

Explanation regarding the claim for permanent disability benefits

1. Qualification: An insured, when encountering injury or contracting disease, and upon undergoing treatment, exhibits stable symptoms, and when further treatment can no longer expect the treatment yield, who has been diagnosed by a National Health Insurance-authorized hospital as permanently disabled, and whose disability conditions conforming to the criteria stipulations of the disability benefit payout, may file for the benefits.

2. Benefits item:

(1) Disability pension:

① An insured person who has incurred injury or illness, and meets the standards for receiving disability benefits or as the physical or mental disabled by the People with Disabilities Rights Protection Act, and has also been assessed to loss of lifetime working capability (meaning an individualized conforms to one of the following stipulations), may file to collect the disability pension payout.

i. An insured person who meets the “permanent inability to work” requirement under the “Disability Conditions” column of the Disability Benefit Payment Schedule.

ii. An insured person needs to be assessed with a disability level conforming to levels 1 to 7, and has also undergone the individualized professional assessment to suffer loss of working capability by 70% or more, and who also can no longer return to the workplace.

② Those who apply for the Disability Pension and have a spouse or children that meet the criteria specified in Article 54-2 of the Labor Insurance Act may also apply for the Dependent Allowances.

(2) Lump-sum disability benefits:

① An insured, whose disability conditions conforming to the criteria stipulations of the disability benefit payout, but not yet reaching the “permanent inability to work” payout item, may file for the lump-sum disability benefits payout.

② An insured whose disability conditions confirming to the “permanent inability to work” payout item, and also has insured seniority prior to January 1, 2009, may also choose to file for the lump-sum benefits payout.

※ Those deemed as belonging to the category of “permanently incapable of work,” or those receiving a pension on a monthly basis, shall withdraw from the insurance starting from the date permanent disability is diagnosed.

3. Payment standard:

(1) Average monthly insurance salary:

- Disability pension: it is calculated using the insured persons' 60 highest average monthly Insurance Salary during insurance coverage years. For participants insured for less than five years, payouts shall be calculated based on the average of the monthly insured salary during which the participant is insured.
- Lump Sum Disability Benefits (including lump sum benefits for occupational injury and sickness compensation): it is calculated using the actual average monthly insured salary for the 6 months prior to the date the insured person is diagnosed as permanently disable.

(2) Disability pension:

- It is calculated according to insured persons' insurance coverage years, 1.55% of the average monthly Insurance Salary is issued for every one full year of insurance seniority. (that is Average Monthly Insurance Salary × Coverage Years × 1.55%).
- For those amount less than NT\$4,000, NT\$4,000 shall be granted.
- If the insured persons have National Pension Insurance coverage seniority, for every one full year of insurance seniority with insurance premium paid, 1.3% of the insurance amount of National Pension Insurance shall be granted (that is Monthly Insurance Amount of National Pension Insurance × Coverage Years of Insurance Premium Paid × 1.3%).
- After combining the Labor Insurance Disability Pension Benefits and National Pension Insurance Disability Pension Benefits, if the amount is less than NT\$4,000, then NT\$4,000 shall be granted.
- For those who apply for the Disability Pension and have a spouse or children that meet the criteria specified in Article 54-2 of the Labor Insurance Act, 25% of the amount calculated according to (2) 1. shall be granted as dependent allowance for each dependent, a maximum of 50% will be granted.

(3) Lump-sum disability benefits:

Lump-sum disability benefits is calculated using the average monthly insurance salary, and issued according to the disability level and payment days defined in labor insurance disability benefit standard.

4. Application Procedures:

(1) Please provide the following documents:

1. Labor Insurance Disability Benefits Application and Payment receipts

2. Labor Insurance Disability Diagnosis Report (To request blank papers, please contact the help desk on the 1st floor of the BLI headquarters or BLI local offices, or call the Form Request Division on 02-23961266 ext. 3666.)

3. For those who have gone through medicinal examinations, the medicinal examination report and related pictures shall be enclosed.

(2) The Labor Insurance Disability Diagnosis mentioned in the preceding paragraph shall be sent directly to the BLI within 5 days after being issued by a hospital. Please hand the Proof of Direct Delivery of Labor Insurance Disability Statement to the BLI, and hand the Labor Insurance Permanent Disability Benefits Application Form and Payment Receipt as well as relevant examination reports to the insured unit, which shall handle requests for insurance benefits. If the insured person is diagnosed as permanently incapable of work and has withdrawn from the insurance, he/she may apply on his/her own.

※ When claiming Labor Insurance Permanent disability benefits, the insured person should submit both the Labor Insurance Permanent Disability Benefits Application Form and the Disability Diagnosis Report. The BLI shall not accept the application if the document is incomplete.

5. An insured person filing for the disability benefits needs to present whose filing within a five-year period from the date the hospital diagnosed the individualized with permanent disability. (The amended regulations were implemented on December 21, 2012.)

6. Notes:

(1) If the insured person wants to receive Permanent Disability Benefits (including a pension) by remittance to an account at a foreign financial institution, he/she must pay the foreign exchange fee (the remittance fee is charged based on the fee standards in the country of the remitting financial institution), which shall be deducted from the Permanent Disability Benefits on a monthly basis.

(2) If someone who receives benefits is no longer eligible for the benefits or dies, he/she or his/her legal heir shall prepare relevant documents and notify the BLI within 30 days starting from the occurrence of the event. The BLI shall cease to pay the benefits starting from the month following the occurrence of the event. If he/she fails to notify the BLI in accordance with the aforementioned regulation and therefore receives excess benefits, the BLI shall order him/her in writing to return the excess amount within 30 days, and may also recover the amount from the balance of his/her pension account.

(3) If a worker, due to debt issues and concerns over possible seizure, has difficulty in providing his/her regular account with a financial institution, he/she may, in accordance with Article 29 of the Labor Insurance Act, apply to the BLI for opening a designated account with a financial institution for depositing the insurance benefits. Deposits in the designated account shall not be the object of offset, seizure, mortgage or compulsory execution.

※ Explanation of the procedure for individual work capacity assessment for Disability Pension

If the insured person whose disability is shown through review to match the criteria for disability levels 1 to 7, but has not met the standard of “incapable of work for the rest of their lives,” the BLI shall seek access to his/her medical records, and request the insured person in writing to provide an explanation of his/her occupation and work content.

The BLI shall collect and hand the aforementioned materials to the contracted hospital to assess the insured person's work capacity.

Someone whose assessment results show a loss of 70% or more of work capacity

Approval and payment of Disability Pension and withdrawal from insurance beginning from the day of permanent disability diagnosis

Someone whose assessment results show a loss of less than 70% of work capacity

Approval and payment of Lump-sum Disability Benefits