

Labor Insurance the Survivor Benefits Application Form and Payment Receipt

(Please read carefully Explanation Regarding the claim for Death of the Insured)

Date of Application: _____

Insured Person	Name		Date of birth		Number of alien resident certificate or passport						Date of death	
	Marital status		<input type="checkbox"/> Not married <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Children		<input type="checkbox"/> No children <input type="checkbox"/> _____ children total					
	Date of injury (Death due to injury must write): _____											
Benefit Item	Name of applicant		Date of birth		Number of alien resident certificate or passport						Mobile phone no. :	
	Correspondence address		Zip Code : □□□-□□□									
	Type of the injury/sickness		<input type="checkbox"/> ordinary injury(3) <input type="checkbox"/> ordinary sickness(4)									
Benefit Item	一 - Claim Funeral Grant : <input type="checkbox"/> Funeral Grant (Please enclose the original copies of certifying documents for funeral expenses. If the person who paid for the funeral received the survivor pension or survivor allowances, a written statement is also acceptable.)											
	Affidavit I have paid for the funeral expenses. If this statement is untrue, I bear all legal liabilities (must match the applicant's signature and seal) Personal seal or signature of affiant : _____ Personal seal or signature of guardian : _____ (Sign in person in block letters) (Sign in person in block letters)											
Benefit Item	二 - Claim Survivor Pension or Survivor Allowances : The Applicant is not allowed to change the benefit item after the application has been approved by the BLI. If there is any alteration, please affix your chop or signature at the place of alteration (Please affix the same chop or signature as used for this Application). Please read "Explanation regarding the claim for the Survivor Benefits" and tick one of the following boxes after careful consideration.											
	<input type="checkbox"/> Receive survivor pension by month <input type="checkbox"/> One time survivor allowances payout											
Payment method (Please tick)	1. <input type="checkbox"/> Please transfer the Funeral grant benefits into _____ account. Survivor allowances (pension) benefits into _____ account. 2. <input type="checkbox"/> Please divide the benefit evenly among those claiming the benefit and remit each share to their respective accounts. 3. <input type="checkbox"/> Please transfer the Funeral grant benefits into _____ account. Divide the survivor allowances (pension) benefit evenly among those claiming the benefit. 4. <input type="checkbox"/> Remit to _____ designated account: <input type="checkbox"/> The BLI is requested to mail the "Notice for the Opening of a Designated Account" to the Applicant, who will visit the appointed financial institution to open the account. <input type="checkbox"/> Please attach a photocopy of the front cover of the applicant's passbook for the designated account with the Land Bank of Taiwan or the Post Office for the benefit payment of labor insurance/labor occupational accident insurance /national pension/employment insurance/labor pension/farmer pension. (If there is insufficient space, please write on a separate piece of paper. Please stick the account book cover copies on the back in order)											
	Name of the benefit applicant		Remit the fund to the account with Chunghua Post			Remit the fund to the account with a financial institution						
			Post Office Code : _____ Account no. : _____			_____ Bank _____ Branch		Bank/institution code : _____ Account no. : _____				
<p>※The Applicant should fill in the above columns correctly and confirm his/her choice of the benefit item. The applicant agrees that, if required in the review process, the BLI may retrieve relevant information from relevant agencies. 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 according to Article 29, Paragraph 4 of the Labor Insurance Act.</p> <p>※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.</p> Personal seal or signature of Applicant(Beneficiary) : _____ Personal seal or signature of guardian : _____ (Sign in person in block letters) (Sign in person in block letters)												
Verification by the insured unit	We have checked the above information and confirm it is true and correct. (It is not necessary to affix a chop for this column if the insured has been withdrawn from the insurance.)											
	Labor insurance certificate number: _____					Name of the insured unit: _____						
	Responsible person: _____					Person in-charge: _____						
Phone: () _____					Address: _____							
											(Insured unit stamp)	

※The service is free and convenient. It is not necessary to engage an agent. Please ensure all the information provided is 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. 2263.

