Student Group Insurance (College included)

國泰人壽保險股份有限公司理賠申請書 Cathay Life Insurance Co., Ltd.("Cathay Life") Claim Form

保戶基本資料 Basic Information of the Insured									
	(*)保單號碼	(服務人員填寫)	學號			(*)班 級 科 別			
:L /77 PA 1		olicy number (filled by service agent)		Student ID		Class / Department			
被保險人									
(事故者)資料	(11)	LL A	3 (*)身分證字號				(a.) di d	. n #n	
Information of the Insured		姓名 me	, ,,,	•	-		(*)出生		
the moured	INA	ine	ID Card No. / Passport No.			Date of Birth			
							年(Year)	月 (Month)	日 (Day)
(*)居住地址									
Residential									
Address (水) 账 幼 示 红			手機						
(*)聯絡電話 Telephone	()		丁傚 mobile phone			E-mail			
	□北辛州市北(山	た V/1 Non opside	•	\	(4)由台	上口 扣			
(*)申請種類 Claim for	-	意外事故(疾病)(1) Non-accidental events (illness) (*)申 外事故(傷宝)(2)Accidents Claim D					年(Year)	月 (Month)	∄ (Day)
(*)事故原因	□意外事故(傷害	S)(2)Accidents			Ciaiiii De	216			
(本)争战凉凶 Cause of the					(*)事故		年(Year)	月 (Month)	目 (Day)
insured peril					Date of the	e insured peril	, , ,	,	(),
申請專案補助	□宮中以下學生學	至幼兒園幼兒,符合	全保留條款第 11 個	多補助身分	- ,由	宝褚 肋 重 大 丰	上海保险会(産	检目相關證明	文件)
(無者免填)		and Lower and Kind							
Subsidy program (Not required)	-	al surgery premium o	-		-		_		, ,
(*)理賠類別	□死亡(A) Death	□失能	(B) Disability		-限大車		Critical illness	(College studen	t only)
Type of Claims	□醫療(E) Hospita					ring subsidy	Orthodr IIII1000	(Conogo otadon	c omy)
,						ing casciay			
	□匯撥至受益人帳戶 Remit to the beneficiary's bank account. □匯撥至法定代理人帳戶 Remit to the bank account of the beneficiary's guardian.								
(*)保險金	□匯撥至法足代理入帳戶 Remit to the bank account of the beneficiary's guardian. (匯撥方式請附上存摺影本並加填下方欄位) (please provide bankbook and complete "Account Information" as below.)								
領取方式	(
(未勾填給付方式, 一律以禁背支票支付)				ID Card No.	. / Passport	t No.			
金融機構(分行) Payment Method Name of the 代號						帳號			
(If you didn't	Bank / Branch		Account No.						
choose any	□禁止背書轉言	讓支票 Non-negot	iable check 耳	瓦消禁止	背書轉記	讓支票 Nego	tiable check		
method, Cathay Life will pay by	受益人身分證	字號 Beneficiary's	s ID Card No. / Pas	ssport No.	給付方式i	選取「取消禁」	上背書轉讓支票	」者,以櫃枱彩	領、受益
non-negotiable check)					人為7歲	以下或外籍人	士為限		
Negotiable check is only apply to over-the-counter s							e-counter servic	e or	
	beneficiaries who are foreigners or less than 7 years old.								
立士人已詳閱並瞭解	下欄 【個人資料保護法 》		豪檢查等個人資料蒐集 音小习於姓 <u>人</u> 生知言:				としつ応服、緊癌	及付事检查管组人	客料 ,以及
									- 具作 - 本人
將上開資料轉送與 貴公司有業務往來之再保險公司辨理再保險核保或理賠業務。立書人併此舉明,本同意書係出於立書人自由意願下所為之意思表示。 Consent to the collection, processing, and use of medical records, medical treatment, health examination, and other personal information									
The undersigned has read and understood the Required Notification under the Personal Information Protection Act and agrees to allow Cathay Life to collect, process, and use the undersigned's nedical records, medical treatment, health examination, and other personal information in accordance with the Required Notification stated above, and to transfer aforementioned information to									
reinsurance companies that have business relationships with Cathay Life for conducting reinsurance or claim adjustment. The undersigned hereby declares that this consent is made under the									
undersigned's free will.									
	(*)立書人(即被保險人)/受益人簽名 Signature of the Undersigned (the Insured) / Beneficiary :								
<mark>(*)</mark> 法定代理人(監護人)簽名 Signature of Guardian:									
受益人與被保險人關係:□本人□父母□祖父母 □其他									
Relationship between beneficiary and insured: ☐same person ☐parents ☐grandparents ☐others									
*Both the insured and beneficiary must sign when they are not the same person 上開受益人之簽名於被保險人身故時,僅代表受益人或其法定代理人提出理赔申請,並已知悉瞭解上述注意暨聲明事項。When the insured is deceased, the above signature									
									signature
	nly represents the be			_					tudont'o baic
	保險,除身故保險金受氢 ry of other premium is s		+他保險金党益人一律	两字 生本人。	rui College	e oluuent insuran	ce, peneticiary o	ı ueallı benetil is si	iudeni s neir
2.教育部國民及學前	教育署招標高級中等學村	交以下學生團體保險 ,受							
For Senior High School and Lower Student Insurance of K-12 Education Administration, Ministry of Education's bidding, beneficiary is insured's guardian or parents, but the									
beneficiary of hospitalization and disability premium is insured him/herself if whom is an adult. 3.非屬上述第二項之幼童團體保險,除身故保險金受益人外,其他保險金受益人一律為學生本人,但受益人為未成年人時,得選擇匯款至法定代理人帳戶(須另檢附關係證明文件),									
	並於本公司將款項匯入法定代理人帳戶時,視為已對受益人給付。For Children Group Insurance didn't belong to the above insurance, except for death benefit, beneficiary of								

