Labor Occupational Accident Insurance and Protection for Insured Person Diagnosed With Occupational Disease Withdraw from Insurance Death Allowance Application Form and Payment Receipt

Serial no.	Date of Application: **（Please read carefully the instructions on the reverse side）**

Name of the insured person	Name		Date of birth		Number of alien resident certificate or passport											
	Marital status	□Not married □Married □Divorced			Date of occurrence occupational sickness											
	Children	□No children □___children total			Date of death											

★_____Beneficiaries 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:□□□-□□□ Landline/Mobile Phone no.:_____ Email Address:_____ Correspondence address:														

ACCIDENT	The name and content of the harmful work during the effective period of the insurance:	Occupational Disease	Name of Medical Institution For Diagnosis And Recognition	
			Name Of Diagnosed Occupational Disease	
			Date of injury/sickness occurrence	

Payment method (Please choose one)

Account copy paste place

1.□Please transfer the allowance into _____account
2.□Please divide the allowance evenly among those claiming the allowance and remit each share to their respective accounts

※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 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.:

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 thereby according to Article 29, Paragraph 4 of the Labor Insurance Act
2.The beneficiary has made an negotiate according to 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)

※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.

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Explanation regarding the Insured Person Diagnosed With Occupational Disease Withdraw from Labor Insurance for the Death Allowance

I. Qualification:

An insured person who engaged in harmful work specified in Article 63, Paragraph 2 of the Labor Occupational Accident Insurance and Protection Act, who died of an occupational disease due to performance of job duties during the effective period of insurance according to the diagnosis by a doctor at the occupational medicine department of a medical institution recognized based on Article 73, Paragraph 1 of the same Act, and who has 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 be for withdraw from Insurance the insured person died.

(II)If the average monthly insurance salary calculated in accordance with the provisions of the preceding paragraph at the time of death is lower than the first level of the labor occupational accident and protection insurance act salary scale, it shall be calculated and paid according to the first level.

(III)After the occupational disease disability allowance has been received in accordance with the regulations, if the death due to occupational disease is caused by the occupational disease, the surviving family can only claim the difference between the death allowance and the disability allowance already received.

(IV)The insured or his dependants who also meet the application conditions for disability or death benefit can only choose one of them when they meet other payment or subsidy conditions stipulated in this Act or the Labor Insurance Regulations due to the same disability or death accident.

III. Documents Required:

(I)Labor Occupational Accident Insurance and Protection for Insured Person Diagnosed With Occupational Disease Withdraw from Insurance Death Allowance 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)An occupational disease diagnosis certificate issued by a specialist in occupational medicine of an accredited medical institution. (If the insured seeks medical treatment in Penghu, Kinmen, Lianjiang and other outlying islands, the occupational disease diagnosis certificate may be issued by the physician of the original National Health Insurance designated hospital or clinic)

(VI)Labor Occupational Accident Insurance Occupational Disease Curriculum Vitae. (Not required if the curriculum vitae of the occupational disease is specified in detail in the occupational disease statement)

★Those who have received medical subsidies or disability allowances withdraw insurance due to the same occupational disease are exempt from attaching the documents mentioned in 5. and 6.

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.