

# Labor Insurance/Occupational Accident Insurance Permanent Disability Statement

## Notes

1

After issuing Permanent Disability Statement, the hospital/clinic shall produce Proof of Direct Delivery of Labor Insurance / Occupational Accident Insurance Permanent Disability Statement to the Bureau of Labor Insurance for the insured person, and fold, bind, and send the Permanent Disability Statement to the BLI via registered mail within 5 days. The postage shall be paid by the BLI.

2

Regarding disability categories that require medical records, examination reports, X-ray films, and photographs for review of disability levels, the insured person shall directly collect the Permanent Disability Statement, and hand it along with the “Proof of Direct Delivery of Labor Insurance / Occupational Accident Insurance Permanent Disability Statement” to the Bureau of Labor Insurance and the Permanent Disability Benefits (Subsidies / Allowances) Application Form and Benefit Receipt to the insured unit, which shall apply its seal and send them to the BLI (Those who are not currently enrolled may deliver it on their own). These steps will reduce the procedures and time of the BLI's access to medical records and other supplementary documents and allow the insured person to receive the application review result sooner.

3

In regard to requesting benefits for disabilities of the eyes, ears, chewing or swallowing, speaking, organs in chest and abdomen, spine, skins, or upper or lower limbs, the hospital issuing the disability statement must be a National Health Insurance designated hospitals or clinics that meet at least one of the following criteria: ① Is rated by the Ministry of Health and Welfare Hospital Accreditation as of the level of excellence or better; ② Is a medical center or regional hospital rated by the Ministry of Health and Welfare Hospital Accreditation as qualified; ③ Is a hospital rated by the Ministry of Health and Welfare Hospital Accreditation and Teaching Hospital Accreditation as qualified. However, these restrictions do not apply to insured persons from Penghu County, Kinmen County, and Lianjiang County.

4

Doctors shall complete and issue Permanent Disability Statements based on the patients' actual conditions or relevant data on medical records or diagnosis records, and must not provide untruthful or exaggerated proofs. Whether the contents on the statements meet the criteria in the Permanent Disability Benefit Payment Standards shall be determined by the BLI in accordance with relevant regulations.

5

The disabled body parts and symptoms specified in the Standards shall be diagnosed when no further improvement in their condition is expected after medical treatment, and based on the symptoms the patient was having when being diagnosed as permanently disabled.

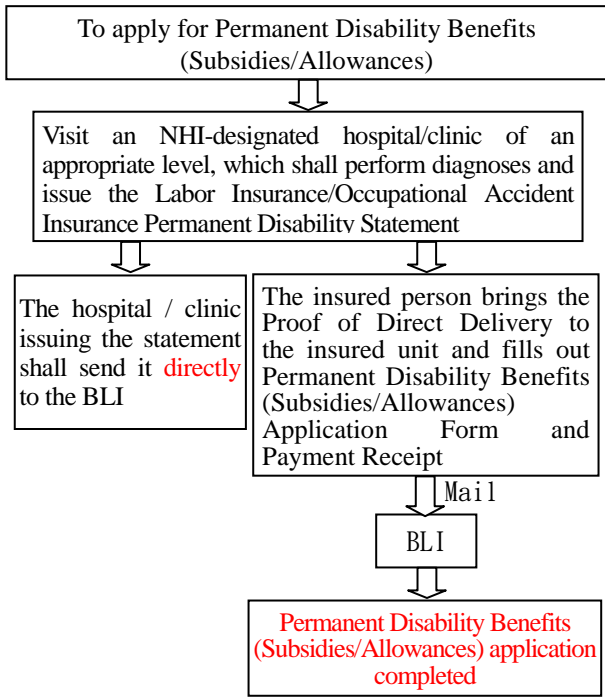
6

Those receiving insurance benefits (subsidies/allowances) by fraud or other improper means shall return the excess amount, be fined 2 times the benefits (subsidies/allowances) received, and, if involved in any criminal offenses, be referred to the judicial organ.