other premium is student. If beneficiary is not an adult , payment could be remitted to guardian's bank account, when is considered finishing payment to the beneficiary.

業務之客戶服務、招揽、核保、理赔、契約保全、再 精核業務及符合相關法令規範之需要,而蒐集您的個 除了再保險業務或委外業務執行的需要,會在我圖別 定期問內,以合於法令規定之利用方式,於我國境炉 至本公司各服務據點或利用本公司客戶服務專線(市 2162620 或網路電話(路徑:國壽官網首頁>聯絡我們 更正、補充、停止蒐集、處理、利用或刪修您的個人 求處理。若傷本能提供相關個人實料時,本公司兼同 3. 因區故帳戶錯誤、變更、推銷等原因致無法完成轉帳 4. 依保險契約條款的定,受益人申請各項保險金時,考 其費用由本公司負擔。 5. 各項理赔給付所需申請文件請詳見後頁,惟給付項目 附社政機關核定有效期限內之中低收入戶證明文件; 已除籍之本個人者檢附最近3個月內戶籍證明。 7. 申請身故保險金者,立言人門意本公司得蔣相職是 料比對、以當職第正嗪性。受益人申請理赔之保險事 他相關法律責任。	(方式:受益人逾2人時,請另填附件(一)。 者,本公司得改以禁止背書轉讓支票給付。 公司得請求被保險人或受益人提供被保險人病歷調查同意書, 仍以保險契約條款之約定為學。 张保單給付理賜廷滯急達新臺幣兩萬元者,應按規定之補充保險 申請聯檢附下列文件可竟和取補充保險費:(1)極收入戶毒:核 (2)本具投保資格或喪失投保資格者:非本國人者檢附護照彩本 實證明書(或死亡證明書)與相關單位之即時查詢此對系統進行事 故及其相關文件如有虛偽不賞者,行為人須依法負民、刑事及其 如該保險金係維持自己及共同生活親屬之生活所必需者,受並 请或聲明異議。	According to the Personal Information Protection Act and Article 177-1 of the Insurance Act, Cathay Life will copersonal information(including medical records, medical treatment and health examination, adiam adjustment, maintenance, reinsurance, overseas mergency relief, recovery, complaint and dispute handling, internal control, a other needs that are in accordance with relevant regulations. All collected information will be processed or used it within the time period of the purposes stated above and within the period stipulated by relevant regulations, by Coor the third parties that require the information to conduct relevant services for the purposes stated above information required for reinsurance or outsourcing will also be processed and used abroad. You may inquire, review, request for a copy, correct, supplement, stop collecting, processing, using or delete your personal information required the chargeable number. 02-216620.) However, Cathay Life survice outlets or through Cathay Life's customer service hotline (foll-free hotline: 0800-035-699, fi by relevant laws or such information is necessary for the performance of Cathay Life's obligation. If you refuse to your personal information, Cathay Life would not be able to handle your claim. If there are multiple beneficiaries for death benefit, you may only choose one payment method. Please fill out Ag when there are more than two beneficiaries. If Cathay Life can't remit successfully due to incomplete/ incorrect information provided by you, or the account of by you is a disabled account or cancelled account, Cathay Life may pay by non-negotiable check. According to the terms of the insurance