# Labor Occupational Accident Insurance Injury or Sickness Benefits (Temporary Disability Benefits) / Care subsidy Application Form and Payment Receipt

Serial no.：

Date of Application:

※It is not necessary to attach the medical payment receipt
(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 that lead to incapacitation for work
□Occupational accidents during the insurance period that still incapacitate for work within 1 year after withdrawal from insurance
□Enrollment required but not enrolled at the time of the occupational accident (unenrolled workers of an insured unit defined in Article 6 of the Labor Occupational Accident Insurance and Protection Act)

## ACCIDENT

Type of the injury/sickness：
□ occupational injury □ occupational sickness

Date the injury/sickness occurred：
Note: With respect to the applications for occupational injury benefits, the "Date the injury occurred" shall be the date when the injury took place. With respect to the applications for occupational sickness benefits, the "Date the sickness occurred" shall be the date when the disease is diagnosed.

The period/number of days when the insured is incapacitated for work for the whole day due to injury/sickness.
(※Please do not claim for the period during which the insured has recovered and returned to work. It will constitute a violation.)
From mm-dd-yy To mm-dd-yy □The period of consecutive days (Note: It is not necessary to provide "number of days" if the claim involves a consecutive period of time.)
□Non-consecutive period - There are total _____ days when the insured is incapacitated for work.

Please specify below the status of salary(remuneration) payment during the period when the insured is incapacitated for work for the whole day due to injury or sickness.(※If there are multiple situations of salary reception, please notes their respective period at the end of each option. Please attach additional paper if the space is insufficient, and sign accordingly.)
□1. The insured has not received any salary or remuneration.
□2. The insured has received part of the salary or remuneration during the period when he/she is incapacitated for work for the whole day.
□3. The insured has received his/her original salary or remuneration.
(Please tick if the insured has any leave-taking below.：□special leaves □leaves on shift basis □Flexible leave-taking
□leaves on rotated basis □leaves in lieu of overtime pay)
□4. The insured has already received the compensation for occupational accident based on Article 59 of the Labor Standards Act.

1. Type of the Injury：□performance of job duties □accidents on the way to/from work □accidents occurred during business trips □other_____
2. The actual job contents：
3. Time and place the injury occurred：□AM □P M Place of the accident (Detailed Address)：□The same as the correspondence address of insured unit □Others: _____ City/Distrist/Village/Township, _____ City/Country
4. Reasons and process of the injury：
5. If the injury was caused by chemical materials, specify the materials：
6. 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.：

※ Please attach additional paper if the space of the actual job contents and reasons and process of the injury is insufficient. Please sign accordingly.
※ 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.
※If the insured is enrolled through an industrial association or fishermen's association, he/she shall also attach a proof issued by the employer and the witness to facilitate the review process.

□ The Applicant is hospitalized due to occupational injury or sickness, and applies for a care subsidy during hospitalization, as the doctors at the hospital where the insured person seeks medication deem it necessary during the insured person's hospitalization.
(※the Diagnosis Statement needs clearly specified the insured person seeks medication deem it necessary during the insured person's hospitalization. Periods of hospitalization in an intensive care unit or isolation ward are not eligible for care subsidy.)

## Payment method (Please tick)

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

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

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 accident 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 amount of "care subsidy" will be disbursed via check issued by the Land Bank of Taiwan, and the recipient can cash the check at any branch of the bank.

The undersigned confirms that the above information is true and correct. The Applicant agrees that the BLI may directly retrieve relevant information from the National Health Insurance Administration of the Ministry of Health and Welfare or other 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.
※When an insured person under labor insurance suffers injury or sickness insured incident due to an occupational accident occurring before the implementation of the Labor Occupational Accident Insurance and Protection Act on May 1,2022, if the application is not yet filed and the statute of limitation to seek such benefit has not yet expired according to the Labor Insurance Act, a choice may be made to seek insurance benefit under the Act or the Labor Insurance Act.

□**If the Applicant is shown through review to not meet the criteria of occupational injury or sickness, the Applicant agrees that BLI may conduct a review in accordance with the Labor Insurance Act.**

Personal seal or signature of the insured person：_____
(※If the insured is a minor or is placed under custody by a court order, his/her legal representative shall endorse accordingly. 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 card number or affix their seals in this field.

Certificate number：_____ Name of the insured unit：_____
Responsible person：_____ Person in-charge：_____
Phone：(  )_____ Address：_____

※The service is free and convenient. It is not necessary to engage an agent. 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.2236※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.