# Proof of Direct Delivery of Labor Insurance/Occupational Accident Insurance Disability Statement

## ※Permanent Disability Benefits (Subsidies/Allowances) application process



※The Proof shall be filled out by the hospital/clinic and issued to the insured person, who shall bring it along with the Permanent Disability Benefits (Subsidies/Allowances) Application Form as well as relevant examination reports to the insured unit, which shall handle requests for permanent disability benefits (subsidies/allowances). (Those who are not currently enrolled may deliver it on their own)

Name : \_\_\_\_\_

Number of alien resident certificate or passport: \_\_\_\_\_

Date of birth: \_\_\_\_\_

The undersigned hereby confirms that it has directly sent the Labor Insurance Permanent Disability Statement to the Bureau of Labor Insurance, Ministry of Labor.

Name of the hospital/clinic: \_\_\_\_\_

Logo of the hospital/clinic

Date: (Year) (Month) (Day)

Please tear it off along this dotted line

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

### 1. Labor Insurance

If the insured person applies for Permanent Disability Pension, has a disability that is shown through the BLI's review to match the criteria for disability levels 1 to 7, and is unable to return to the workplace, but has not met the standard of "permanently unable to work," 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, which shall assign a team of professionals comprising specialist physicians, physical therapists, occupational therapists, clinical psychologists, or speech therapists to assess the insured person's work capacity.

Someone whose assessment results show a loss of 70% or more of work capacity	Someone whose assessment results show a loss of less than 70% of work capacity
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Approval and payment of Disability Pension and withdrawal from insurance beginning from the day of permanent disability diagnosis

Approval and payment of Lump-sum Disability Benefits

### 2. Labor Occupational Accident Insurance

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
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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

# Labor Insurance /Occupational Accident Insurance Disability Diagnosis Report

Bureau of Labor Insurance, Ministry of Labor Case Ref. No.

◎ Before issuing diagnosis statements, doctors shall read the notes and explanations of disabilities included in this list carefully

Name		Date of Birth		Number of alien resident certificate or passport											
Address	<div style="border: 1px dashed red; width: 100px; height: 20px; margin: 0 auto;"></div>										Contact number	Home: ( )	Mobile phone:		
Self-explained matters	Time of injury/sickness incident				The place of your occupational injury/sickness										
	Reason for injury/sickness				Name and time of the hospital/clinic visited										
<b>Injury/Sickness leading to the permanent disability and treatment at the hospital/clinic</b>															
Name of injury/sickness diagnosed as permanent disability				International Classification of Diseases	First visit date										
Treatment of the occupational injury/sickness				Hospitalization											
				From (mm) (yyyy) to (mm) (yyyy) From (mm) (yyyy) to (mm) (yyyy) From (mm) (yyyy) to (mm) (yyyy) No. of hospitalization__; Presently during the hospital stay <input type="checkbox"/> Y <input type="checkbox"/> N											
Disease and medical history relative to the disability				Outpatient care											
				From (mm) (yyyy) to (mm) (yyyy) No. of visits: <input type="checkbox"/> Less than 10 (___ times) <input type="checkbox"/> 10 or more											
Permanent disabled body part	Medical Record No.			Last visit related to the disabled body part:											
				<input type="checkbox"/> Surgical operation: (mm) (dd) (yyyy) <input type="checkbox"/> Radiotherapy/Chemotherapy: (mm) (dd) (yyyy)											
This Permanent Disability Statement is issued based on the diagnosis <input type="checkbox"/> of the patient who visited the hospital/clinic <input type="checkbox"/> found on the medical records dated (mm) (dd) (yyyy)															
It is hereby confirmed that the symptoms of the permanent disability specified in this diagnosis statement were diagnosed by the physician															
Name of the NHI-designated hospital/clinic.: _____															
Medical facilities code: _____ Phone: _____															
Practitioner's license: _____															
Address: _____															
President of the hospital: _____ Signature and seal: _____															
Physician: _____ Signature and seal: _____															
Specialist certificate no.: _____															
Diagnosis statement issuance date: _____															

