Labor Occupational Accident Insurance Injury or Sickness Benefits

	()	emporary Disability Benefits) / Care subsidy Application Form and Payment Rec	:eipt				
Seri	al no:	21-					
The insured person	Name	Date of Republic of ChinaID no. (ARC or Passport no.)					
	Postcode: Telephone	Correspondence address : : Mobile phone no. :					
	1. Occuj	ries/sicknesses: ational injuries ational sicknesses ational sicknesses	place. With respect to the				
	÷	number of days when an insured is incapacitated for work for the whole day due to injuries/sicknesses. ot claim for the period during which an insured person has recovered and returned to work. It will constitute a violation.)					

From yy-mm-dd To yy-mm-dd The period of consecutive days (Notes: It is not necessary to provide "the total number of days" if the claim involves a consecutive period of time.)

> Non-consecutive period - There are total days when an insured is incapacitated for work

The period/number of days when an insured is incapacitated for work for the whole day due to injuries/sicknesses.
(%If there are multiple situations of salary reception, please note their respective period at the end of each option. Attach additional paper if the space is
insufficient, and sign accordingly.)
□1. An insured has not received any salary or remuneration.
\Box_2 An insured has received part of the salary or remuneration during the period when he/she is incapacitated for work for the

n insured has received part of the salary or remuneration during the period when he/she is incapacitated for work for the whole day.

 \Box 3. An insured has received his/her original salary or remuneration

(Please tick if an insured has any leave-taking below : Dspecial leaves leaves on shift basis flexible leave-taking

□leaves on rotated basis □leaves in lieu of overtime pay

Others:

The same as the correspondence address of insured units

City/Country City/district/Village/Township,

□4. An insured has already received the compensation for occupational accidents based on Article 59 of the Labor Standards Act.

Type of injuries:
Performance of job duties
Performance of job duties
Accidents occurring during business trip. □Others:

2. The actual job contents:

Insured accidents

Payment methods (Please select one

3. Time and place the injury occurring: Place of the accident (Detailed address) :

4. Reasons and process of the injury:

5. If the injury was caused by chemical materials, specify the materials :

6. If the injury occurs during a business trip, please also specify the destination of the trip and the contents of work when the

accident occurs.

*Please attach additional paper if the space of the actual job contents and reasons and process of the injury is insufficient. Please sign accordingly. X An insured sustaining an accident on the way to or from work or during a business trip must also fill in the "Report on the Accident Occurring on the Way to or

from work or during business trip ". He/she shall also provide a copy of his/her driving license.

XIf an 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

acilitate the review process

The Applicant is hospitalized due to occupational injuries or sicknesses, and applies for a care subsidy during hospitalization, as the doctors at the hospital where ar insured person seeks medication deem it necessary during an insured person's hospitalization.

* the Diagnosis Statement needs clearly specified an insured person seeks medication deem it necessary during an insured person's hospitalization. Periods of hospitalization in an intensive care unit or isolation ward are not eligible for care subsidies.)

·····Please attach here a copy of the front page of the applicant' s passbook······

