

# Uninsured Workers In Occupational Accidents Death Subsidy Application Form and Payment Receipt

Serial no.		Date of Application: <b>(Please read carefully the instructions on the reverse side)</b>							
Name of worker in occupational accident	Name	Date of birth	Number of alien resident certificate or passport		Date of injury (To be filled in by the person who suffered the injury)			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							
Name of applicant		Date of birth	Number of alien resident certificate or passport						
Guardian Name		Date of birth	Number of alien resident certificate or passport						
Contact method	Zip Code : <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Mobile phone no. : <input type="text"/>						Beneficiaries _____ Total All beneficiaries shall fill out the form If there is insufficient space, please write on a separate piece of paper		
	Correspondence address : _____								
ACCIDENT	Type of the injury/sickness: <input type="checkbox"/> occupational injury <input type="checkbox"/> 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 : <input type="checkbox"/> perform duties <input type="checkbox"/> on the way to or from work <input type="checkbox"/> during a business trip <input type="checkbox"/> other								
	<b>※An insured sustaining an accident on the way to or from work or during a business trip must also fill out the "Report on the Accident Occurred on the Way to or from Work or during Business Trip" and provide a copy of your driver's license</b>								
	2. actual work content : _____								
	3. When and where the injury occurred : Occupational accident time: _____ Location Address: _____								
	4. Cause and process of injury : _____								
5. If the injury was caused by chemical materials, specify the materials : _____									
6. If there is an accident on the way during a business trip, please write down what kind of work you are doing : _____									
Employed company name : _____ (Please fill in full name) Address : _____ Telephone : _____									
Employer Name : _____ ID number : _____ Address : _____ Telephone : _____									
Payment method (Please choose one)	<b>Account copy paste place</b>								
	1. <input type="checkbox"/> Please transfer the subsidy into _____ account .								
	2. <input type="checkbox"/> Please divide the subsidy evenly among those claiming the subsidy and remit each share to their respective accounts								
	<b>※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</b>								
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. : _____		
		Post Office Code : _____ Account no. : _____			_____ Bank _____ Branch		Bank/institution code : _____ Account no. : _____		
一、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.									
二、The beneficiary has been qualified in accordance with Article 53 of the Labor Occupational Accident Insurance and Protection Act. Please issue the benefit according to the "payment method" specified above. If there are other anonymous beneficiaries of the same order, the beneficiary agrees that the benefit shall be shared among the eligible persons.									
三、If there is any overpayment of the insurance subsidy, the under signed also agrees that the BLI may deduct such surplus payment from the Insurance has been paid.									
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)				

★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.2899.

★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.

**111.4**

## Explanation regarding the Uninsured Workers In Occupational Accidents for the Death Subsidy

### **I. Qualification :**

Workers who are not enrolled in the Occupational Accident Insurance, who died from occupational injury/illness, and who have surviving spouse, children, parents, grandparents, grandchildren, brothers, or sisters.

### **II. Allowance and Claim Standard :**

(I) A forty-five month Survivor allowances shall be issued based on the average monthly Insurance Salary for six months for the insured person died.

(II) For workers who are not enrolled in the insurance but are receiving permanent disability subsidies, their survivors may not apply for death subsidies for the same occupational injury/illness. However, if the amount of death subsidy is higher than that of the permanent disability subsidy, their survivors may claim the amount of death subsidy minus the amount of the permanent disability subsidy hitherto received.

(III) After a worker who is not enrolled applies for permanent disability subsidy, if he/she dies from the same occupational injury/illness while the insurer has approved but not disbursed the benefits, his/her survivors may opt for permanent disability subsidy or death subsidy, and may not change the category once the insurer has approved and disbursed the subsidy.

### **III. Documents Required :**

(I) Uninsured Workers In Occupational Accidents Application Form and Payment Receipt.

(II) Death certificates, written autopsy reports issued by the public prosecutors, or judgments of proclamation of death of a missing person.

(III) 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 (Please do not omit the note)

(IV) 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.

(V) The name of the company, the name of the employer, the address, the content of the work, and the relevant certification materials of occupational disasters.

(VI) An insured person who contracts an occupational disease shall provide an occupational disease statement issued by a doctor at the occupational medicine department of a medical institution (if the insured person receives medical service in Penghu County, Kinmen County, Lianjiang County, and other offshore regions, the statement may be issued by a doctor at the NHI-designated hospital or clinic where the insured person seeks medication), as well as a curriculum vitae that specifies the nature, content, and period of work and the types of operating environment or hazardous substances to which the insured person is exposed. However, such information is not required if it is specified in detail in

the occupational disease statement.

★Documents specified in Nos. 5 and 6 are not required if the permanent disability subsidy referred to in the preceding article has been claimed for the same occupational injury/illness.

#### **IV. Note :**

(I)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.

(II)Recipient of this Act's Death Allowances is limited to one person only. In case there are at least two persons who are qualified to claim the benefits, they should jointly claim the benefits. If they don't jointly claim the benefits or another qualified person submit a claim before the insurer approve the claim, the insurer should notify the applicants to negotiate and elect one of them to represent them in drawing the claim. When the qualified survivors could not or unable to reach an agreement, the total amount of calculated highest amount of Death Allowances would be evenly distributed among the applicants.

(III)If the applicant is a minor or incapacitated person, the application form should be signed or stamped by the guardian, and a copy of the guardian's household registration should be attached.

(IV)If you suffer from an occupational disease during the effective period of the insurance, and die from the same disease within 1 year from the day after the expiration of the insurance, please fill in the "Occupational Accident Insurance Application Form and Payment Receipt".

(V)Foreign individuals without national ID number shall provide their passport or Alien Resident Certificate number.