※Address for mailing or delivery in person : 100232 Bureau of Labor Insurance, Ministry of Labor, No. 4, Section 1, Roosevelt Road, Zhongzheng District, Taipei City.

There are ___ beneficiaries, their information is as follows:

1. All beneficiaries shall fill out the form. If there is insufficient space, please write on a separate piece of paper
2. If the beneficiary is underage or person with no capacity, the information of guardian should be filled in and signed and stamped by guardian.
3. Priority of the entitled dependents to claim Survivors' allowances or Survivor Pension: (1) Spouse and Children (2) Parents (3) Grandparents (4) Grandchildren who are raised by the insured person (5) Brothers and Sisters who are raised by the insured person.

S P O U S E S	Name		Date of birth		Number of alien resident certificate or passport													
	Contact method	Zip Code : □□□-□□□		Mobile phone no. :														
		Correspondence address:																
For survivor pension applications, the following fields must be filled out:		Date of wedding		Statement of guardianship	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly income	<input type="checkbox"/> No <input type="checkbox"/> Yes , \$ _____	Issued with severe or above disability card	<input type="checkbox"/> No <input type="checkbox"/> Yes									

Information of other beneficiaries (Do not fill out for non-current beneficiaries)

Name		Date of birth		Number of alien resident certificate or passport														Relationship with the insured person
Guardian' Name		Date of birth		Number of alien resident certificate or passport														
Contact method	Zip Code : □□□-□□□		Mobile phone no. :															
		Correspondence address:																

For survivor pension applications, the following fields must be filled out:	Statement of guardianship	<input type="checkbox"/> No <input type="checkbox"/> Yes	In school	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly income	<input type="checkbox"/> No <input type="checkbox"/> Yes , \$ _____	Issued with severe or above disability card	<input type="checkbox"/> No <input type="checkbox"/> Yes									
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Name		Date of birth		Number of alien resident certificate or passport														Relationship with the insured person
Guardian' Name		Date of birth		Number of alien resident certificate or passport														
Contact method	Zip Code : □□□-□□□		Mobile phone no. :															
		Correspondence address:																

For survivor pension applications, the following fields must be filled out:	Statement of guardianship		In school	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly income	<input type="checkbox"/> No <input type="checkbox"/> Yes , \$ _____	Issued with severe or above disability card	<input type="checkbox"/> No <input type="checkbox"/> Yes									
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Name		Date of birth		Number of alien resident certificate or passport														Relationship with the insured person
Guardian' Name		Date of birth		Number of alien resident certificate or passport														
Contact method	Zip Code : □□□-□□□		Mobile phone no. :															
		Correspondence address:																

For survivor pension applications, the following fields must be filled out:	Statement of guardianship		In school	<input type="checkbox"/> No <input type="checkbox"/> Yes	Monthly income	<input type="checkbox"/> No <input type="checkbox"/> Yes , \$ _____	Issued with severe or above disability card	<input type="checkbox"/> No <input type="checkbox"/> Yes									
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Please attach here a copy of the front page of the applicant's passbook

Explanation regarding the claim for the Survivor Benefits

I - Qualification & Claim Standard

(I) Funeral Grant :

1. If the insured person died during the effective period of the insurance due to general diseases, injuries or occupational diseases, the persons who pay for the funeral expenses could claim a five-month funeral grant based on the average monthly Insurance Salary for six months before the month the insured person died.
2. If the insured persons died and their dependents do not meet the criteria for claiming Survivor pension or Survivor allowances or there is no dependent, the persons who pay for the funeral expenses could claim a ten-month funeral grant based on the average monthly Insurance Salary for six months before the month the insured person died.