policies, Cathay Life may pay by non-negotiable check. According to the terms of the insurance policies and the provided of the covered. Documents should be provided for each claim type are shown at next page, but the claim payment is based on the first insurance. The cathay Life is early all the make a single payment of deferred interest which reaches NT\$20,000	personal contract con
招保學校 School (Pronosor)	1. 142 W. 1. 12 Can 71 IIV 0010		
投保學校 School (Proposer)	THE PROPERTY OF THE PROPERTY O	關防/學保專用章 School Stamp	
投保學校 School (Proposer) 學校代號 School Code 校 址 School Address			
學校代號 School Code 校 址 School Address 電 話 Telephone		關防/學保專用章 School Stamp	
學校代號 School Code 校 址 School Address			
學校代號 School Code 校 址 School Address 電 話 Telephone 校(園、所)長或職務代理人 Principal/Substitute		關防/學保專用章 School Stamp 職章 Stamp	643
學校代號 School Code 校 址 School Address 電 話 Telephone 校(園、所)長或職務代理人		關防/學保專用章 School Stamp 職章 Stamp 簽章可以具完整學校名稱字樣之橡皮章代替。	學校
學校代號 School Code 校 址 School Address 電 話 Telephone 校(園、所)長或職務代理人 Principal/Substitute	S	關防/學保專用章 School Stamp 職章 Stamp 簽章 可以具完整學校名稱字樣之橡皮章代替。 Ignature/Stamp印信(關防或學保專用章)	學校
學校代號 School Code 校 址 School Address 電 話 Telephone 校(園、所)長或職務代理人 Principal/Substitute 經 辨 人 員 Officer Insured filled on this	Si 本申請書所載被保險人確係本校學生Claim form is confirmed as our scho	關防/學保專用章 School Stamp 職章 Stamp 簽章 可以具完整學校名稱字樣之橡皮章代替。 Ignature/Stamp印信(關防或學保專用章) E並已多加學生團體保險,特此聲明。 pool's student and included in the Student Group Insurance.	學校
學校代號 School Code 校 址 School Address 電 話 Telephone 校(園、所)長或職務代理人 Principal/Substitute 經 辨 人 員 Officer Insured filled on this (*)服務人員	Si 本申請書所載被保險人確係本校學生Claim form is confirmed as our scho	關防/學保專用章 School Stamp 職章 Stamp 簽章可以具完整學校名稱字樣之橡皮章代替。 ignature/Stamp印信(關防或學保專用章) E並已參加學生團體保險,特此聲明。	學校
學校代號 School Code 校 址 School Address 電 話 Telephone 校(園、所)長或職務代理人 Principal/Substitute 經 辨 人 員 Officer Insured filled on this	Si 本申請書所載被保險人確係本校學生Claim form is confirmed as our scho	關防/學保專用章 School Stamp 職章 Stamp 簽章 可以具完整學校名稱字樣之橡皮章代替。 Ignature/Stamp印信(關防或學保專用章) E並已多加學生團體保險,特此聲明。 pool's student and included in the Student Group Insurance.	學校
學校代號 School Code 校 址 School Address 電 話 Telephone 校(園、所)長或職務代理人 Principal/Substitute 經 辨 人 員 Officer Insured filled on this (*)服務人員 送件人姓名 Name of the	S 本申請書所載被保險人確係本校學生 claim form is confirmed as our school (送件人)基本資料 Basic infor 單位代號	關防/學保專用章 School Stamp 職章 Stamp 簽章 可以具完整學校名稱字樣之橡皮章代替。 Ignature/Stamp印信(關防或學保專用章) 是並已參加學生團體保險,特此學明。 Dool's student and included in the Student Group Insurance. Immation of the Service Agent (case officer) 送件人 ID	學校

