

**Labor Insurance / Labor Occupational Accident Insurance
Disability Pension Extra Dependent Allowances Application Form and Benefit Receipt**

Serial no. :

Date of Application:
(Please read carefully the instructions on the reverse side)

Name of the insured person	Date of birth	Number of alien resident certificate or passport																		
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No. of dependents eligible for Dependent Allowances : , Amount of the benefits claimed :
(Please do not fill in this field if the claim amount is not available)

Information of dependents(If the information exceeds the capacity of this form, please fill in the information in the following format and adhere it on the back) : **【see instruction 1 on the back】**

Name of spouse	Date of birth	Number of alien resident certificate or passport	Please fill in the following matching conditions			
			Dependent children	Monthly income	Issued with severe or worse disability card (proof of disability)	Statement of guardianship
			1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes , \$ _____	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
			1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes , \$ _____	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
			1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes , \$ _____	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
			1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes , \$ _____	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
			1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes , \$ _____	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
			1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes , \$ _____	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes


Attach documents and proofs :

Copies of the certificate of household registration for the whole household

Proof of "In School" or Receipts of tuition **(The document is only required when there is any child or adopted child above 20 but under 25 and still goes to school.)**

Severe or above disability card or proof of disability Certificate of guardianship declaration

The applicant should fill in the above columns correctly. If required in the review process, 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 benefit, the BLI may deduct the money from the insurance benefits claimed by the Applicant or his/her beneficiary.

Personal seal or signature of the insured person: _____ 
(The Applicant should sign in person)

(Note: If the insured person is a minor or under an order of the commencement of guardianship, his/her legal representative shall endorse accordingly. A copy of the household registration shall be attached.)

※ 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) 2396- 1266 Ext.2250.

※ Address for mailing or delivery in person: Bureau of Labor Insurance, Ministry of Labor, No.4, Section1, Roosevelt Road, Zhongzheng District, Taipei City.

.....Please adhere the "Information of Dependents" hereunder (or over the " Instruction ")......

How to claim Disability Pension Extra Dependent Allowances

1 、 Qualification & Claim Standard

(1) Benefit standards

- i. Those who apply for the Disability Pension and have a spouse or children that meet the following criteria, an extra 25% family dependent allowance on the amount calculated using the regulation in Article 53 of the Labor Insurance Act should be issued for every dependent with the maximum of 50% extra.
 - ii. For workers claiming the occupational accident insurance permanent disability pension and meeting the following conditions, each of their spouse or children may be offered an additional family dependent allowance, which is 10% of the amount calculated in accordance with Article 43 of the Labor Occupational Accident Insurance and Protection Act. The total amount shall not exceed 20%.
- (2) Spouse should aged 55 or above and the marriage relationship has lasted more than one year. However, the above regulation does not apply if any following condition exists:
- i. Incapable of earning a livelihood.
 - ii. Raise children who are minors, incapable of earning a livelihood, or under the age of 25 and still go to school with monthly working income not exceeding the first grade of table of grade for labor insurance salary.
- (3) Spouse should aged 45 or above with the marriage relationship has lasted more than one year and his/her monthly income does not exceed the first grade of table of grade for labor insurance salary.
- (4) Children should qualify for one of the following conditions. As for adopted children, the adoption relationship should have lasted for more than 6 months:
- i. Minority.
 - ii. No capability of earning a livelihood.
 - iii. Under the age of 25 and still go to school with monthly working income not exceeding the first grade of table of grade for labor insurance salary.

2 、 Documents Required:

(1) Please provide the following documents:

- i. **Copies of the certificate of household registration for the whole household.** If the dependent and the insured person are not under the same household registration, their household registration certificates should both be submitted.
 - (i) If the dependent is a spouse, the marriage date shall be recorded on the household registration certificates.
 - (ii) If the dependents are adopted children, the adoption and registration date shall be recorded on the household registration certificates.
- ii. **The “in school” certificate or receipt of tuition.** The child or adopted child is above 20 but under 25 and still goes to school. Proof of “In School” or Receipts of tuition shall be submitted. The “in school” certificate or receipt of tuition shall be resubmitted to the insurer for examination every year before the end of September. If the conditions meet the qualification, the Extra Dependent allowances shall continue to be granted until the end of August of the next year.
- iii. **Severe or above disability card or proof of disability , or Certificate of guardianship declaration.** IF a spouse or children are incapable of earning a livelihood, Severe Physical or Mental Disability Manual or proof of such disability, or Certificate of guardianship declaration should be submitted.

(2) The extra family dependent allowance will be terminated if one of the following situations occur:

- i. Spouse:
 - (i) Re-married.
 - (ii) Under 55 and with dependent children not meeting the benefit criteria stipulated in Subparagraph3, Paragraph 1, Article 54-2 of the Labor Insurance Act
 - (iii) Not meeting the benefit criteria stipulated in explanation 1-(2).
- ii. Children not meeting the benefit criteria stipulated in explanation 1-(3).
- iii. Currently serving sentences in a prison, or, being detained or imprisoned because of criminal cases.
- iv. Disappearance.

3 、 Notes:

Incapable of earning a livelihood means:

- i. Persons who have the severe or worse disability card or proof of disability and have never worked or been insured by social insurances other than the national pension.
- ii. Guardianship statement has not been rescinded.