(II) Survivor Allowances :

1. Qualification : The insured persons who have insurance coverage seniority before January 1, 2009 and died while the insurance is still effective and have left (1) spouse (2) children (3) parents (4) grandparents (5) grandchildren, brothers and sisters raised by the insured persons while they were alive.
2. Benefit Standards :
 - (1) For those insured persons whose combined insurance coverage seniority is less than one year, a ten-month Survivor allowances shall be issued based on the average monthly Insurance Salary for six months before the month (included) the insured person died.
 - (2) For those insured person whose combined insurance coverage seniority is more than one year but less than two years, a twenty-month Survivor allowances shall be issued based on the average monthly Insurance Salary for six months before the month (included) the insured person died.
 - (3) For those insured person whose combined insurance coverage seniority is more than two years, a thirty-month Survivor allowances shall be issued based on the average monthly Insurance Salary for six months before the month (included) the insured person died.
3. Priority of the entitled dependents to claim Survivor allowances :
 - (1) Spouse and Children (2) Parents (3) Grandparents (4) Grandchildren who are raised by the insured person. (5) Brothers and Sisters who are raised by the insured person.The so-called parents and children mean birth parents, foster parents, and children born in wedlock (including those deemed as children born in wedlock by the regulations in Civil Code) or those adopted children who have been adopted according to laws and completed household registration for more than six months. Adopted children could not claim the Survivor allowances of their birth parents.

(III) Survivor Pension :

1. Qualification:
 - (1) The insured person dies during the effective coverage period of the insurance.
 - (2) The insured person has withdrawn from the insurance coverage and dies during disability pension benefit or old-age pension benefit period.
 - (3) The insured person who has more than 15 years of insurance coverage years and meet the qualification for claiming old-age benefit according to paragraph 2 of Article 58 of Labor Insurance Act but dies before claiming the old-age benefit.
2. Order of recipients of Survivor pension : (1) Spouse and Children (2) Parents (3) Grandparents (4) Dependent grandchildren (5) Dependent brothers or sisters. Survivors listed on the rear order as stipulated in the previous paragraph are not entitled to apply for survivor pension payments or survivor allowances if survivors listed on the front still exist. The survivors in the second order could claim for survivor pension payment only if the survivors listed in first order have one of the

following conditions:(1)they are all disqualified for the survivor pension payments (2) die while claiming the survivor pension payments(3)nowhere to be found or are in overseas (4)submit a claiming waiver(5) don't submit an application within one year when qualified for claiming benefits. When the survivor in the first order of previous paragraph claim the benefits or reconfirm to the claiming criteria, the benefit would not be granted to other survivors and the survivors in the first order could claim the benefits; however, if the benefits are already granted to the survivors in the second order, the benefits would not be reissued to the survivors in the first order.

3. Criteria for claiming the allowance :

(1) Spouse: meet one of the following conditions:

- ①Should age 55 or above and the marriage relationship has lasted more than one year.
- ②Should age 45 or above with the marriage relationship has lasted more than one year and his/her monthly income does not exceed the first grade of table of grade for labor insurance salary.
- ③The spouse has no capability of earning a livelihood.
- ④Raise children as defined in the following (2) are not limited by this regulation.

(2) Children (As for adopted children, the adoption relationship should have lasted for more than 6 months): should qualify for one of the following conditions:

- ①Under age
- ②No capability of earning a livelihood
- ③Under the age of 25 and still go to school with monthly working income not exceeding the first grade of table of grade for labor insurance salary.

(3) Parents and grandparents: At least fifty-five years of age and the monthly work salary do not exceed the first level in Table of Grades of labor Insurance Salary.

(4) Grandchildren: Supported by the insured and conform to either one of the conditions in the above (2).

(5) Brothers and Sisters: Supported by the insured and comply with at least one of following criteria:

- ①Minority.
- ②Incapable of earning a livelihood
- ③Are at least fifty-five years of age and the monthly work salary do not exceed the first level in Table of Grades of labor Insurance Salary.

4. Benefit Standard:

(1) Insured person dies during the effective coverage period of the insurance: For each one full year of insurance coverage year, 1.55% of the average monthly insurance salary for the highest 60 months.