國泰人壽保險股份有限公司理賠申請書附件(一)

		Cathay Life Insurance	؛ Co., Ltd.('	"Cathay	Life") Claim F	orm ·	- Appendix 1		
		事故者	基本資料 Bas		ation of the Insure	ed			
(*)姓名 Name (*)身分證字號					分證字號				
ID Card No. / Passport No.									
			•		of the Policy Pro	oceed	S		
		□匯撥至受益人帳戶 <u>(請填帳戶</u>							
		□匯撥至法定代理人帳戶 Rem	account of the	e beneficiary's guardian.					
		□禁止背書轉讓支票 Non-nego				請於帳戶資料身分證字號欄填寫受益 人身分證字號,以利給付作業。			
	取方式	□取消禁止背書轉讓支票 Negot				入身分證子號,以利給付作業。 Please fill out beneficiary's ID Card			
Paym	nent Method	選取「取消禁止背書轉讓支票」給付方式者,以櫃枱親領、分			受益人為7歲以下或		No./ Passport No. in the following		
		士為限					Account Information columns.		
		Negotiable check is only apply		nter service,	or beneficiaries who are				
		foreigners or less than 7 years	old.		1 4.八坎宁口	is.			
	戶名			l	身分證字號	_			
	Account Name				ID Card No./ Passpo	rt No.			
	金融機構	'	行庫局號	l	가트 교육				
	(分行)	'	代號	l	帳號				
	Name of the	'	Branch Code	l	Account No.				
Ъ	Bank / Branch 户名				白八松宁日	よ			
CCO hE	/			l	身分證字號	_			
帳戶資料	Account Name	 			ID Card No./ Passpo	rt No.			
In a	金融機構	<u> </u>	行庫局號	ľ					
DI NA	(分行)	<u> </u>	代號	ľ	帳號 Account N	No.			
帳戶資料Account Information	Name of the Bank / Branch	<u> </u>	Branch Code	ľ					
١	Bank / Branch 户名	 			身分證字號	b			
	, .			ľ		_			
	Account Name 金融機構	 			ID Card No./ Passpo	IT NO.			
	金融機構 (分行)	'	行庫局號	l					
	Name of the	'	代號	l	帳號 Account N	No.			
	Bank / Branch	'	Branch Code	l					
	Dame, L. a			——	If there are multiple beneficir	aries for dea	ath benefit, you may only choose one payment method.		
				ļ	•	-	ue to incomplete/ incorrect information provided by you, or the		
1				I	account designated by you is a disabled account or cancelled account, Cathay Life may pay by non-negotiable check. 3. According to the terms of the insurance policies, Cathay Life is entitled to require insured or beneficiary provide Agreement of Medical Record Investigation and the expense occurred could be covered.				
1				I					
 申請死亡保險金且受益人有數人時,限選擇同一領取方式。 因匯款帳戶錯誤、變更、撤銷等原因致無法完成轉帳者,本公司得改以禁止背書轉讓支票給 					Documents should be provided.	ided for eac	ch claim type are shown as follows, but the claim payment is		
付。				According to "Regulations Governing the Deduction and Payment of the Supplementary Insurance					
 依保險契約條款約定,受益人申請各項保險金時,本公司得請求被保險人或受益人提供被保險人病歷調查同意書,其費用由本公司負擔。 					Premium of the National Health Insurance*, if Cathay Life make a single payment of deferred interes which reaches NT\$20,000. Cathay Life shall deduct the supplementary insurance premium. The				
4.各項理	理賠給付所需申請	文件請詳見後頁,惟給付項目仍以保			following are exempted from the deduction of the supplementary insurance premium set forth in the				
		又及缴納補充保險費辦法」,單張保單約1.1%數率和兩端在保險數,但屬下列五.							
者,應按規定之補充保險費率扣取補充保險費,但屬下列兩種身分者,於理賠申請時檢附下 列文件可免扣取補充保險費:(1)低收入戶者:檢附社政機關核定有效期限內之中低收入戶證					lost their eligibility to National Health Insurance: If you are a foreigner, please provide a photocopy of				
		育格或喪失投保資格者:非本國人者檢	(附護照影本、已除	籍之本國人者	your passport; If you are an R.O.C. notional who has been removed from the household register, please provide your household registration certificate valid for the latest three months.				
	最近3個月內戶籍: 自故保險公內,立	}證明。 上書人同意本公司得將相驗屍體證明書	ナ/セエン松田書/命		6. If you are claiming for death benefit, you agree to allow Cathay Life to compare the autopsy report (or				
	•	- 書人问思本公司付將相鰕死體證明書 · 料比對,以確認其正確性。受益人申			, 9				
		,人須依法負民、刑事及其他相關法律			found to be false, civil liabilit borne by the perpetrator.	ity, criminal	responsibility and other related legal responsibilities shall be		
		[權遭法院等執行機關扣押時,如該保] [人得依強制執行法第 122 條規定,向			7. When beneficiary's claim for		premium is detained by court and other executive agencies,		
8. 【個人	人資料保護法應告	知事項】依據個人資料保護法及保險:	₹法第 177 條之 1 暨	暨其相關規定,			rding to Article 122 of Compulsory Enforcement Act, if the		
		:業務之客戶服務、招攬、核保、理賠 議處理、公司內部控制及稽核業務及			8. the Required Notification under the Personal Information Protection Act				
集您的	的個人資料(包括病	病歷、醫療及健康檢查等特種個資) 。	所蒐集之資料除了	*再保險業務或	According to the Personal Information Protection Act and Article 177-1 of the Insurance Act, Cathay Life				
		會在我國境外被處理及利用外,僅會 法令規定之利用方式,於我國境內供。					al information) for the purpose of conducting customer service,		

