospitalization of less than 5 days)

1. Notarization application in China:
Bring medical documents to a notary office in China and apply for a "notarial certificate for Taiwan-related affairs".
2. Obtain certification from the Straits Exchange Foundation after returning to Taiwan:
After returning to Taiwan, bring the original copy of the "notarial certificate for Taiwan-related affairs" and a photocopy of your identity certification document to the Straits Exchange Foundation to apply for certification.

Step 3 National Health Insurance Administration reimburses medical expenses

Bring the following documents to the National Health Insurance Administration to apply for the reimbursement of medical expenses:

1. National Health Insurance self-advanced medical expense reimbursement application form

Download from the website of the National Health Insurance Administration

2. Notarization certification issued by the Straits Exchange Foundation

Please download from the website of the Straits Exchange Foundation

3. Medical documents

Original copy of the diagnosis report and receipts for medical expenses, statement of expenses, or other certification documents (the summary of medical history after discharge is required for hospitalization)

4. Entry/exit certificate

Passport, boarding pass, or other certification documents

Step 4 Claim settlement application with Cathay Life Insurance

Bring the following documents and file the claim application with Cathay Life Insurance:

1. Claim application form

The remittance account for insurance benefits is limited to accounts in Taiwan and Cathay Life Insurance shall pay the benefits in NTD.

2. National Health Insurance self-advanced medical expense reimbursement approval notice

Regarded as the original copy of the receipt

3. Other required documents

Please provide photocopies of documents collected by the National Health Insurance Administration such as the diagnosis reports and receipts

Other overseas regions

Step 1 National Health Insurance Administration reimburses medical expenses

Bring the following documents to the National Health Insurance Administration to apply for the reimbursement of medical expenses:

1. National Health Insurance self-advanced medical expense reimbursement application form

Download from the website of the National Health Insurance Administration

2. Authentication certificate

Authentication may be completed at overseas missions, representative offices, and offices of the Ministry of Foreign Affairs

3. Medical documents

Original copy of the diagnosis report and receipts for medical expenses, statement of expenses, or other certification documents (the summary of medical history after discharge is required for hospitalization). We advise you to request a "diagnosis report in English" from the medical institution to speed up the review process. (If a medical document is provided in a language other than Chinese or English, a Chinese translation must be provided.)

4. Entry/exit certificate

Passport, boarding pass, or other certification documents

Step 2 Claim settlement application with Cathay Life Insurance

Bring the following documents and file the claim application with Cathay Life Insurance:

1. Claim application form

The remittance account for insurance benefits is limited to accounts in Taiwan and Cathay Life Insurance shall pay the benefits in NTD.

2. National Health Insurance self-advanced medical expense reimbursement approval notice

Regarded as the original copy of the receipt

3. Other required documents

Please provide photocopies of documents collected by the National Health Insurance Administration such as the diagnosis reports and receipts