_																				
)	XPlease 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											nt. It is								
	not necessary to add leading zeros for the purpose of padding. A copy of the first page of the passbook with a financial institution or a post office should be attached, which shall be																			
	clearly legible. The account name shall be identical with the name of the insured registered with the BLI, so as to avoid any unsuccessful fund transfer.																			
	Bank/institution code Account number of the financial institution																			
1.	1. Remit the fund to the applicant's account with a financial institution:																			
	Name of the financial institution :BankBranch	L			по.															
2.	Remit the fund to the applicant's account with Chunghwa Post : Post Office Code:									Ассо	mt no. :	: L								
3.	□Remit to the designated account of the Applicant:																			
	$\hfill \square$ The BLI is requested to mail the "Notice for the Opening of a Designated Account" to the Appli	icant, v	who will	visit the	appointe	l financia	ıl instit	ution to	o open	the acc	ount.									
	$\square Please attach a photocopy of the front cover of the applicant's passbook for the designated account of the second sec$	unt wi	th the I	and Ban	k of Taiw	n or the	Post O	ffice fo	r the b	oenefit p	ayment o	of labor i	isuranc	e/occu	pational	accide	nt insu	ance/natio	onal	
р	ension/employment insurance/labor pension/farmer pension.																			
	imes If the Applicant, due to debt issues, has concerns over possible seizure, he/she may apply f	for a de	esignate	d accoun	t exclusiv	ely for de	posits	of the "	insura	ance ben	efits". D	eposits in	the des	signate	d accoun	t shall	not be	the object	of sei	zure or
	compulsory execution. The amount of "care subsidy" will be disbursed via check issued by ersigned confirm that the above information is true and correct.																			
₩When Labor O expired □ <u>If the J</u>	e by BLI to deduct the surplus amount from the insurance benefit: an insured person under labor insurance suffers injury or sickne occupational Accident Insurance and Protection Act on May 1,202 according to the Labor Insurance Act, a choice may be made to s Applicant is shown through review to not meet the criteria of	ss in 22, if eek i	sured f the insur	l incid applic ance b	ents d ation i enefit	ue to a s not y s unde	an oc /et fi er the	cupa led a Act	tion nd tl or tl	al acc he sta he La	tute o bor In	occur f limi suran	ring tation ce Ac	n to s et.	seek si	ıch l	benet	fit has i	not	yet
<u>accorda</u>	nce with the Labor Insurance Act.																			
	Personal seal or signature of the insured person (or bene	eficia	ary) :								_ (The Appli	cant sho	ould sig	gn in perso	on.)				
	(%If the insured is a minor or is placed under custody by a court	t order,	, his/her	legal repr	esentative	shall ende	orse ac	cordingl	ly. A co	opy of th	e househ	old registi	ation sł	hall be	attached.)					<u>)</u>
by	We have checked the above information and confirm it is true an occupational accident do not need to provide their insurance nur							ment	t are	requ	ired b	ut wer	e not	t enr	olled a	it the	e tim	e of the	e	
by Insurance numbers i																				
	Responsible person:				in-ch												(Uni	iť sst	0,000	<u>,</u>
	Phone : ()		Ado	dress	:												(Un	n sst	amp,	,
	ervice is free and convenient. It is not necessary to engage an age																			
such	as fraud or counterfeiting shall be subject to legal actions. If you	u hav	ve an	y ques	tion, r	lease	feel	free t	to co	ontact	the B	LI at	(02)2	2396	12661	Ext.2	2236.			

XAddress for mailing or delivery in person : 100232 Bureau of Labor Insurance, Ministry of Labor, No.4, Section 1, Roosevelt Road, Zhongzheng District, Taipei City

Injury/Sickness Diagnosis Statement

111.05

(The statement shall be used for the application of injury or sickness benefits. Alternatively, the applicant may provide an original certificate issued by the hospital or clinic where an insured seeks medication, carrying the name of the injuries/sicknesses and the date of check in and discharge from the hospital.)

(1)		(2) ID no. A business tax ID number										
Name of the patient		(3) Date of birth	Republic of China Year month day									
(4) Name of the disease, the parts of the body injured and symptoms (including the International classification of diseases (ICD) codes.)												
(5) The date of first visit due to the injury/sickness		(6)Name of the firsthospital/clinic visited due tothe same injury/sickness	Name of the Hospital/Clinic : : Date of visit:									
(7) Period of medication	Hospitalization	From yy-mm-dd To yy-mm-c	-dd To yy-mm-dd multiple times, please provide the beginning and ending dates of each hospitalization)									
	Outpatient care	From mm-dd-yy To mm-dd-yy The patient has actually received times of medical care										
(8)Process of the medical care (including emergency care, outpatient care, hospitalization and surgeries, and current												

health status and complications, if any, etc.)			
 (9) Treatment during hospitalization (whether care was needed during hospitalization, or whether the patient was placed in a ward for intensive care or isolation) 	₩whether care was needed during hos ₩whether the patient was placed in a □Yes , Period :	ward for intensive care or isola	tion:
 (10) Physicians' advice, the influence of the injury/sickness on working, and the estimated time to resume general work (the time shall be determined based on the "capability to perform general work duties" rather than the "capability to perform the original job duties") 			
The undersigned hereby confirm that they have not the NHI-designated hospital/clinic.			osis in person.
	TEL:		
Practitioner's License :			
Address :			
President of the hospital(responsible p	erson) :Stamps:		
Physician :	Stamps:		(Seal of hospital)
Date of issuance :	year	month	day

* The diagnosis statement is used for claiming injury or sickness benefits under labor insurance. Providing false information herein shall constitute the offense of forgery.

