

Occupational Accident Labor Equipment Subsidy Application and

Subsidy Receipt

專案核定

Acceptance number		Suitable	Worker 2011 of 30, 201 acciden	se read the inst rs who have occu r who have occu 1 (inclusive) are at benefits in acc ice and Protection	patio pation appli corda	nal a nal ao icable ince	ccide ccide e to w	nt ins nt ins vorke	suran suran rs wł	ce aco ce aco no apj	cident cident ply fo	s aft s bef r occ	er M fore A cupat	April ional
0ccupational				² date of birth								_Y	/ M /	/ D
Accident Worker Name				³ ID number										
4 Advice column for assistive professionals									ev ar	valu nd	s fc atic ssic	n u		
	(This field sl include the pa the assistive device)	rt of the	injur	y or the affe	ecte	d fi	inct	ion,	th	e re	ason	fo	r us	sing
		Evaluator/Title:												
Institution	address:				_ C	onta	act	numl	ber	:				_
⁶ contact method	Current address Phone:	:		/Mobile:										
⁷ Date of Injury	Y/M/D □Have applied for labor insurance occupational accident benefit □Not applied for labor insurance occupational accident benefit													
⁸ Occupational Brief Please specify t relationship bet of the accident a of duties		Occupational Accident Protection												

9	1 Deca to be menomed.					
Docs to b	1. Does to be prepared:					
prepared	□1. Application form for equipment subsidy and its subsidy receipt (including the instrument subsidy or grant for the same item that has not been received in accordance with other laws and regulations)					
	statement of payment).					
	□2. The doctor of the special hospital or clinic of the National Health Insurance issues a diagnosis certificate that must use assistive devices (i.e. diagnosis					
	certificate). If the Occupational Accident Labor Protection Act is applicable, it shall be issued by a physician of a medical institution for the identification of physical and mental disabilities.					
	□3. Purchase or lease assistive devices within six months from the date of issuance of the diagnostic certificate or the date when the use of assistive devices is required					
	The original uniform invoice or receipt (if the date of issuance of the uniform invoice or receipt is earlier than the date of issuance of the supporting document,					
	The date on which the assistive device needs to be used should be indicated in the document, and the date between the required date and the date on which the unified invoice or receipt is issued should not exceed					
	six months).					
	\Box 4. A copy of the cover book of the applicant's financial institution's passbook.					
	□5. For those who have not participated in labor insurance, provide employer information (unit name, employer name, address and telephone number) and occupational disaster-related certificates (such as					
	Mediation records, settlement letters. In the event of a traffic accident, please attach the "Road Traffic Accident Certificate" issued by the police					
	form", and fill in the "Statement of Injury Caused by Accidents on the way to and from get off work or on business trips").					
	2. Books should be prepared for specific assistive items:					
	□1. Evidence of the use of assistive devices in the assessment of assistive professionals (ie assessment report).					
	□ 2. Standard form of subsidy for assistive devices for workers with occupational accidents or the Office of Disability and Death Subsidy for Device Care Disability and Death for Workers who Apply for Occupational Accidents					
	Documents to be provided as stipulated in the appendix of Article 3 of the Act.					
_	that the Occupational Safety and Health Administration may consult the Health Insurance					
	tration or other relevant agencies and groups for relevant information due to the need w subsidies, and declare that it has not applied for subsidies for the above-mentioned					
	we devices to the county and city governments or other government agencies. In addition					
	ming the subsidy that has been received, the author of the book is willing to take all					
legal re	esponsibilities. Occupational Accident Worker Signature : (If there is a guardian, please sign and seal together)					
	dy is not required to be entrusted to others. After completing this application form, t together with the relevant documents to: Department of Occupational Safety and Health.					

* This subsidy is not required to be entrusted to others. After completing this application form, please send it together with the relevant documents 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. The application form can be downloaded from the Office's global information website (http://www.osha.gov.tw) or obtained from the Office. If you have any questions, please contact the Occupational Safety and Health Department of the Ministry of Labor at 02-89956666 ext. 8287. 111.5

Instructions for receiving occupational accident

專案核定

labor equipment subsidy :

- 1. Eligibility: If a worker has suffered an occupational injury or disease and needs to apply for a subsidy for a device other than the assistive device item specified in the third appendix of the Regulations for the Application of Device Care Disability and Death Subsidy for Occupational Accident Workers, the assistive device must be used after being diagnosed by a doctor or assessed by other professionals, and Failure to receive equipment subsidies or benefits of the same items in accordance with this Act or other laws and regulations.
- The subsidy standard: (1) It should be approved by the Occupational Safety and Health Administration (the purchaser without approval will not be subsidized). (2) The total annual subsidy amount per person shall be limited to NT\$100,000.
- 3. Matters needing attention: Those who have been approved by the Occupational Safety and Health Administration should purchase or lease assistive devices within six months after the approval, and submit the original unified invoice or receipt to the Occupational Safety and Health Administration for verification within six months.