



Name of the benefit applicant	Remit the fund to the account with Chunghwa Post	Remit the fund to the account with a financial institution	
	Post Office Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account no. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> Bank <input type="text"/> Branch	Bank/institution code : Account no. :
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<b>Please attach here a copy of the front page of the applicant's passbook</b>			

**Beneficiaries information sheet**

- All beneficiaries shall fill out the form If there is insufficient space, please write on a separate piece of paper.
- Priority of the entitled dependents to claim Survivors' allowance s 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.

Spouse	Name	Date of birth			Number of alien resident certificate or passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Contact method	Zip Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile phone no. : Correspondence address:																		
Date of wedding	Monthly income	<input type="checkbox"/> NO <input type="checkbox"/> YES, \$ _____	Statement of guardianship	<input type="checkbox"/> NO <input type="checkbox"/> YES	Issued with severe or above disability card	<input type="checkbox"/> NO <input type="checkbox"/> YES	Have Civil Servant and Teacher Insurance Pension	<input type="checkbox"/> NO <input type="checkbox"/> YES, _____ PENSION												

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

Name	Date of birth			Number of alien resident certificate or passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship with the insured person
Guardian Name	Date of birth			Number of alien resident certificate or passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact method	Zip Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile phone no. : Correspondence address:																			
In school	<input type="checkbox"/> NO <input type="checkbox"/> YES	Monthly income	<input type="checkbox"/> NO <input type="checkbox"/> YES, \$ _____	Statement of guardianship	<input type="checkbox"/> NO <input type="checkbox"/> YES	Issued with severe or above disability card	<input type="checkbox"/> NO <input type="checkbox"/> YES	Have Civil Servant Insurance Pension	<input type="checkbox"/> NO <input type="checkbox"/> YES, _____ PENSION											
Name	Date of birth			Number of alien resident certificate or passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Relationship with the insured person
Guardian Name	Date of birth			Number of alien resident certificate or passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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# Explanation regarding the Labor Occupational Accident Insurance for the Survivor Benefits

## I. Qualification & Claim Standard

For an insured person who dies from occupational injury/illness during the effective period of insurance, and who is employed by an insured unit defined by Article 6 of the Labor Occupational Accident Insurance and Protection Act, if the death of the insured person (hereinafter referred to as a worker not enrolled as required), which results from the same injury/illness or diseases caused by such injury/illness occurs during the period when the insured unit does not enroll the insured person as required, or within one year after the insurance effective period expires, the persons who pay for the insured person's funeral cost or survivors meeting relevant criteria may claim for the following benefits:

### (I) Funeral Grant:

1. Qualification: The person who paying the funeral expenses can apply Funeral Grant.
2. Benefit Standards: 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. 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 Pension:

1. Qualification: The insured persons who 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. Apply according to the following procedures:
2. Order of recipients of Survivor pension : (1) spouse or children (2) parents (3) grandparents (4) grandchildren, brothers and sisters raised by the insured persons while they were alive. 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) submit a claiming waiver. (4) 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 re confirm 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.
    - ① Should age 55 or above and the marriage relationship has lasted more than one year.
    - ② Should 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.
    - ③ The spouse has no capability of earning a livelihood
    - ④ Raise 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.
    - ① Under age.
    - ② No capability of earning a livelihood.
    - ③ Under 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) about the children.
  - (5) Brothers and Sisters : Supported by the insured and comply with at least one of following criteria :
    - ① Under age.
    - ② No capability of earning a livelihood.
    - ③ 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) Based on the average monthly Insurance Salary for six months 50% before the month the insured person died.
  - (2) If an insured person dies while receiving pension for full or serious permanent disability, the remaining amount shall be issued at half the amount calculated in accordance with the permanent disability pension standards.
  - (3) 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. If the total amount of this pension and other social insurance pensions claimed by the beneficiary exceeds the average monthly insurance salary adopted by this pension, the excess shall be the amount deductible from the pension amount. Deductible amount shall not exceed 50% of the pension amount. In a case of simultaneously claiming two or more pensions from this insurance, the average monthly insurance salary shall be based on the highest of those adopted by each pension, and shall be deducted from each pension according to the proportion of the pension amount.
6. 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.