Please apply seal or logo of the hospital/clinic

## Mental disability details and description

### Explanation:

1. This permanent disability shall be confirmed by a **psychiatric** specialist, who shall tick the box or add notes that best describe the actual condition of disability and its impact on everyday life and loss of ability to work. **A tick is only valid with the physician's seal applied over it.** A dementia statement may be issued by a psychiatric specialist who diagnoses and treats the patient.
2. This permanent disability may be determined only after treatment for 2 years or more and assessments such as psychological assessments or competency assessments, Mini-Mental Status Examination (MMSE), Wechsler Adult Intelligence Scale (WAIS), or Clinical Dementia Rating (CDR).
3. Statements for mental disability due to depression may not be issued until significant disabilities remain after treatments using tier-3 antidepressants or above. Please also attach the results of the Wechsler Adult Intelligence Scale (WAIS) and Mini-Mental Status Examination (MMSE) conducted within the last 3 months to the application form.
4. Dementia patients shall attach results of Clinical Dementia Rating (CDR) and Mini-Mental Status Examination (MMSE) conducted within the last 3 months.

**1. Mental disability: Those ①who have not been hospitalized ②becoming permanently unable to work shall provide a copy of medical records within the past 2 years.**

1. Appearance: Normal Hostile Neurotic Suspicious Uncooperative (Multiple choices allowed)

2. Affect: Normal Depression Nervousness Anxiety Apathy (Multiple choices allowed)

3. Conduct: Normal Agitation Aggressive behavior Withdrawing behavior  
Talking to himself/herself (Multiple choices allowed)

4. Thought: Normal Paranoia Hallucination Obsessive idea Contemplation of suicide  
(Multiple choices allowed)

5. Cognitive ability: Normal Cannot recognize family and friends  
Loss of memory and intellectual faculty  
Disability in the judgment of reality (Multiple choices allowed)

6. Occupational and social abilities:

Can return to normal life after treatment

Normally without obstruction of work, but remaining mental disability can be proven medically

Functions deteriorate; can only engage in light-duty works for the rest of life

Functions deteriorate; cannot do any work in their whole life

7. Everyday life

Normal

Functions deteriorate; can only manage the most basic everyday self-care ability

Needs caregivers to manage basic everyday self-care ability

Completely relies on caregivers or requires intensive guardianship

8. Types of treatment received

Hospitalization (acute psychiatric ward);

The period of treatment \_\_\_\_\_

Long-term rehabilitation (psychiatric day care ward or chronic psychiatric ward);

The period of treatment \_\_\_\_\_

Electroconvulsive therapy; Frequency \_\_\_\_\_

**【Yes No】** Received treatments using tier-3 antidepressants or above (please provide details of the types and dosage of the medicines and the period of treatment relevant to the disease)

Medicine name: \_\_\_\_\_ Dosage: \_\_\_\_\_ The period of treatment: \_\_\_\_\_

Medicine name: \_\_\_\_\_ Dosage: \_\_\_\_\_ The period of treatment: \_\_\_\_\_

Medicine name: \_\_\_\_\_ Dosage: \_\_\_\_\_ The period of treatment: \_\_\_\_\_

9. Test results within the last 3 months: MMSE: \_\_\_\_\_ (score); WAIS: \_\_\_\_\_ (score); CDR: \_\_\_\_\_ (score).

10. Other supplementary explanations:

The condition after evaluation meets criteria does not meet criteria of permanent disability with sustained symptoms

Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)

## Neurological disability details and description

Explanation:

1. This disability shall be determined by a specialist in **neurology, neurosurgery or rehabilitation** based on the actual condition of disability and its impact on life and ability to work. **A tick is only valid with the physician's seal applied over it.**
2. This disability may not be determined until **treatment for 6 months or more**; if operations are performed, the disability may not be determined until **at least 6 months following the last operation.**
3. Please provide the disability details of a dementia patient in the "mental disability details" field on page 2. Please also attach the results of Clinical Dementia Rating (CDR) and Mini-Mental Status Examination (MMSE) conducted within the last 3 months.

