

Labor Occupational Accident Insurance Occupational Sickness Work Resume

The insured person name		Date of birth		Serial No.		
Correspondence address		Number of alien resident certificate or passport				
Related Work Experiences				Work starting and end dates	Work environment or hazardous substances exposed to	BLI Review result notes
1	Work unit name	Phone No.		From (mm)/ (yyyy)		
	address			To (mm)/ (yyyy);		
	Department	Job title		__ years and __ months		
	Specific job contents			in total		
2	Work unit name	Phone No.		From (mm)/ (yyyy)		
	address			To (mm)/ (yyyy);		
	Department	Job title		__ years and __ months		
	Specific job contents			in total		
3	Work unit name	Phone No.		From (mm)/ (yyyy)		
	address			To (mm)/ (yyyy);		
	Department	Job title		__ years and __ months		
	Specific job contents			in total		
4	Work unit name	Phone No.		From (mm)/ (yyyy)		
	address			To (mm)/ (yyyy);		
	Department	Job title		__ years and __ months		
	Specific job contents			in total		
5	Work unit name	Phone No.		From (mm)/ (yyyy)		
	address			To (mm)/ (yyyy);		
	Department	Job title		__ years and __ months		
	Specific job contents			in total		

I did not participate in any of the social insurances including those for military personnel, government employees and school staffs, farmers during the above-mentioned work experiences, and confirm that all details provided are truthful and correct. If I uses fraudulent or other improper means to collect insurance benefit, allowance, subsidy or makes false statements, reports or statements, I shall be subject to a penalty that is equivalent to twice the insurance benefit, allowance or subsidy. The insurer may seek compensation for damages from the offender under the Civil Code. If criminal liability is involved, the case shall be forwarded to the judicial authority for handling.

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



Date of Application: (dd)/ (mm)/ (yyyy)

※If the space is insufficient for the list of relevant experiences, you may continue on a separate piece of paper to be attached to the original sheet, and apply a seal on the perforation as certification.