115.08

# Injury/Sickness Diagnosis Statement

（The statement shall be used for the application of injury or sickness benefits. Alternatively, the applicant may provide an original certificate issued by the hospital or clinic where the insured seeks medication, carrying the name of the injury/sickness and the date of check in and discharge from the hospital.）

| | | | |
|---|---|---|---|
| (1) Name of the patient | | (2)Number of alien resident certificate or passport | |
| | | (3)Date of birth | |
| (4) Name of the disease, the parts of the body injured and symptoms（including the International Classification of Diseases (ICD) codes.） | | | |
| (5) The date of first visit due to the injury/sickness | | (6) Name of the first hospital/clinic visited due to the same injury/sickness | Name of the Hospital/Clinic： Date of visit： |
| (7) Period of medication | Hospitalization | From mm-dd-yy To mm-dd-yy （※If hospitalized for multiple times, please provide the beginning and ending dates of each hospitalization） | |
| | Outpatient care | From mm-dd-yy To mm-dd-yy The patient has actually received _____ times of medical care. | |
| (8) Process of the medical care （Including emergency care, outpatient care, hospitalization and surgeries, and Current health status and complications, if any） | | | |
| (9) Treatment during hospitalization （whether care was needed during hospitalization, or whether the patient was placed in a ward for intensive care or isolation） | ※whether care was needed during hospitalization:☐Yes ☐No<br>※whether the patient was placed in a ward for intensive care or isolation:<br>☐Yes，Period：_____ ☐No | | |
| (10) Physicians advice, the influence of the injury/sickness on working, and the estimated time to resume general work ( The time shall be determined based on the "capability to perform general work duties" rather than the "capability to perform the original job duties"). | | | |

**The undersigned hereby confirms that he/she has provided medical services to the above patient and made the diagnosis in person.**

Name of the NHI-designated hospital/clinic.：_____

Code：_____ TEL：_____

Practitioner's License：_____

Address：_____

President of the hospital：_____ Stamp：

Physician：_____ Stamp：

（Hospital logo）

Date of issuance：

※The diagnosis statement is used for claiming injury or sickness benefits under labor insurance. Providing false information herein shall constitute the offense of forgery.

Note：1. The diagnosis statement shall be issued by a licensed physician, otherwise it shall be considered invalid. If there is any alteration to the Statement, the physician should affix his/her personal seal thereon to confirm.

2. The Statement shall be completed accurately based on the medical record. Please ensure that full information is provided with regard to the period of inpatient/outpatient services and the actual number of times receiving outpatient care. If hospitalized, the patient must provide information in item (9) about whether care was needed during hospitalization, or whether the patient was placed in a ward for intensive care or isolation.

3. The applicant may, alternatively, attach the diagnosis statement issued by the hospital or clinic attending the patient, subject to that such diagnosis statement has clearly specified the period of hospitalization（for applying Care subsidy, it is also necessary to specify whether care was needed during hospitalization, or whether the patient was placed in a ward for intensive care or isolation）, the period and number of times receiving outpatient service (For individuals suffering from occupational injuries/sickness, it is also necessary to specify). The diagnosis statement, in the meantime, shall bear the personal seal of the physician and the chop of the hospital.

# I. Please read the following notes before completing the form

1. The occupational injury or sickness benefits is paid to the insured's who are unable to receive the original salary or income, or has only received part of such salary or income, because of their incapability of working during the period of injury/sickness. (the period of receiving inpatient or outpatient services). By nature, the benefits serves as a subsidy (compensation) to salary payment, rather than a medical subsidy. If an insured remains capable of working or has received the original salary during the period of receiving medical treatment, he/she shall not claim such benefits. If the insured has returned to work due to improved health status or recovery, or if the medical treatment has been discontinued, the benefits shall be available up to the day preceding to the first day he/she resumes work. Please visit the BLI's website (https://www.bli.gov.tw) to access to relevant regulations and examples of the completed form.

2. When the insured person is hospitalized due to occupational injury or sickness, the occupational injury or sickness benefits claimed for the same occupational injury/sickness in accordance with the Labor Occupational Accident Insurance and Protection Act may include a care subsidy if the doctors at the hospital deem it necessary for the insured person during hospitalization. A daily amount of NT$1,200 may be disbursed from the date of becoming eligible for occupational injury/illness benefits after hospitalization to the date of discharge. Periods of hospitalization in an intensive care ward unit or isolation ward are not eligible for care subsidy.