(2) The insured person has withdrawn from the insurance coverage and dies during disability pension benefit or old-age pension benefit period, or the insured person who has more than 15 years of insurance coverage years and meet the qualification for claiming old-age benefit according to paragraph 2 of Article 58 of Labor Insurance Act but dies before receiving the old-age benefit: half of the amount calculated according to disability pension or old-age pension schedule shall be granted.

(3) If the amount calculated in previous clause is less than NT\$3,000, then NT\$3,000 shall be granted.

(4) For those who died due to occupational accidents, in addition to the pension benefit, a ten-month one time death compensation for occupational accident shall be granted.

(5) Additional Survivor benefit: When there is more than 2 dependents in the same order for receiving Survivor benefits, 25% additional payment shall be granted for every one additional dependent and the maximum is 50% additional benefit.

5. For those receiving survivor pension payments, if one of the following situations occur, payments shall be stopped immediately.

- (1) Not in accordance with the conditions stated in 3. Survivor pension qualifications for claim.
- (2) Spouse remarries.
- (3) The individual is serving sentences in prison, being held by authorities pending legal action or legally detained.
- (4) Missing.
- (5) When beneficiary qualified for disability pension, old-age pension payments at the same time.

II 、 Documents Required

(I)The following documents shall be submitted when applying for funeral grant:

- 1.Labor Insurance the Survivor Benefits Application Form and Payment Receipt.
- 2.Death certificates, written autopsy reports issued by the public prosecutors, or ruling of proclamation of death.
- 3. Copies of the certificate of household registration for the whole household with the dates of death

recorded and the benefit applicant's current address household registration certificate which is applied and issued after the day the insured persons die. (Do not skip this section)

4. Receipts or evidencing documents for funeral expenses. However, if the person who paid the funeral expenses is also the first in line to receive a survivor pension or benefits, an affidavit may be used as a substitute.

(II) The following documents shall be submitted when applying for survivor allowances:

1. Labor Insurance the Survivor Benefits Application Form and Payment Receipt.
2. Death certificates, written autopsy reports issued by the public prosecutors, or ruling of proclamation of death.
3. Copies of the certificate of household registration for the whole household and the benefit applicant's current address household registration certificate which is applied and issued after the day the insured persons die. (Do not skip this section)
4. Beneficiaries who are grandchildren or siblings to the insured person shall provide relevant proof of their dependency.

(III) The following documents shall be submitted when applying for Survivor Pension:

1. Labor Insurance the Survivor Benefits Application Form and Payment Receipt.
2. Death certificates, written autopsy reports issued by the public prosecutors, or ruling of proclamation of death.
3. Certificates of whole household registration with the dates of death recorded. If the beneficiaries are the adopted children, the dates of the adoption shall be recorded; if the beneficiaries and the deceased are not under the same household registration, the household registration certificates for both the deceased and the beneficiary shall be submitted; if the beneficiary is the spouse, the date of the marriage shall be recorded in the certificate. (Do not skip this section)
4. Other documents required are as follows:

(1) If the dependents are qualified as "in school" (children or grandchildren): Proof of "In School" or Receipts of tuition shall be submitted. The "in school" certificate or receipt of tuition shall be resubmitted to the insurer for examination every year before the end of September. If the conditions meet the qualification, the Survivor pension shall continue to be granted until the end of August of the next year.

(2) If the dependents are qualified as "No capability of earning a livelihood" : Severe Physical or Mental Disability Manual, or documents proving an interdiction is placed on the dependent.

(3) If the dependents are qualified as "dependent of the insured person" (grandchildren or brothers and sisters): Related documents proving that the dependents are raised by the insured person.

(IV) If the dependents are foreign nationals who are living in the country, the household registration transcript required by regulation may be substituted with proof of familial relationship documents. Additionally, those applying for survivor pensions must submit updated identity and related supporting documents for review by the Labor Insurance Bureau every year.

