Labor Insurance Occupational Accident Insurance Up-front Medical Expenses Reimbursement Application Form and Benefit Receipt

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

The insured person

Name		Date of birth		Number of alien resident certificate or passport										

Zip Code: ☐☐☐ – ☐☐☐ Correspondence address:

Mobile phone No.:

Email Address :

Qualification

☐ Occupational accidents during the insurance period

☐ Occupational accidents during the period In Which Enrollment required but not enrolled at the time of the occupation accident (unenrolled workers of an insured unit defined in Article 6 of the Labor Occupational Accident Insurance and Protection Act)

Accident

Type of Occupational Accidents：□accidents on the way to/from work □others_____
□accidents occurred during business trips □occupational disease □performance of job duties

Date the injury/diseare occurred：

1.The actual job contents: _____

2.Time and place the injury occurred：Time:____：____am/pm ;

Detailed Address: □The same as the correspondence address of insured unit □Others：_____City/District/Village/Township,_____City/Counttry

3.Reasons and process of the injury：_____

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

5.If the injury occurs during a business trip, please also specify the destination of the trip and the contents of work when the accident occurs：_____

※Before applying for occupational disease medical reimbursement, it is recommended to first undergo an occupational disease assessment and diagnosis at a specialized hospital for the diagnosis and treatment of occupational injuries and diseases.

※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 ". He/she shall also provide a copy of his/her driving license.

Medical facility visit

Medical facility name	medical treatment type	Please fill in medical treatment dates , or start and end dates of hospitalization(please attach additional paper if the space is insufficient)
	☐emergency care, outpatient care ☐Hospitalization	
	☐emergency care, outpatient care ☐Hospitalization	

Reason for self-advanced expenses(or reason for non-responsibility):

Documentation Requirements

☐1.Up-front Medical Expenses Reimbursement Application Form and Benefit Receipt.

☐2.Original medical expense receipt and detailed list of expenses , if the receipt is a photocopy, an additional stamp which notes its identity with the original copy is required from the medical institution.

☐3.Diagnosis statement or relevant certifying documents.

☐4.National Health Insurance Partially Covered Special Materials Agreement (offered only to those applying for reimbursement of special material expenses)

☐5.For hospital visits due to occupational injury/sickness suffered outside of the Labor Insurance Act's jurisdiction, copies of certificate of entry and exit dates and proof of employment should be presented. If the receipts and diagnosis is in foreign languages, such as English or Japanese, Chinese translations should also be provided.

Payment method (Please select one)

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

※A copy of the first page of the passbook with a financial institution or a post office should be attached, which shall be clearly illegible. T he account name shall be identical with the name of the insured registered with the BLI, so as to avoid any unsuccessful fund transfer.

☐1. Remit the fund to the applicant's account with a financial institution：

Name of the financial institution：_____Bank_____Branch

Bank/institution code	Account no.
☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐

※Please provide the complete name of the financial institution (not including post offices) and its branch(es), as well as the head office co de and account number, from left to right. It is not necessary to add leading zeros for the purpose of padding.

☐2. Remit the fund to the applicant's account with Chunghwa Post：

Post Office Code：☐☐☐☐☐☐☐ Account no.：☐☐☐☐☐☐☐☐

☐3. Remit to the designated account of the Applicant：

☐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.

☐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/occupational insurance/national pension/employment insurance/labor pension/farmer pension.

※If the Applicant, due to debt issues, has concerns over possible seizure, he/she may apply for a designated account exclusively for deposits of the insurance benefits. Deposits in the designated account shall not be the object of seizure or compulsory execution.

The undersigned confirms that the above information is true and correct. 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 benefits , a choice may be made by BLI to deduct the surplus amount from the insurance benefits or subsidy claimed by the Applicant or his/her beneficiary.

Personal seal or signature of the insured person (or beneficiary)：_____ ☐

(The Applicant should sign in person.)

Note: If the insured person is a minor or is placed under custody by a court order, his/her legal representative shall endorse accordingly and a copy of the household registration shall be attached.

Verification by the Insured Unit

We have checked the above information and confirm it is true and correct.

※Those whose enrollment is required but were not enrolled at the time of the occupational accident do not need to provide their insurance number or affix a seal in this field.