# II. Notes

1. The right to claim for the injury or sickness benefits shall be extinguished if such right is not exercised within five years from the date that the benefits can be claimed.
2. If the injury/sickness occurred during the insured period, the insured is eligible to claim injury or sickness benefits within one year after the termination of the insurance coverage.
3. The amount of the injury or sickness benefits is calculated on a daily basis and paid at an interval of 15 days. Payments shall be made at the end of each interval. For those less than 15 days, the payment shall be made at the end of the treatment for injury or illness. Individuals who need to receive medical treatment on a long-term basis may opt for installed payments, or to receive a lump sum payment after he/she has resumed work, subject to that the claim is made within five years.
4. To be eligible for the injury or sickness benefits, the insured shall have practically received relevant medical care. Individuals who have not received any medical care or are unable to provide a diagnosis statement for the claimed period are not eligible for the benefits.
5. Individuals who have already received the original salary shall not claim for the injury or sickness benefits, unless the salary is paid under the condition that the individual has taken special leaves, rest day of shift work, flexible leaves, rotated leave off or day-off in lieu of overtime pay during the period of injury/sickness.
6. In the event that an employer has, in accordance with Article 59 of the Labor Standards Act, paid compensation to an employee based on his/her pre-existing wage, such payments are compensatory in nature and different from wage payments. The payment, therefore, shall not be considered the same as the "original salary" prescribed in Article 42 of the Labor Occupational Accident Insurance and Protection Act. The worker is still entitled to claim the injury or sickness benefits in accordance with the relevant provisions in the Labor Occupational Accident Insurance and Protection Act.
7. According to the regulations, an insured is not entitled to claim injury or sickness benefits if there are evidences showing he/she has been working while receiving medical treatments due to injury or sickness, regardless of the length of working time.
8. The term "incapacitated for work" referred to in Article 42 of the Labor Occupational Accident Insurance and Protection Act means the situation where the worker is unable to work and is receiving medical treatments due to injury or sickness. It shall be determined taking into account various factors, including the "reasonable time for medical treatment" (including the time for rehabilitation) as evaluated by a physician based on his/her medical expertise, and whether there are evidences showing the worker has been working during the period. In other words, the ability to perform the "original job duties" shall not be the sole criteria for determining the situation. This is different from the requirements set forth in Article 59 of the Labor Standards Act.
9. If the documents are issued by entities other than the government agencies of the Republic of China, they shall be notarized by the following agencies. If the supporting documents are issued in foreign language, they shall be verified along with a Chinese translation. Alternatively, they shall be accredited by a domestic notary public.(An English-language diagnosis statement containing recognizable proof does not require a Chinese translation)
   (1)If the certificate is made abroad, it should be certified by a ROC embassy, representative offices, liaison office or any other organization authorized by the Ministry of Foreign Affairs (the diplomatic agencies); If the 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 )
   (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))
10. Please provide correct information about the reasons and process of the injury or sickness, the period claimed and the status of receiving salary payment, in the meantime attach relevant supporting documents. Any attempt to receive the insurance benefits through fraudulent or inadequate behaviors, false certificates, reports or statements shall be subject to a penalty equal to two times of the insurance benefits received, and seek compensation for damages from the offender accordance with the provisions of the Civil Code. If criminal offense is involved, the applicant shall be referred to the court.
11. When an insured person under labor insurance suffers injury or sickness insured incident due to an occupational accident occurring before the implementation of the Labor Occupational Accident Insurance and Protection Act on May 1, 2022, if the insured person or the beneficiary has filed for insurance benefit in accordance with the Labor Insurance Act, the insurance benefit for the same insured incident shall still be governed by the provisions of the Labor Insurance Act. If the application is not yet filed and the statute of limitation to seek such benefit has not yet expired according to the Labor Insurance Act, a choice may be made to seek insurance benefit under the Labor Occupational Accident Insurance and Protection Act or the Labor Insurance Act.
    (Note: Since the care subsidy is a new category added after the Labor Occupational Accident Insurance and Protection Act takes effect, those who choose to claim injury or sickness benefits in accordance with the Labor Occupational Accident Insurance and Protection Act may apply for the care subsidy only if they have received inpatient care for the same injury or sickness since May 1, 2022 or a later date.)

