Labor Occupational Accident Insurance Disability Benefit 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										
Contact method	Zip Code: ☐☐☐–☐☐ Correspondence address:			Phone number: (　) Mobile phone no.:			☐Permanent Add ☐Correspondence Add			Job title				
	※Foreign insured person's Nationality: _____ Permanent address in home country: _____ (Please provide the information in English)													
	☐Disability resulting from occupational accidents during the insurance period ☐An occupational accident that occurs during the insurance period and the same accident results in disabilities within one year after the effective period of insurance expires. ☐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: ☐1. occupational injury ☐2. occupational sickness

Type of the Injury：☐performance of job duties ☐accidents on the way to/from work ☐accidents occurred during business trips ☐other_____

Date the injury /sickness occurred: (yy/mm/dd) Note: With respect to the applications for occupational injuries, the "Date of the Injury/Disease" shall be the date when the injury occurred. With respect to the applications for occupational diseases, the "Date of the Injury/Disease" shall be the date when the disease was diagnosed.

Permanent disability diagnosis date: ____ (yyyy) ____ (mm) ____ (dd)

※Please provide full details in the following fields (extra sheets of paper may be used with the applicant's signature if more space is needed; no information is required for the same injury/sickness for which medical care benefits or injury/ or sickness benefits have been claimed in accordance with this Act.)

1. The actual job contents
2. Time and place the injury occurred：☐AM ☐PM
   Place of the accident: □The same as the correspondence address of insured unit　□Others: _____
3. Reasons and process of the injury:
4. If the injury was caused by chemical materials, specify the materials:

※An insured sustaining an accident on the way to or from work or during a business trip must also fill out the "Proof of Injury Resulting from an Accident 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.

Benefit item

I hereby apply for Permanent Disability Benefits and opt to receive them in the following method (see Note 2 on the back):

※Please tick one of the following boxes after careful consideration. If there is any alteration, please affix your chop or signature at the place of alteration (Please affix the same chop or signature as used for this Application). The Applicant is not allowed to change the benefit item after the application has been approved by the BLI.

※If no option is selected, and the insured person is deemed as failing to meet the criteria for "permanently incapable of work" specified in The Attachment of the Labor Insurance Disability Benefit Payment Standard, the BLI shall pay benefits in a lump sum.

※Those deemed as belonging to the category of "permanently incapable of work," or those receiving a pension on a monthly basis, shall withdraw from the insurance starting from the date permanent disability is diagnosed.

1. ☐**Lump-sum Disability Benefits**
2. ☐**Disability pension** (Those deemed as belonging to the category of "permanently incapable of work" in the Attachment of the Labor Insurance Disability Benefit Payment Standard or those assessment results show a loss of 70% or more of work capacity in the individual work capacity assessment, may select this option if they wish to claim a pension. If those claiming a pension have a spouse or children that are eligible for extra dependent allowance, they shall also submit the "Labor Insurance Disability Pension Extra Dependent Allowances Application Form and Payment Receipt".)

Amount of the benefits claimed

(Please do not fill in this field if the claim amount is not available)

• • • Please select the payment method on the back and float the photocopy of the passbook front cover • • •

The Applicant should fill in the above columns correctly and confirm his/her choice of the benefit item. 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 benefits, it may be returned by deduction from the insurance benefits, allowances, or subsidies received by the insured person or beneficiary.

※If the case is deemed by review to have not resulted from occupational injuries/illnesses, I agree/do not agree that BLI may process the case in accordance with the Labor Insurance Act.

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 under an order of the commencement of guardianship, 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.
(It is not necessary to affix a chop for this column if the insured has been withdrawn from the insurance.)
※Those whose enrollment is required but who were not enrolled at the time of the occupational accident do not need to provide their insurance number

Labor insurance certificate number: _____　Name of the insured unit: _____

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

Phone: (　)　Address: _____

(Insured unit stamp)

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

※For Labor Insurance Disability Benefit Payment Standards and relevant regulations, please visit the BLI website at https://www.bli.gov.tw　110.04

• • • • • • Please attach here a copy of the front page of the passbook • • • • • •

Payment method

※1. 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.

2. A copy of the first page of thepassbook with a dinancial institution or a post office should be attached, which shall be clearly illegible. The account name shall be idntical wigh the name of the insured registered with the BLI, so as to avoid any insuccessful 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 code 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 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/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.

Explanation regarding the claim for Labor Occupational Accident Insurance Disability Benefit

1. Qualification and Benefit standards

An insured, when encountering occupational injury or contracting occupational disease, and upon undergoing treatment, exhibits stable symptoms, and when further treatment can no longer expect the treatment yield, who has been diagnosed by a National Health Insurance-authorized hospital as permanently disabled, and whose disability conditions conforming to the Labor Occupational Accident Insurance and Protection Act and the criteria stipulations of the disability benefit payout, may file for the benefits.