第三方處理及利用。您可以至本公司各服務據點或利用本公司服務專線(市話請撥打免付費專

線:0800-036-599,手機改撥付費電話:02-2162620或網路電話(路徑:國壽官網首頁>聯絡

我們(專線服務)客服專線>網路電話))查詢、請求閱覽、製給複製本、更正、補充、停止蒐集、 處理、利用或刪除您的個人資料,惟本公司依法令規定或因執行業務所必須,得不依您的請 求處理。若您未能提供相關個人資料時,本公司將可能無法辦理您的理赔申請。

solicitation, underwriting, claim adjustment, contract maintenance, reinsurance, overseas emergence relief, recovery, complaint and dispute handling, internal control, audit, and other needs that are i accordance with relevant regulations. All collected information will be processed or used in Taiwan, within the time period of the purposes stated above and within the period stipulated by relevant regulations, by Cathay Life or the third parties that require the information to conduct relevant services for the purpose stated above, but the information required for reinsurance or outsourcing will also be processed and use abroad. You may inquire, request to review, request for a copy, correct, supplement, stop collecting processing, using or delete your personal information at Cathay Life's service outlets or through Catha Life's customer service hotline (toll-free hotline: 0800-036-599, for mobile phone calls please dial the chargeable number: 02-2162620). However, Cathay Life may refuse your request if permitted by relevan laws or such information is necessary for the performance of Cathay Life's obligation. If you refuse to provide your personal information, Cathay Life would not be able to handle your claim