(V) In the event that the applicants of the foreign labor are in a foreign country and unable to collect the payment in Taiwan, they shall prepare Power of Attorney and documents to entrust the insured unit or relatives in Taiwan to receive and transfer the payment, or remit the amount to their bank account.

(VI) If documents issued by foreign countries are submitted, a Chinese-translation of those documents shall be provided and the documents shall be validated by our diplomatic or representative agencies overseas. If the Chinese translation does not validated, it shall be notarized by the court of laws of this country or notary. (Death certificate and family relationship certificate written in English don't need to translate into Chinese.)

(VII) If the foreign certificate is issued by a foreign ambassador agencies in Taiwan or authorized institutions, it should be verified and certified by the Ministry of Foreign Affairs. (If you have any questions, please feel free to contact the Bureau of Consular Affairs, Ministry of Foreign Affairs, TEL: 02-23432888)

1. Documents or proof issued by officials in Mainland China area shall be validated by China's Notary and related organization approved by this country. (Note: Straits Exchange Foundation)
2. If the certificate is completed in Mainland China area, it should be certified by the institutes designated or setup by Executive Yuan or the delegated civilian groups. (Straits Exchange Foundation).
3. If the certificate is completed and issued in Hong Kong or Macau, it should be certified by the

institutes designated or setup up by Executive Yuan or the delegated civilian groups in Hong Kong or Macau. (Taipei Economic and Cultural Office (HK) or (Macau))

III、Time Frame for Application

The right of claim for survivor allowances and funeral grant has not been exercised for 5 years, starting from the day of claim and has thereby been waived (amended and implemented on December 21, 2012) The survivor pension beneficiary did not apply within the month when they qualified for claims. The claimable benefits for the 5 years before the day of claim filing shall be reimbursed retroactively by the Bureau of Labor Insurance. This does not apply to claims already filed by other beneficiaries.

IV、Note

- (I) According to Article 1088, Paragraph 2 of the Civil Code, parents have the right to use, and to collect fruits from the separate property of their minor child. However, they may not dispose of it except for the interests of the child. Therefore, the legal representative of a minor may not waive his/her right to benefits of this insurance on his/her behalf.
- (II) According to Paragraph 1 of Article 1094 of the Civil Code, when both parents cannot exercise the rights nor assume the duties in regard to a minor child, or when the parents die without appointing any guardian by a will, or the appointed guardian refuses to be sworn, the following shall be determined as the guardian in order:
 1. Grandparents living in the same household with the minor.
 2. Elder brothers or sisters living in the same household with the minor.
 3. Grandparents not living in the same household with the minor.
- (III) According to the regulation in Article 11 of Household Registration Act: For those people under disability or with restricted disability, when they are placed, selected, altered, considered, appointed, or delegated a guardian, they should register for guardianship.
- (IV) If the applicants wish to receive the death benefit by wiring to a foreign financial institution, they should bear the foreign remittance charge (remittance charge is based on the charging standard of the domestic financial institutions for remittance) and the expense would be deducted from the amount of death benefit monthly.
- (V) The insured person dies during the effective coverage period of the insurance and qualifies the condition of one-time old-age benefits .When beneficiary tick the items of “Funeral Grant and Survivor Allowance” ,the higher payment will be issued.When the insured person suspends their insurance, dies during the claim period of a disability pension or old-age pension, or has been insured for 15 years, and satisfies the old-age benefits qualifications as stipulated by the second paragraph, article 58 of the Labor Insurance Act, the current survivor can claim the survivor pension without the seal of the insured unit if the insured person dies before claiming the old-age pension benefits.
- (VI) Incapable of earning a livelihood means:
 1. Persons who have the Severe Physical or Mental Disability Manual and have never worked or been insured by social insurances other than the national pension.
 2. Guardianship statement has not been rescinded.
- (VII) 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.
- (VIII) Foreign individuals without national ID number shall provide their passport or Alien Resident Certificate number.