Labor Occupational Accident Insurance Survivor Benefits Application Form and Payment Receipt

Labor Occupational Accident Insurance and Protection Act

(Please read carefully the instructions on the back before filling out the form)

Insured Person	Name		Date of birth		Number of alien resident certificate or passport		Date of death	
	Marital status	☐ Unmarried ☐ Married ☐ Divorced	Qualification	☐Died due to occupational injuries during the effective period of the insurance ☐Died due to the occupational injuries happened in the effective period of the insurance, but has withdrawn from the insurance coverage within one year ☐Should be insured but uninsured when occupational injuries happened. (Employed as laborers stipulated in Article 6 of the Labor Occupational Accident Insurance and Protection Act)				
	Children	☐ No children ☐______children in total						
Name of applicant		Date of birth		Number of alien resident certificate or passport		______Beneficiary in total All beneficiaries shall fill out the form.If there is insufficient space, please write on a page 2.		
Correspondence address	Zip code □□□□□□ Landline/Mobile Phone no.:________________ Email Address:______________________________							

ACCIDENT

Type of the injury/sickness	☐1 occupational injury (Date of occurrence:) ☐2 occupational sickness Please fill in this field. If there is insufficient space, please write on a separate piece of paper and sign.

1.Type of the injury:☐perform duties ☐on the way to or from work ☐during a business trip ☐other_______

2.Actual work content:

3.When and where the injury occurred: ☐AM ☐PM Location Address: ☐ The same as the correspondence address of insured unit ☐ Others: ________________________________

4.Cause and process of injury:

5.If the injury was caused by chemical materials, specify the materials:

6.For injuries sustained during business travel or transit, please state the intended destination and the specific work activities being performed at the time of the incident:

※If an insured person is involved in an accident while commuting to or from work or on official business, please complete the "Report on an Accident Occurring on the Way to or from Work or During a Business Trip" and attach the copy of the driver's license.

※If the insured is enrolled through an industrial association or fishermen's association, who shall also attach a proof issued by the employer and the witness to facilitate the review process, please see the instructions II(VI) on the back of the form.

BENEFIT ITEM

1. Claim Funeral Grant: [Please check one box only. 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)]

(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.)

Months Claim	☐ **5-month Funeral Grant** (Please enclose the original receipts of certifying documents for the funeral expenses. If the person who received the survivor pension or survivor allowance paid for the funeral expenses, a signed statement may be accepted instead.)	☐ **10-month Funeral Grant** (If the insured has no beneficiary entitled to receive the survivor pension or survivor allowance, please enclose the original receipts of certifying documents for the funeral expenses and provide a signed statement confirming who paid the funeral expenses.)
Affidavit	I'm the one who received the survivor pension, one-time survivor allowances or the survivor allowances hereby declare that I personally paid the funeral expenses. I certify that the above statement is true and agree to bear all legal liabilities if any information is found to be false. Personal seal or signature of affiant:________________________ (Sign in person in block letters)	The insured has passed away without any beneficiary as defined under Articles 49 and 52 of the Labor Occupational Accident Insurance and Protection Act (including a spouse, children, parents, grandparents, siblings raised, or grandchildren raised by the insured person). I hereby declare that I personally paid the funeral expenses and have enclosed the relevant receipts to claim the 10-month funeral grant. I certify that the above statement is true and agree to bear all legal liabilities if any information is found to be false. Personal seal or signature of affiant:________________________ (Sign in person in block letters)

2. 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 "Instructions regarding the claim for the Survivor Benefits" and tick one of the following boxes after careful consideration.

☐**Receive Survivor Pension by month** (Please see the instructions I(II) on the back of the form, and filling out the page 2)

☐**One time Survivor Allowances payout** (Please see the instructions I(III) on the back of the form, and filling out the page 2)

☐**Survivor Allowances** (Please see the instructions I(IV) on the back of the form, and 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.)

Payment Method (Please tick)

1.☐Please transfer the Funeral Grant benefits into ______ account. Survivor Allowances(Pension) benefits into _______ account.

2.☐Please divide the benefit evenly among those claiming the benefit and remit each share to their respective accounts.