受益人簽名:Signature of Beneficiary	
法定代理人(監護人):Signature of the Guardian	

各項理賠給付所需申請文件 Required documents for claim application

	•	-			
給付項目 Premiums 申請文件 document	醫療保險金 Hospitalization	失能保險金 Disability	生活補助金 Living Subsidy	身故保險金 Death	專案補助 <u>重大手術保險金</u> (限 <u>編制內</u> 接受保險費補助之學生專用) Critical surgery premium of subsidy program
學團險專用理賠申請書 Claim form (Student Group Insurance)	V	V	V	V	V
醫療診斷書(註 5) Certificate of diagnosis	V				V
醫療費用收據 Receipt	V (Note 1)				V (Note 1)
失能診斷書、身心障礙手册或其他失能鑑定文件 Disability certificate, disability card or other related document		V			
死亡診斷書或相驗屍體證明書 Death Certificate or autopsy report				V	
除戶戶籍謄本 Cancelled household certificate transcript				V	
受益人奥被保險人關係證明(註二) Certificate of relationship between beneficiary and insured (Note 2)	(Note 2)	(Note 2)	V (Note 2&3)	V	
學籍資料(或入學資料影本) (靖蓋經辨人職章) Certificate of student status or copy of admission (with officer's stamp)	(Note 4)	V(Note 4)		V (Note 4)	V (Note 4)
保險費補助之身分證明 Certificate of subsidy					V
法定繼承人聲明暨同意書 Letter of Statement and Consent of Legal Heir				V (Note 5)	
户外教育相關文件 Outdoor Education Related Documents		(Note 7)		(Note 7)	

- 註 1:請領醫療保險金者,須檢附診斷書及醫療費用收據(若以副本或影本代替,須請原醫療院所加蓋院方關防或其他專用章證)。 Note 1: When applying for hospitalization premium, please provide certificate of diagnosis and receipt.
- 註2:受益人與被保險人的關係證明(如戶籍謄本、扶養證明等),須能證明受益人為被保險人的法定代理人、法定繼承人、監護人實際扶養人或家屬關係及親等。申請 108 學年度(含)以前教育部國民及學前教育署招標高級中等學校以下學生團體保險之醫療保險金、失能保險金及生活補助金時亦須檢附。
- Note 2: Proof of the relationship between the beneficiary and the insured, such as household registration transcript and proof of support, must demonstrate that the beneficiary is the legal representative, legal heir, guardian, actual caregiver, or family member of the insured. When applying for medical insurance, disability insurance and living allowance for group insurance for students below senior high school level under the National and Pre-School Education Agency bidding of the Ministry of Education for the 108 academic year (inclusive) or before, proof as mentioned above must also be submitted.
- 註 3:請領生活補助金之戶籍資料必須能證明被保險人失能滿週年仍生存。
- Note 3: Household certificate used to apply for living subsidy is required to prove that insured is alive when disable for one year. 註 4: 由學校於保險金申請書加蓋關防或學保專用章證明被保險人學籍身分,或國小以上學生可提供學籍資料,教保服務機構幼童可附入學資料。
- Note 4: The school shall affix its official seal or its dedicated insurance seal on the insurance benefit application form to confirm the insured's academic status. For elementary students and above, academic information may be provided, while for young children enrolled in a nursery service organization, enrollment information may be attached.
- 註 5:申請 108 學年度(含)以前教育部國民及學前教育署招標高級中等學校以下學生團體保險之身故保險金,受益人非法定繼承人時,不須檢附。
- Note 5: When applying the death insurance benefit of group insurance for students below senior high school level under the National and Pre-School Education Agency bidding of the Ministry of Education for the 108 academic year (inclusive) or before, proof is not required if the beneficiary is not the legal heir.
- 註 6:診斷名稱(病名)「建議」可請醫師加註國際疾病編碼第十版的診斷碼,可加快理賠判斷。
- Note 6: It is suggested that doctors provide ICD10 of diagnosis on certificate of diagnosis.
- 註 7: 因參加戶外教育申領各項保險金者,另須檢具依教育部戶外教育相關法令規定,經學校或教保服務機構核定通過之實施計畫及 參加戶外教育之證明文件(如被保險人為未成年者,檢附戶外教育家長或法定代理人同意證明)。
- Note 7: For those who apply for various insurance benefits for participating in outdoor education, they must also provide the implementation plan and certification of outdoor education participating approved by the school or educational protection service organization, in accordance with the regulations of the Ministry of Education (if the insured is a minor, proof of consent from the parent or legal representative for outdoor education must be submitted).
- 註8:受益人申領各項保險金時,國泰人壽於必要得經其同意調閱被保險人之就醫相關資料,其費用由國泰人壽負擔。(須檢附同意查詢聲明書)
- Note 8: When applying for each premium, Cathay Life is allowed to have access to insured's hospitalization information in condition of insured's providing agreement of investigation, and the expenses could be covered.