1. The diagnosis statement shall be issued by a licensed physician, otherwise it shall be considered invalid. If there is any alteration to the statement, the physician should affix his/her personal seal thereon to confirm.

2.The statement shall be completed accurately based on the medical record. Please ensure that full information is provided with regard to the period of inpatient/outpatient services and the actual number of times receiving an outpatient care. If hospitalized, the patient must provide information in item (9) about whether care was needed during hospitalization, or whether the patient was placed in a ward for intensive care or isolation.

3.The applicant may, alternatively, attach the diagnosis statement issued by the hospital or clinic attending the patient, subject to that such diagnosis statement has clearly specified the period of hospitalization (for applying Care subsidies, it is also necessary to specify whether care was needed during hospitalization, or whether the patient was placed in a ward for intensive care or isolation), the period and number of times receiving outpatient service (For individuals suffering from occupational injuries/sicknesses, it is also necessary to specify). The diagnosis statement, in the meantime, shall bear the personal seal of the physician and seal of the hospital.

I. Please read the following notes before completing the form

1. The occupational injury or sickness benefits is paid to an insured's who are unable to receive the original salary or income, or has only received part of such salary or income, because of their incapability of working during the period of injuries/sicknesses. (The period of receiving inpatient or outpatient services). By nature, the benefits serve as a subsidy (compensation) to salary payment, rather than a medical subsidy. If an insured remains capable of working or has received the original salary during the period of receiving medical treatment, he/she shall not claim such benefits. If an insured has returned to work due to improved health status or recovery, or if the medical treatment has been discontinued, the benefits shall be available up to the day preceding to the first day he/she resumes work. Please go to the BLI's website (https://www.bli.gov.tw) to access to relevant regulations and

Notes:

examples of the completed form.

2. When an insured person is hospitalized due to occupational injuries or sicknesses, the occupational injury or sickness benefits claimed for the same occupational injury/sickness in accordance with the Labor Occupational Accident Insurance and Protection Act may include a care subsidy if the doctors at the hospital deem that an insured person is necessary for caring during hospitalization. A daily amount of NT\$1,200 may be disbursed from the date of becoming eligible for occupational injury/illness benefits after hospitalization to the date of discharge. Periods of hospitalization in an intensive care ward unit or isolation ward are not eligible for care subsidies.

II. Notes

- 1. The right to claim for the injury or sickness benefits shall be extinguished if such right is not exercised within five years from the date that the benefits can be claimed.
- 2. If the injury/sickness occurred during an insured period, an insured is eligible to claim injury or sickness benefits within one year after the termination of the insurance coverage.
- 3. The amount of the injury or sickness benefits is calculated on a daily basis and paid at an interval of 15 days. Payments shall be made at the end of each interval. For those less than 15 days, the payment shall be made at the end of the treatment for injuries or illnesses. Individuals who need to receive medical treatment on a long-term basis may opt for installed payments, or to receive a lump sum payment after he/she has resumed work, subject to that the claim is made within five years.
- 4. To be eligible for the injury or sickness benefits, an insured shall have practically received relevant medical care. Individuals who have not received any medical care or are unable to provide a diagnosis statement for the claimed period are not eligible for the benefits.
- 5. Individuals who have already received the original salary shall not claim for the injury or sickness benefits, unless the salary is paid under the condition that the individual has taken special leaves, rest day of shift work, flexible leaves, rotated leave off or day-off in lieu of overtime pay during the period of injuries/sicknesses.
- 6. In the event that an employer has, in accordance with Article 59 of the Labor Standards Act, paid compensation to an employee based on his/her preexisting wage, such payments are compensatory in nature and different from wage payments. The payment, therefore, shall not be considered the same as the "original salary" prescribed in Article 42 of the Labor Occupational Accident Insurance and Protection Act. The worker is still entitled to claim the injury or sickness benefits in accordance with the relevant provisions in the Labor Occupational Accident Insurance and Protection Act.
- 7. According to the regulations, an insured is not entitled to claim injury or sickness benefits if there are evidences showing he/she has been working while receiving medical treatments due to injuries or sicknesses, regardless of the length of working time.
- 8. The term "incapacitated for work" referred to in the Labor Occupational Accident Insurance and Protection Act means the situation where the worker is unable to work and is receiving medical treatments due to injuries or sicknesses. It shall be determined taking into account various factors, including the "reasonable time for medical treatment" (including the time for rehabilitation) as evaluated by a physician based on his/her medical expertise, and whether there are evidences showing the worker has been working during the period. In other words, the ability to perform the "original job duties" shall not be the sole criteria for determining the situation.
- 9. If the documents are issued by entities other than the government agencies of the Republic of China, they shall be notarized by the following agencies. If the supporting documents are issued in foreign languages, they shall be verified along with a Chinese translation. Alternatively, they shall be accredited by a domestic notary public. (An English-language diagnosis statement containing recognizable proof does not require a Chinese translation).