### 2. Neurological disability

1. Consciousness:  Normal  
 Mild to moderate consciousness disturbance  
 Severe consciousness disturbance  
 No consciousness
2. Respiration:  Normal  
 Frequently needs assistance from oxygen equipment  
 Underwent tracheostomy and needs assistance from respirator

3. Limb muscle strength: **Range: levels 0-5; please select an appropriate level for each of the following body parts:**

		Left side						Right side						Supplementary explanations:
		5	4	3	2	1	0	5	4	3	2	1	0	
Upper limb	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Wrist/Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lower limb	Thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Limb convulsion:  Normal     With obstruction     Stiff
5. Balance and coordination:  Normal     Limb coordination deficit     Trunk coordination deficit
6. Condition of Parkinson's disease after treatment (Modified Hoehn-Yahr Stage)
  - Level 0: No symptom
  - Level 1: Symptoms on one side
  - Level 2: Mild symptoms on both sides; balanced and normal posture
  - Level 3: Some limitations in everyday life; slightly imbalanced posture;  
requires no assistance from others
  - Level 4: Can stand on his/her own and walk slowly, but suffers significant limitations in everyday life and work
  - Level 5: Will completely rely on a wheelchair or become bedridden without others' assistance

(More details of this disability on page 4)

7. Mobility: Can walk on one's own  
Moves sluggishly  
Needs a walking stick to walk  
Can steer a wheelchair  
Needs others' assistance to steer a wheelchair  
Completely unable to move
8. Ability to sit upright in bed: Normal      Bedridden but able to turn over  
Bedridden and unable to turn over
9. Work ability: Normal  
Normally without obstruction of work, but remaining mental disability can be proven medically  
Can only do light work in their whole life  
Cannot do any work in their whole life
10. Ingestion: Eats without other's assistance    Temporarily needs feeding    Permanently needs feeding  
Temporarily receiving nasogastric tube feeding  
Permanently receiving nasogastric tube feeding  
Received temporary gastrostomy      Received permanent gastrostomy
11. Speaking: Normal  
Inarticulate speech and impaired communication skills due to injuries in the nervous system  
Loss of speaking and communication faculties due to injuries in the nervous system
12. Epilepsy: Received full treatment using 2 or more anticonvulsants, but still has 1 or more seizures every month  
Received full treatment using 2 or more anticonvulsants, but still has 1 or more seizures every week
13. Modified Rankin Scale:
- Level 0: No symptom
- Level 1: No significant disability except for symptoms; able to perform all everyday activities
- Level 2: Mildly disabled; unable to perform all everyday activities as used to, but able to take care of  
Himself / herself without assistance
- Level 3: Moderately disabled; requires some assistance, but is able to walk without assistance
- Level 4: Moderate-to-severe disability; unable to walk or take care of himself/herself without assistance
- Level 5: Severely disabled; bedridden and incontinent; requires continuous care and attention
14. Other supplementary explanations:

The condition after evaluation meets criteria does not meet criteria of permanent disability with sustained symptoms  
Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)

## Eyes and Ear disability details and description

**Explanation:**

1. Doctors shall provide details based on the actual condition of disability. **A tick is only valid with the physician's seal applied over it.**
2. Vision disability:
  - (1) The measurement of "Eyesight" shall be based on corrected eyesight with the application of C-shape eye chart. And please write down the result in Chinese financial characters.
  - (2) If the eyesight after correction is only capable of detecting hand movement or number of fingers presented before the eyes, please specify the distance (in centimeters) from which the eye is capable of detecting the movement or number of fingers.
  - (3) "Blindness" includes eyeball losing or extraction, no ability to differ light from shade, the ability only for distinguishing then hand motion one meter before one's eyes, or distinguishing the number of fingers five centimeters before one's eyes.
  - (4) Insured person, who applies for eyesight and visual field disability, **shall pass "Malingering examination"**. In addition, the determination of "Visual Field Disability" should be based on the "Fundus/Optic Disc Image Centered on the Optic Nerve and the Macula Lutae" and the "Vision Diagram" within the last three months.
3. Auditory disability:  
 The auditory disability examination **is reliable** when all the differences between the detection value of each auditory frequencies at 500 Hz, 1 kHz and 2kHz in the 2 pure tone audiometry (PTA) tests are **within 10 dB**, or the difference in detection values between the better result of the 2 PTA tests and auditory brainstem response (ABR) test or speech reception threshold (SRT) test is **within 15 dB**.

