

# Labor Insurance Dependent Death Benefits Application Form and Payment Receipt

Serial no.  Date of Application:   
(Please read carefully the instructions on the reverse side)

Name of the insured person		Date of birth										
		Number of alien resident certificate or passport										

Zip Code :  -

Correspondence address :

Mobile phone no. :

ACCIDENT	Name of the deceased		Date of birth of the deceased										
	Date of death		National ID No.										
	Relationship with the insured person:												
<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Children of 12 and above <input type="checkbox"/> Children under 12													

Benefit standard	Funeral Grants : <input type="checkbox"/> 3Month <input type="checkbox"/> 2.5 Month <input type="checkbox"/> 1.5 Month
------------------	--

Payment method (Please tick)	.....Please attach here a copy of the front page of the applicant' s passbook. ....													
	1. <input type="checkbox"/> Remit the fund to the applicant's account with a financial institution : Name of the financial institution : _____ Bank _____ Branch													
	Bank/institution code	Account no.												
2. <input type="checkbox"/> Remit the fund to the applicant's account with Chunghwa Post : Post Office Code: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> — <input type="checkbox"/> Account no. : <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> — <input type="checkbox"/>														

- 一、 The undersigned confirms that the above information is true and correct. The applicant agrees that, if required in the review process, the BLI may retrieve relevant information from relevant agencies.
- 二、 If there is any surplus payment of the insurance benefit, the undersigned also agrees that the BLI may deduct such surplus payment from the amount receivable thereby.
- 三、 If there is any other individuals who are eligible for the benefit but not named herein, the applicant agrees that the benefit shall be shared among the eligible persons accordingly.

Personal seal or signature of the insured person :   
(Sign in person in block letters)

※The service is free and convenient. It is not necessary to engage an agent. Please ensure all the information provided are true and correct. Any illegal behaviors such as fraud or counterfeiting shall be subject to legal actions. If you have any question, please feel free to contact the BLI at (02) 23961266 Ext. 2763.

※Address for mailing or delivery in person : 10013 Bureau of Labor Insurance, **Ministry of Labor, No. 4, Section 1, Roosevelt Road, Zhongzheng District, Taipei City.**

## Explanation Regarding the claim for Dependent Death Benefits

### 一、Benefit Item

In the event of death of the father, mother, spouse, or child of an insured person during the effective period of the insurance, the insured person may claim funeral grant. By definition, "father", "mother" or "child" means the natural parents, adopted parents or legitimate children (including the children who are deemed as a legitimate child under the Civil Code), as well as the children lawfully adopted.

### 二、Benefit Standard

Funeral grant is paid according to the following standard based on the average monthly insurance salary from the six month before the dependent dies (including the month the dependent dies) :

- (一) 3 months shall be granted if parents or spouse die.
- (二) 2.5 months shall be granted when children aged 12 or above die.
- (三) 1.5 months shall be granted when children aged less than 12 die.

### 三、Documents Required

The following documents (should be imprinted with the seal) shall be submitted when apply for funeral grant:

- (一) If the applicants are foreign nationals who are living in this country, copies of residence permit, passport or Permit for entering and leaving the country shall be submitted.
- (二) Death certificates, written autopsy reports issued by the public prosecutors, or judgments of proclamation of death of a missing person.
- (三) Copies of household certificate with the dates of dependent' death recorded and the insured person's ID or copies of household certificate. If the deceased are the children of the insured person, certificate of household registration with the death date of the deceased recorded shall be enclosed; if the deceased are the adopted children, the certificate of household registration with the adoption and registration dates recorded should be submitted.

1、If the insured person is unable to collect the payment in Taiwan, he/she is required to issue a power of attorney. The chops of the entrusted person (or the entrusted entity and its responsible person) should be affixed on the application form. A copy of the relevant personal identity document should be attached as well. If the applicant wishes to payment to be made to the insured's account with an overseas financial institution, please provide in the power of attorney the relevant account information, including the English name of the insured person, the name and address of the bank and branch in English, and the SWIFT code.

2、If documents issued by foreign countries are submitted, a Chinese-translation of those documents shall be provided and the documents shall be authenticated by our diplomatic or representative agencies overseas. If the Chinese translation does not authenticated, it shall be notarized by the court of laws of this country or notary.

(1) If the certificate is issued by a foreign ambassador agencies or authorized institutions in Taiwan, it should be verified and certified by the Ministry of Foreign Affairs. (Depending on the nature of the documents to be reviewed/verified and the administrative procedures, the Ministry of Foreign Affairs is entitled to accept or reject the case. If you have any questions, please feel free to contact the Bureau of

Consular Affairs, Ministry of Foreign Affairs, TEL: 02-23432888)

- (2) Documents or proof issued by officials in Mainland China area shall be authenticated by China 's Notary or related organization approved by this country. (Note: Straits Exchange Foundation)

#### 四、Time Frame for Application

The time frame for claiming dependent death benefits is five years starting from the eligible date and the rights to claim would be terminated if it is not exercised during the legal time frame.

#### 五、Note

- (一) Adopted children shall not claim the death benefit of their birthparents.
- (二) Insured persons shall not claim funeral grant for the death of their parents in law.
- (三) If the insured persons have a stillborn pregnancy, she could only claim for maternity benefits according to regulations and shall not claim funeral grant.
- (四) When the insured persons die and the survival dependents have already claimed the survivor benefits (including a five-month funeral grant and Survivor allowances or Survivor pension), according to Article 22 of Labor Insurance Act: " No insurance benefits may be claimed repeatedly for same contingency". Other dependents who have labor insurance coverage shall not claim funeral grant again as insured persons.
- (五) If parents, spouse or children are all the insured person of labor insurance, only one person could claim funeral grant for the same contingency.
- (六) For the address of the applicant on the application form, please fill in the actual address that applicant could receive payment notification.
- (七) According to article 26 of Labor Insurance Act, no insurance benefits shall be payable for a contingency incurred by war or civil commotion, or by an intentional criminal act committed by the insured person, his father, mother, son, daughter, or spouse.