## Ⅲ. Qualification and documents required

| Type of Benefit | Eligibility Requirements | Payment standard and Calculation Formula | Documentation Requirements |
|---|---|---|---|
| The injury or sickness benefits | 1.The insured has received inpatient or outpatient care due to occupational injury or sickness. (The benefits is not available if the insured only recovers at home without receiving any medical treatment.)<br>2.The insured is incapacitated for work.<br>3.The insured has not received the original salary or remuneration. | 1. The benefits shall be paid since the 4th day after the insured becomes incapacitated for work. If the insured person suffers occupational injury or disease after May 1,2022, the previous 2 months, the payment shall be issued based on the average monthly insured salary of the insured person during the 6 months prior to the current month (inclusive) when the occupational injury or sickness occurs, divided by 30. Starting from the 3rd month, 70% of the average monthly insured salary of the insured person shall be paid. The maximum payment period is 2 years.<br>**Example:** Ms. Lee was injured on May 2, 2022 for occupational reasons and was unable to work during the period of May 2, 2022 to October 20, 2022. She is still receiving medical treatment. Also, Ms. Lee has not received her original salary payment. The average monthly insured salary of Ms. Lee during the six months prior to the incident is NT$30,300. She is therefore entitled to receive an occupational injury or sickness benefits of：<br>NT$30,300÷30＝NT$1,010（daily insured salary）<br>There are total 169 days between May 5, 2022 (the 4th day after Ms. Lee became incapacitated for work) and October 20, 2022.<br>NT$1,010×60days＝NT$60,600（previous 2 months）<br>NT$1,010×70%× 109days＝NT$77,063（Starting from the 3rd month）<br>NT$60,600＋NT$77,063＝NT$137,663（Amount receivable）<br>2. The benefits shall be paid since the 4th day after the insured becomes incapacitated for work. If the insured person suffers occupational injury or disease before April 30,2022. Occupational accident benefit is collected in accordance with the Labor Insurance Act. The payment shall be 70% of the average monthly insured salary of the insured person during the 6 months prior to the current month (inclusive) when the occupational injury or sickness occurs. If the insured is not fully recovered after one year's time, the payment shall be reduced to 50% of the average monthly insured salary, up to a maximum of one year. The aggregated period of benefit payment shall be two years when including the preceding year.<br>**Example:** Mr. Wang was injured on January 10, 2020 for occupational reasons and was unable to work during the period of January 10, 2020 to February 20, 2021. He is still receiving medical treatment. Also, Mr. Wang has not received her original salary payment. The average monthly insured salary of Mr. Wang during the six months prior to the incident is NT$30,300. He is therefore entitled to receive an occupational injury or sickness benefits of：<br>NT$30,300÷30＝NT$1,010（daily insured salary）<br>There are total 405 days between January 13, 2020 (the 4th day after Mr. Wang became incapacitated for work) and February 20, 2021.<br>NT$1,010×70%×365days＝NT$258,055（1st year）<br>NT$1,010×50%×40days＝NT$20,200（2nd year）<br>NT$258,055＋NT$20,200＝NT$278,255（Amount receivable） | 1. Labor Occupational Accident Insurance Injury or Sickness Benefits Application Form and Payment Receipt<br>2.Original Injury/Sickness Diagnosis Statement<br>3.If the claim is a traffic accident and filed for the first time, please fill out the " Report on the Accident Occurred on the Way to or from Work or during Business Trip " issued by the BLI. If there is any police record or relevant documents, please provide such document as well. |
| The injury or sickness inpatient the care subsidy | 1. The occupational injury or sickness benefits claimed for the same occupational injury/sickness in accordance with the Labor Occupational Accident Insurance and Protection Act may include a care subsidy.<br>2. The doctors at the hospital deem it necessary for the insured person during hospitalization(the subsidy is no include Periods of hospitalization in an intensive care ward unit or isolation ward) | If the insured person suffers occupational injury or disease after May 1,2022, the occupational injury or sickness benefits claimed for the same occupational injury/sickness in accordance with the Labor Occupational Accident Insurance and Protection Act may include a care subsidy if the doctors at the hospital deem it necessary for the insured person during hospitalization. A daily amount of NT$1,200 may be disbursed from the date of becoming eligible for occupational injury/illness benefits after hospitalization to the date of discharge. Periods of hospitalization in an intensive care ward unit or isolation ward are not eligible for care subsidy.<br>**Example:** Ms. Lee received the occupational injury or sickness benefits from May 5, 2022(the 4th day after Ms. Lee became incapacitated for work) to October 20, 2022 due to occupational injury on May 2, 2022. She hospitalized in intensive care unit during the period of May 2, 2022 to May 7, 2022. She was transferred to general ward on May 8, 2022, and discharged from the hospital on May 20, 2022. The doctors at the hospital deem the care was needed during hospitalization. There are total 13 days between May 8, 2022 and May 20, 2022. So Ms. Lee is therefore entitled to receive amount of NT$1,200×13＝NT$15,600. | 1. Labor Occupational Accident Insurance Subsidy for Care During Hospitalization Application Form and Payment Receipt.<br>2. Original Injury/Sickness Diagnosis Statement(must specify the name of injury/illness, dates of hospitalization and discharge, and seeks medication deem it necessary during the insured person's hospitalization ) |

★For workers not required enrolled as required, their monthly insurance salary during the insurance period in which they were not enrolled shall be determined according to its corresponding salary grade in the insured salary category chart but may not exceed 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 accident. If no salary information is provided, the salary grade shall be deemed grade 1 according to the insured salary category chart.