(1) If the certificate is made abroad, it should be certified by a ROC embassy, representative offices, liaison office or any other organization authorized by the Ministry of Foreign Affairs (the diplomatic agencies); If the certificate is issued by foreign ambassador agencies in Taiwan or authorized institutions, it should be verified and certified by the Ministry of Foreign Affairs. If you have any questions, please feel free to contact the Bureau of Consular Affairs, Ministry of Foreign Affairs, TEL: 02-23432888).

(2) If the certificate is completed in Mainland China, it should be certified by the institutes designated or set up by Executive Yuan or the delegated civilian groups. (Straits Exchange Foundation).

(3) If the certificate is completed and issued in Hong Kong or Macau, it should be certified by the institutes designated or set up by Executive Yuan or the delegated civilian groups in Hong Kong or Macau. (Taipei Economic and Cultural Office (HK) or (Macau)).

10. Please provide correct information about the reasons and process of the injury or sickness, the period claimed and the status of receiving salary payment, in the meantime attach relevant supporting documents. Any attempt to receive the insurance benefits through fraudulent or inadequate behaviors, false certificates, reports or statements shall be subject to a penalty equal to two times of the insurance benefits received, and seek compensation for damages from the offender accordance with the provisions of the Civil Code. If criminal offense is involved, the applicant shall be referred to the court.

11. When an insured person under labor insurance suffers the injury or sickness insured incidents due to an occupational accident occurring before the implementation of the Labor Occupational Accident Insurance and Protection Act on May 1, 2022, if an insured person or the beneficiary has filed for insurance benefits in accordance with the Labor Insurance Act, the insurance benefits for the same insured incidents shall still be governed by the provisions of the Labor Insurance Act. If the application is not yet filed and the statute of limitation to seek such benefit has not yet expired according to the Labor Insurance Act, a choice may be made to seek insurance benefits under the Labor Occupational Accident Insurance and Protection Act or the Labor Insurance Act.

(Notes: Since the care subsidy is a new category added after the Labor Occupational Accident Insurance and Protection Act takes effect, those who choose to claim injury or sickness benefits in accordance with the Labor Occupational Accident Insurance and Protection Act may apply for the care subsidy only if they have received inpatient care for the same injury or sickness since May 1, 2022 or a later date.)