3.☐Please transfer the Funeral Grant benefits into ______ account. Divide the Survivor Allowances(Pension) benefit evenly among those claiming the benefit.

4.☐Remit to _________ designated account:

- ☐The BLI is requested to mail the "Notice for the Opening of a Designated Account" to the applicant, who will then present it to the appointed financial institution to open the account.
- ☐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/national pension/employment insurance/labor pension/farmer pension.

※The applicant due to debt issues and concerns over possible seizure, has difficulty in providing whose regular account with a financial institution, who is able to request 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.

※Please attach the account book cover copies on the back in order.

1.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 under signed also agrees that the BLI may deduct such surplus payment from the amount receivable.

2.The beneficiary has made a negotiate according to Article 53 of the Labor Occupational Accident Insurance and Protection Act, please pay the benefits as set out in the above-mentioned payment method. If there are other unnamed beneficiaries in the same order, I am willing to be responsible for them.

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. ※Those who should be insured but have not been insured in the event of an occupational accident are not required to fill in the insurance card number. Insurance certificate number:____________ Name of the insured unit:____________________ Phone: ( )___________ Responsible person:__________________ Phone: ( )____________ Person in-charge:_________________ 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.

Please attach your bank book cover and write your account details below

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: Account no.:		_________Bank _________Branch	Bank/institution code: Account no.:
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: Account no.:		_________Bank _________Branch	Bank/institution code: Account no.:

Please attach here a copy of the front page of the applicant's passbook

Beneficiaries information sheet

1.All beneficiaries shall fill out the form If there is insufficient space, please write on a separate piece of paper.

2.Priority of the entitled dependents to claim Survivor Allowances or Survivor Pension: (1)Spouse and Children (2)Parents (3)Grandparents (4)Grandchildren who are raised by the insured person (5)Siblings who are raised by the insured person

Spouse	Name		Date of birth		Number of alien resident certificate or passport							
	Contact method	Zip Code ☐☐☐☐☐☐ Landline/Mobile phone no.:_____________ Email Address:____________________ Correspondence address:										
Date of wedding		Monthly income	☐NO ☐YES,$_________	Statement of guardianship	☐NO ☐YES	Issued with severe or above disability card	☐NO ☐YES	Civil Servant and Teacher Insurance Pension received	☐NO ☐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							Relationship with the insured person
Guardian Name			Date of birth			Number of alien resident certificate or passport							
Contact method	Zip Code ☐☐☐☐☐☐ Landline/Mobile phone no.:_____________ Email Address:______________________ Correspondence address:												
In school	☐NO ☐YES	Monthly income	☐NO ☐YES,$________	Statement of guardianship	☐NO ☐YES	Issued with severe or above disability card	☐NO ☐YES	Civil Servant and Teacher Insurance Pension received	☐NO ☐YES,_________ PENSION				
Name			Date of birth			Number of alien resident certificate or passport							Relationship with the insured person
Guardian Name			Date of birth			Number of alien resident certificate or passport							
Contact method	Zip Code ☐☐☐☐☐☐ Landline/Mobile phone no.:_____________ Email Address:______________________ Correspondence address:												
In school	☐NO ☐YES	Monthly income	☐NO ☐YES,$________	Statement of guardianship	☐NO ☐YES	Issued with severe or above disability card	☐NO ☐YES	Civil Servant and Teacher Insurance Pension received	☐NO ☐YES,_________ PENSION				

115.8

Instructions 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 pay for the funeral expenses can claim the Funeral Grant.

2.Benefit Standards: If the insured person died during the effective period of the insurance due to occupational diseases or injuries, the one 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 without the beneficiary, the one 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 left the beneficiary as following (1)Spouse and Children (2)Parents (3)Grandparents (4)Grandchildren raised (5)Siblings raised by the insured who was alive. Apply according to the following procedures.

