

# Occupational Accident Labor Vocational Training Living Allowance Application Form and Subsidy Receipt

Acceptance number		(Please read the instructions on the back carefully before filling in) (Occupational Accident Labor Protection Act) (With labor insurance) If an occupational accident occurs before April 30, 2011 (inclusive), please apply according to the labor insurance regulations.  Applicable to those who pay for occupational disasters.  (Without labor insurance) Applicable to those who have an occupational accident before April 30, 2011 (inclusive).													
1 Occupational		2 Date of birth	_____ Y/M/D												
		3 ID number													
4 My training time totals _____ months and _____ days, _____ hours in summary. During vocational training, not receiving other training subsistence allowances in accordance with other status.															
5 contact method	Current Add: _____ mobile: _____ Tel: _____														
6 Occupational Accident Brief	Please explain in detail the causal relationship between the accident and the performance of duties (if a traffic accident occurs, please attach the "Road Traffic Accident Certificate" issued by the police agency, and fill in the "Statement of Injuries Caused by Accidents on the way to and from get off work or on business trips" )														
7 date of injury	_____ Y/M/D				8 Date of diagnosis of disability	_____ Y/M/D									
9 Vocational training institution certificate column (please contact the vocational training institution to fill in and stamp)															
Training institution name : _____ Applicant registration date : _____ Y/M/D • Training session start day : _____ Y/M/D Training period : from _____ Y/M/D to _____ Y/M/D total _____ days Manager's signature : _____ Contact number : _____										Institutional Seal					
Case registration certificate number or commission document number : _____															
10 Account Category	— — — — — Copy of the cover of the applicant's financial institution's deposit book — — — — —  ※Remittance to the applicant's account at a post office or financial institution (either one of the following (1) or (2)) (1) Remit the fund to the applicant's account with a financial institution: Name of the financial institution: _____ Bank _____ Branch <table border="1" style="margin-left: 40px; border-collapse: collapse;"> <tr> <td style="width: 100px; text-align: center;">Bank/Institution</td> <td style="width: 200px; text-align: center;">Account no.</td> </tr> <tr> <td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </td> <td style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; 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11 I agree that the Occupational Safety and Health Administration may consult the Health Insurance Administration or other relevant agencies and organizations for relevant information due to the review and subsidy needs. If you receive other training subsistence allowances or leave the training midway through the training period, you agree to return the overpaid amount of vocational training subsistence allowance to the Occupational Safety and Health Department. Occupational Accident Worker Signature :

12 For those who did not participate in labor insurance at the time of the occupational accident, please fill in the employer information 【If there were workers who participated in labor insurance at the time of the occupational accident, this column does not need to be filled in】

Employed company name : \_\_\_\_\_  
(Please fill in full title)

address : \_\_\_\_\_ Telephone : \_\_\_\_\_

Employer (person in charge) name : \_\_\_\_\_ ID number : \_\_\_\_\_

address : \_\_\_\_\_ Telephone : \_\_\_\_\_

※ To apply for various allowances or subsidies of the Occupational Accident Labor Protection Act, there is no need to apply through the insured unit, and there is no need to entrust others to do so.

If you have any questions, please contact the Occupational Safety and Health Department of the Ministry of Labor at 02-89956666 ext. 8287.

## **Instructions for Claiming Vocational Training Living Allowance :**

- 1. Eligibility :** (1) Due to occupational injury or occupational disease, he has lost part of his working ability as diagnosed by a doctor, and the degree of disability meets the items specified in the second to fifteenth grades of the labor insurance disability payment standard.  
  
(2) Participate in various types of vocational training in training institutions sponsored, commissioned or registered by the government, with a total monthly training hours of more than 100 hours.  
  
(3) Not receiving other training allowances, occupational disease living allowances or disability living allowances during the training period.
- 2. The subsidy standard :** (1) During the training period, a monthly payment of NT\$14,800 will be given.  
  
(2) According to the actual start and end time of the applicant's participation in the training, 30 days will be calculated and issued as one month. If the training period is less than 30 days, it will be calculated and distributed according to the following methods: if the training period is more than 10 days and the training hours reach 30 hours, it will be issued for half a month; if the training period is more than 20 days and the training hours have reached more than 60 hours, it will be issued for one month.  
  
(3) Vocational training living allowance shall be granted within 5 years from the date of the applicant's initial participation in training, and a total of 24 months shall be granted. It will stop issuing after 5 years.
- 3. Documents to be prepared :** (1) Application form (please send it to the vocational training institution for a stamp certificate).  
  
(2) Labor insurance disability diagnosis certificate.  
  
(3) A copy of the cover book of the applicant's financial institution's

passbook.

- (4) Occupational disease diagnosis certificate or occupational disaster-related certification documents.
- (5) Declaration of not applying for other training subsidies (already included in column 11 of this application).

**4. Fourth, matters needing attention :** (1) When workers with occupational disasters meet the requirements set out above and apply for living allowances, they should fill in this application form, send it to the vocational training institution for stamp certification, and then submit an application to this agency with relevant materials. Complete this application form and send it to: Department of Occupational Safety and Health, Ministry of Labor. Address: 11th Floor, South Building, No. 439, Zhongping Road, Xinzhuang District, New Taipei City, 24219.

- (2) The application form can be obtained from the Office, or downloaded from the Office's website (website: <http://www.osha.gov.tw>).