(1) Disability pension:

① Full Permanent disability pension: Issuance based on 70% of average monthly insured salary.
Whose disability matches the criteria for disability level 1 or 2, and conforms to the "permanent inability to work" payout item.

② Serious permanent disability pension: Issuance based on 50% of the average monthly insured salary.

i. Whose disability matches the criteria for disability level 3, and conforms to the "permanent inability to work" payout item.

ii. An insured person needs to be assessed with a disability level conforming to levels 1 to 9, and has also undergone the individualized professional assessment to suffer loss of working capability by 70% or more, and who also can no longer return to the workplace.

③ Partial permanent disability pension: Issuance based on 20% of the average monthly insured salary.
An insured person needs to be assessed with a disability level conforming to levels 1 to 9, and has also undergone the individualized professional assessment to suffer loss of working capability by 50% or more, and who also can no longer return to the workplace.

(2)Lump-sum disability benefits: Benefits are disbursed in the amount of average monthly insurance salary divided by 30, and based on the number of days in the benefit level according to the Disability Benefit Payment Standards

① An insured, whose disability conditions not yet reaching the "permanent inability to work" payout item.

② An insured whose disability conditions conforming to the "permanent inability to work" payout item, and also has insured seniority prior to January 1, 2009, may also choose to file for the lump-sum benefits payout.

(3) The "average monthly insured salary" above is calculated using the actual average monthly insured salary for the 6 months prior to the date the insured person is diagnosed as permanently disable.

※Explanation of the procedure for individual work capacity assessment for Disability Pension

If the insured person whose disability is shown through review to match the criteria for disability levels 1 to 9, but has not met the standard of "incapable of work for the rest of their lives," the BLI shall seek access to his/her medical records, and request the insured person in writing to provide an explanation of his/her occupation and work content.

The BLI shall collect and hand the aforementioned materials to the contracted hospital to assess the insured person's work capacity.

Someone whose assessment results show a loss of 70% or more of work capacity is unable to return to the workplace	Someone whose assessment results show a loss of 50% or more of work capacity	Someone whose assessment results show a loss of less than 50% of work capacity
Payment of Serious Permanent Disability Pension and withdrawal from insurance beginning from the day of permanent disability diagnosis	Approval and payment of Partial Permanent Disability Pension	Approval and payment of permanent disability lump sum benefit

2. Please provide the following documents

(1) Labor Occupational Accident Insurance Disability Benefits Application and Payment receipts
(2) Labor Occupational Accident Insurance Disability Diagnosis Report (To request blank papers, please contact the help desk on the 1st floor of the BLI headquarters or BLI local offices, or call the Form Request Division on 02-23961266 ext. 3666.)
(3) For those who have gone through medicinal examinations, the medicinal examination report and related pictures shall be enclosed.
(4) The Labor Occupational Accident Insurance Disability Diagnosis mentioned in the preceding paragraph shall be sent directly to the BLI within 5 days after being issued by a hospital. Please hand the **"Proof of Direct Delivery of Labor Insurance Disability Statement"** to the BLI, and hand the Labor Insurance Permanent Disability Benefits Application Form and Payment Receipt as well as relevant examination reports to the insured unit, which shall handle requests for insurance benefits. If the insured person is diagnosed as permanently incapable of work and has withdrawn from the insurance, he/she may apply on his/her own.

※When claiming Labor Insurance Permanent disability benefits, the insured person should submit both the Labor Insurance Permanent Disability Benefits Application Form and the Disability Diagnosis Report. The BLI shall not accept the application if the document is incomplete.

3.An insured person filing for the disability benefits needs to present whose filing within a five-year period from the date the hospital diagnosed the individualized with permanent disability. (The amended regulations were implemented on December 21, 2012.)

4.**Notes:**

(1) If the insured person wants to receive Permanent Disability Benefits (including a pension) by remittance to an account at a foreign financial institution, he/she must pay the foreign exchange fee (the remittance fee is charged based on the fee standards in the country of the remitting financial institution), which shall be deducted from the Permanent Disability Benefits on a monthly basis.

(2) If someone who receives benefits is no longer eligible for the benefits or dies, he/she or his/her legal heir shall prepare relevant documents and notify the BLI within 30 days starting from the occurrence of the event. The BLI shall cease to pay the benefits starting from the month following the occurrence of the event. If he/she fails to notify the BLI in accordance with the aforementioned regulation and therefore receives excess benefits, the BLI shall order him/her in writing to return the excess amount within 30 days, and may also recover the amount from the balance of his/her pension account.

(3) According to Article 34 of the Labor Occupational Accident Insurance and Protection Act and Article 88 of its Implementation Rules as well as the rules for insurance benefits deduction due to unreturned occupational accident insurance benefit, if the insured person or beneficiary is receiving any insurance benefits, subsidies, or allowances that are canceled or invalidated by the insurer but has not returned the amount hitherto received, the insurer may deduct the unreturned amount from the benefits or other subsidies or allowances of this insurance.