2.Order of recipients of Survivor pension: (1)spouse or children (2)parents (3)grandparents (4)grandchildren raised (5)siblings raised by the insured who was 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 (3)submit a claiming waiver (4)don't submit an application within one year since they are 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; besides, 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 working income does not exceed the first level in Table of Grades of Labor Insurance Salary.
- ③The spouse has no capability of earning a livelihood
- ④Raise children as defined in the following (2)

(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.
- ①Minor
- ②No capability of earning a livelihood.
- ③Under the age of 25 and still go to school with monthly working income does not exceed the first level in Table of Grades of Labor Insurance Salary.

(3) Parents and Grandparents: At least age 55 and monthly working income does not exceed the first level in Table of Grades of Labor Insurance Salary.

(4) Grandchildren: raised by the insured and meet at least one of the conditions specified in item (2) above.

(5) Siblings: raised by the insured and meet at least one of the conditions specified of following criteria:
- ①Minor
- ②No capability of earning a livelihood.
- ③At least age 55 and monthly working income does 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, 10% additional payment shall be granted for every one additional dependent and the maximum is 20% 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 remarried (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 one-time Survivor's Allowance.

2.Benefit Standards: A forty month one-time 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 after January 1, 2009, left the beneficiary as following (1)Spouse and Children (2)Parents (3)Grandparents (4)Grandchildren raised (5)Siblings raised by the insured who was alive.

2.Priority of the entitled beneficiary to claim Survivor allowances: (1)Spouse and Children (2)Parents (3)Grandparents (4)Grandchildren raised (5)siblings raised by the insured who was alive. 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 1 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.Certificates of whole household registration with the date of death recorded. (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 the survivor 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 following:
(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 "raised by the insured person"(grandchildren or siblings): Related documents proving that the dependents are raised by the insured person.
(4) If the beneficiary does not have a domestic household registration, the beneficiary shall submit the relevant documents to establish the relationship with the deceased. Beneficiaries receiving a survivor pension shall submit, on an annual basis, documents certifying their identity, their present situation, and the relevant documents needed. All documents submitted for the purposes stated above must have been issued within the preceding six months.

(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.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.Proof of Beneficiaries who are ineligibility 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.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)

(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) For insured is enrolled through an industrial association or a fishermen's association: if, on the day of the incident, you were engaged in self-employment (such as undertaking independent contracts, operating as a self-employed business, or running a partnership business), please submit relevant proof of employment (e.g., a business registration certificate, business card, records of incoming/outgoing goods or client correspondence, copies of service contracts, etc.). If you were employed, please submit a certificate issued by your employer (this must specify the employment period, as well as the nature of the work, time, location, and remuneration applicable on the day of the incident; the certificate must also include the issuer's name, ID number, address, and telephone number, and bear the issuer's seal).

(VII) 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.

(VIII) 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 attach legal representative's household registration. (Please do not omit the note)

(IX) 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. The copy shall be certified as identical to the original and shall bear the seal of the insurance unit or the applicant.

(X) 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.

(XI) 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))

(XII) 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 to claim survivor benefits and the funeral grant shall be forfeited if the claim is not exercised within five years from the date on which the right to claim arises. A survivor pension beneficiary who fails to file a claim within one month from the date of eligibility may claim retroactive benefits for the five years preceding the date of filing. Such benefits shall be paid retroactively by the Bureau of Labor Insurance. This provision shall not apply to benefits for which a claim has already been filed by another beneficiary.

IV、Note

(I) The "Parents" and "Children" refer to biological 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 biological 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 beneficiaries 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. Please provide the beneficiary's foreign bank account details, including the beneficiary's name, bank name, branch name, branch address, and SWIFT code, as well as the beneficiary's foreign residential address. All information must be provided in printed English. The beneficiary's foreign address must include the country, city, and complete address. An address belonging to a trustee is not acceptable.

(VI) Incapable of earning a livelihood means:

1. The ones who have the Severe Physical or Mental Disability Manual do not have the job or been insured by social insurances other than the national pension.

2.Guardianship statement has not been rescinded.

(VII) If the applicant due to debt issues and concerns over possible seizure, has difficulty in providing whose regular account with a financial institution, in accordance with Paragraph 2, Article 33 of the Labor Occupational Accident Insurance and Protection Act, who is able to request 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.