(III) One time Survivor Allowances payout

1. Qualification: The insured persons who have insurance coverage seniority after January 1, 2009 and died while the insurance is still effective. And all of the beneficiary not eligible for Survivor Pension cannot apply for the Survivor's Pension after receiving the Survivor's Allowance.
2. Benefit Standards: A forty month Survivor allowances shall be issued based on the average monthly Insurance Salary for six months before the month (included) the insured person died.

(IV) 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. 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. Survivors listed on the rear order as stipulated in the previous paragraph are not entitled to apply for survivor allowances if survivors listed on the front still exist.
3. Benefit Standards: A forty month Survivor allowances shall be issued based on the average monthly Insurance Salary for six months before the month (included) the insured person died.

★For a worker not enrolled as required who fails to implement relevant procedures for his/her monthly insurance salary during the insurance period, his/her monthly insurance salary shall be determined according to the corresponding grade of total monthly salary in the insured salary category chart, but shall not be higher than the corresponding grade of average monthly insurance salary announced by the insurer in the latest annual statistical report of this insurance at the time of the worker's death. If no salary information is provided, the salary grade shall be deemed grade I according to the insured salary category chart.

II、Documents Required

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

1. Labor Occupational Accident Insurance 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. certificate which is applied and issued after the day the insured persons die. (Please do not omit the note)
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 Pension:

1. Labor Occupational Accident Insurance 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. (Please do not omit the note)
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.
  - (4) 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.

(III) The following documents shall be submitted when applying for one time survivor allowances payout:

1. Labor Occupational Accident Insurance 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. (Please do not omit the note)
4. Proof of Beneficiaries who are ineligible for claiming survivor's pension.

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

1. Labor Occupational Accident Insurance 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)

(V) Workers not enrolled as required shall provide relevant proofs of employment, including name of employing unit, name

of employer, address of employing unit, nature and contents of work, employment records, attendance records, remuneration records, and occupational accidents.

- (VI) When an insured person suffers from an accident belong to the same insurance category, if the insured person, beneficiary, or the person paying for the funeral cost simultaneously meet the criteria for more than one of the following insurances, including this insurance, Labor Insurance, Farmers' Health Insurance, Farmer Occupational Injury Insurance Program, Insurance for Civil Servants and Teachers, Insurance of the Military Personnel, or National Pension Insurance, the insured person may only opt for one insurance.
- (VII) If the applicant is a minor or an incapacitated person, the application for death benefit and the payment receipt should be countersigned and stamped by the legal representative, and a copy of the legal representative's household registration should be attached. (Please do not omit the note)
- (VIII) If the dependents are foreign nationals who are living in the country, copies of residence permit, passport or permit for entering and leaving the country shall be submitted.
- (IX) The beneficiary do not have household registration in Taiwan when apply Survivor Pension should submit their identity and relevant supporting documents. Those documents should re-examine the labor insurance bureau every year.
- (X) 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))
- (XI) Except for the following circumstances, the application form should be sealed by the insured unit:
  - 1. In the event of the insured unit's closedown, dissolution cancellation, invalidation, declaration of bankruptcy, or other circumstances, which leads to its inability to provide its seal, the applicant may provide relevant information and claim the benefit on his/her own.
  - 2. Within one year of the day after the expiration of the insurance validity, the applicant dies due to the same injury or disease and the disease caused by it, and applies by himself.
  - 3. The insured dies during the period of receiving disability pension benefits.

### 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) The "Parents" and "Children" refer to natural parents, adoptive parents, legitimate children (including those deemed to be legitimate according to the Civil Code), as well as the children lawfully adopted and properly registered in the household registration for 6 months. Adopted children are not eligible for natural parents' survivors' pension payment or survivors' allowance.
- (II) 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.
- (III) 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.
- (IV) 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.
- (V) 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.
- (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) If it is found through review that the insurance accident is not caused by occupational injury/illness, I agree that BLI shall approve and issue benefits based on its review of the same accident in accordance with the Labor Insurance Act.
- (IX) Foreign individuals without national ID number shall provide their passport or Alien Resident Certificate number.