Certificate number：_____ Name of the insured Unit：_____

Responsible person：_____ ☐ Person in-charge：_____ ☐

Address：_____ Phone no.：(___)_____

(Insured Unit stamp)

※Please ensure all the information provided are 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.2272

※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 read the following notes before completing the form

For those who have used Occupational Injury or Disease Clinic Visit Form or Hospitalization Application Form to seek medical attention and had their partial medical expenses and food charges within 30 days of hospitalization for occupational injury and disease paid for by the hospital/clinic, they are not allowed to apply for occupational injury and disease up-front medical expenses reimbursement.

【Qualification】

1. An insured person who is involved in occupational accident commencing from the date of effect of his/her insurance and prior to the termination of labor insurance and conforming to the regulations stipulated in the " Regulations Governing the Review of Occupational Injury and Illness for Labor Occupational Accident Insurance " and requires outpatient or hospitalization.
2. An insured person who is involved in occupational accident and disease during the period of insurance coverage who needs outpatient or hospitalization within 1 year of termination of his/her labor insurance.
3. An insured person who is involved in occupational accident and disease during the period of insurance coverage, who needs outpatient or hospitalization in accordance with "Regulation Governing Laid Off Insured Person Continued Joining the Labor Insurance and Insurance Benefits" and "Regulation Governing Occupational Accident Labor Withdrawing from Labor Insurance During Medical Treatment Period But Continued Joining the Labor Insurance".

【Payment standard】

1. When the insured persons sustain an occupational injury or disease, they should seek treatment at a National Health Insurance designated hospital or clinic. If they use their health insurance for medical care first, they must submit their application for partial medical expenses and food charges and NHI partially covered special material fees within 30 days of hospitalization for occupational injury/disease to BLI within the specified application period. The insurance medical premium of the insured person shall be paid for by BLI.
2. The medical expenses paid for by the Bureau of Labor Insurance shall be in accordance with the National Health Insurance regulations, restricted to those specified in the「 Labor Occupational Accident Insurance Medical Care Benefit Categories and Payment Standards」. The items not paid for by the National Health Insurance (e.g. Transport, clinic visit, documentation, generic drugs, ward difference, etc.) are not paid for by BLI.

【Note】

1. For labor insured persons who seek medical care in National Health Insurance designated hospitals or clinics due to occupational injury/disease, who are not at fault for the accident and are not able submit Occupational Injury or Disease Clinic Visit Form or Hospitalization Application Form within 10 days of release and have sought medical care with the National Health Insurance first, these persons can fill out the medical expenses reimbursement application and submit it to the Bureau of Labor Insurance within 6 months of the clinic visit or hospital discharge. If there are special circumstances, this period can be extended to 5 years.
2. The information regarding the time, location, events of the accident and the cause and effect related to performing duties and relevant documentation must be filled in factually. If the application has been submitted for the purpose of fraud or other illegal activities or false documentation, reports, and descriptions are given, a fine of double the insurance benefits will be issued and reparations for damages will be pursued in civil courts. Those who violate criminal codes will be prosecuted.
3. If you are hospitalized in mainland China for five days (inclusive, but excluding the date of hospital discharge), the certificate of diagnosis and the original copy of the medical expense receipt need to be notarized by a notary public in mainland China and verified by the Straits Exchange Foundation before you submit the application.
4. For the reimbursement of expense incurred by hospitalization due to occupational accidents, overseas medical care due to occupational accidents, or clinic medical expense, if the Bureau of Labor Insurance determines the condition is classified as an occupational injury/sickness, it will be approved by the regional business divisions of the National Health Insurance Administration, Ministry of Health and Welfare. If the applicant has any questions regarding the amount reimbursed, please contact each regional business divisions of the Administration ,check addresses and phone numbers can go to the website (https://www.nhi.gov.tw).
5. If an insured person diseases caused by an occupational injury/illness is deemed by a doctor at an NHI-designated hospital or clinic to require medication that involves usage of partially covered special materials specified in Article 45, Paragraph 1 of the National Health Insurance Act, the insured person may request reimbursement from BLI after making upfront payments for the expenses. Items of the aforementioned partially covered special materials are limited to those announced by the Ministry of Health and Welfare. (For more details, please visit the National Health Insurance Administration, Ministry of Health and Welfare website at https://www.nhi.gov.tw/ch/cp-7309-a9359-2530-1.html).
6. 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 33 of Occupational Accidemt 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.
7. For regular injury/sickness patients, they should fill out the National Health Insurance up-front medicalexpenses reimbursement application form and prepare all necessary documents. The application should be sent to the regional business division of the National Health Insurance Administration, Ministry of Health and Welfare.