Type of Benefits	Eligibility Requirements	Payment standard and Calculation Formula	Documentation Requirements
		1. The benefits shall be paid since the 4th day after an insured	
		becomes incapacitated for work. If an insured person suffers	
		occupational injuries or diseases after May 1,2022, the previous 2	
		months, the payment shall be issued based on the average monthly	
		insured salary of an insured person during the 6 months prior to the	
		current month (inclusive) when the occupational injury or sickness	
		occurs, divided by 30. Starting from the 3rd month, 70% of the	
		average monthly insured salary of an insured person shall be paid.	
		The maximum payment period is 2 years.	1.Labor Occupational
		Example :	Accident Insurance
	1. An insured has	Ms. Lee was injured on May 2, 2022 for occupational reasons and	Injury or Sickness
		was unable to work during the period of May 2, 2022 to October	
	received inpatient or	20, 2022. She is still receiving medical treatment. Also, Ms. Lee	Benefits Application
	outpatient care due to	has not received her original salary payment. The average monthly	Form and Payment
	occupational injuries or	insured salary of Ms. Lee during the six months prior to the incident	Receipt.
	sicknesses. (The	is NT\$30,300. Therefore, she entitles to receive an occupational	
	benefits are not	injury or sickness benefits of :	2.Original Injury/Sickness
	available if an	NT\$30,300÷30=NT\$1,010 (daily insured salary)	Diagnosis Statement
		There are total 169 days between May 5, 2022 (the 4th day after Ms.	Diagnosis Statement
The injury	insured only recovers at		
or sickness	home without receiving	NT\$1,010x60days=NT\$60,600 (previous 2 months) NT\$1,010x70%x 109days=NT\$77,063 (Starting from the 3rd	3.If the claim is a traffic
penefits	any medical treatment.)	month)	accident and filed for the first
		NT\$60,600+NT\$77,063=NT\$137,663 (Amount receivable)	time, please fill in the " Repo
	2. An insured is	2. The benefits shall be paid since the 4th day after an insured becomes	on the Accident Occurring or
		incapacitated for work. If an insured person suffers occupational	L C
	incapacitated for work.	injuries or diseases before April 30, 2022. Occupational accident	the Way to or from Work or
		benefit is collected in accordance with the Labor Insurance Act. The	during Business Trip " issued
	3. An insured has not	payment shall be 70% of the average monthly insured salary of the	the BLI. If there is any police
	received the original	insured person during the 6 months prior to the current month	record or relevant documents
	salary or remuneration.	(inclusive) when the occupational injury or sickness occurs. If an	please provide such documer
		insured is not fully recovered after one year's time, the payment	as well.
		shall be reduced to 50% of the average monthly insured salary, up to a maximum of one year. The aggregated period of benefit	as well.
		payment shall be two years when including the preceding year.	
		Example :	
		Mr. Wang was injured on January 10, 2020 for occupational reasons	
		and was unable to work during the period of January 10, 2020 to	
		February 20, 2021. He is still receiving medical treatment. Also, Mr.	
		Wang has not received her original salary payment. The average	
		monthly insured salary of Mr. Wang during the six months prior to	
		the incident is NT\$30,300. Therefore, he entitles to receive the	
		occupational injury or sickness benefits of :	

III. Qualification and documents required

		NT\$30,300÷30=NT\$1,010 (daily insured salary) There are total 405 days between January 13, 2020 (the 4th day after Mr. Wang became incapacitated for work) and February 20, 2021. NT\$1,010×70%x365days=NT\$258,055 (1st year) NT\$1,010×50%x40days=NT\$20,200 (2nd year) NT\$258,055+NT\$20,200=NT\$278,255 (Amount receivable)	
The injury or sickness inpatient the care subsidy	1. The occupational injury or sickness benefits claimed for the same occupational injury/sickness in accordance with the Labor Occupational Accident Insurance and Protection Act may include a care subsidy. 2. The occupational injury or sickness benefits claimed for the same occupational injury/sickness in accordance with the Labor Occupational injury/sickness in accordance with the Labor Occupational Accident Insurance and Protection Act may include a care subsidy. (An intensive care ward unit or isolation ward are not eligible for care subsidies)	Periods of hospitalization in an intensive care ward unit or isolation ward	Insurance Subsidy for Care During Hospitalization

 \bigstar For workers not required enrolled as required, their monthly insurance salary during the insurance period in which they were not enrolled shall be

determined according to its corresponding salary grade in the insured salary category chart but may not exceed the corresponding grade of average monthly insurance salary announced by the insurer in the latest annual statistical report of this insurance at the time of the accident. If no salary information is provided, the salary grade shall be deemed grade 1 according to the insured salary category chart.