**3. Eyes disability:**

✖ **Malingering test result:**  Normal  Not normal

**1. Eyesight disability:**

Eyesight in the first visit				Eyesight when disability was diagnosed			
Without correction		After correction		Without correction		After correction	
Right		Right		Right		Right	
Left		Left		Left		Left	

2. Other eye disabilities and levels: **(Please provide relevant reports of tests taken within the last 3 months)**

\_\_\_\_\_

**4. Ear disability:**

1. **Please attach the results of tests including 2 PTAs within the last 3 months (2 tests must be at least 24 hours apart), SRT, and ABR.**
2. Average threshold is calculated based on the thresholds of 500 Hz, 1 kHz, and 2 kHz.
3. Disability diagnosis shall be based on the better average hearing threshold in the 2 PTA test results.
4. Pure tone audiometry test results:

Date of first visit to the hospital/clinic: _____ (YYYY/MM/DD)			
Average threshold in the first visit		Average threshold when disability was diagnosed	
R	dB	R	dB
L	dB	L	dB

5. Auditory brainstem response test results: Right ear reacted at \_\_\_\_\_ dB; left ear reacted at \_\_\_\_\_ dB
6. Speech reception threshold test results: Right ear reacted at \_\_\_\_\_ dB; left ear reacted at \_\_\_\_\_ dB

The condition after evaluation  meets criteria  does not meet criteria of permanent disability with sustained symptoms  
 Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)

# Mouth disability and Head, Face, Neck defect disability details and description

Explanation: Doctors shall provide details based on the actual condition of disability. **A tick is only valid with the physician's seal applied over it.**

**1. Mouth disability:**

- (1) The judgment of Mastication, deglutition and speaking disability could not be done until **6 months after the last surgery**; if the treatment is not surgery but radiation or chemotherapy, then, the judgment could not be done until **6 months after the termination of radiation treatment or chemotherapy**. However, language disability caused by the excision of whole throat is not bounded by this rule.
- (2) Chewing disability refers to the disability due to reasons **other than teeth injuries** (e.g., disabilities in cheeks, tongue, soft and hard mouth covers, jaw bone, jaw joint, etc.)
- (3) Speaking disability means anarthria, dysphonia and spelling functional disability etc. caused by the reasons **but for teeth trauma**.
- (4) "Teeth disability", only for victims who are involved in five defective teeth at least for **accidental harm**.
- (5) Definition of teeth defect: include two types of symptoms such as loss and damaged. "Loss" means the teeth have totally fallen off with no residual root and it is impossible to put the falling off teeth back inside the original alveolar bone; "Defect" refers to a significant disability in the chewing function of a tooth whose crown is broken by more than one half.

**2. Head, face, and neck defect disability:**

The judgment of this disability should be carried out **1 year or longer after the treatment** for the disability; if a surgical operation is involved, judgment should not be made until **1 year after the most recent surgery**.

**5. Mastication and deglutition disability:** The diagnosis should be confirmed after proper rehabilitation and evaluation of the related abilities. Those who have not received surgical operations shall provide a copy of medical records for the last 6 months.

**6. Speaking disability:** Except for full throat removal, this disability must be determined after speech rehabilitation and assessment. Those who have not received surgical operations shall provide a copy of medical records for the last 6 months.

- Cannot masticate or swallow food but liquid diet (e.g. juice or milk).
- Cannot masticate and ingest food completely but congee, paste or similar food
- Those who need the assistance of fluid to deglutition because of the reduction in saliva caused by radiotherapy or chemotherapy.
- Complete loss of the sense of taste caused by head trauma, organization of jawbone trauma or tongue trauma.

**1. Voices that cannot be voiced include:**

- Bilabial     Labiodental     Apical     Velar
- Lingual tongue     Blade-palatals     Dentals
- Spelling functional in obvious left disability

**2.  Full throat removal**

**3. Aphasia caused by speech center injuries:**

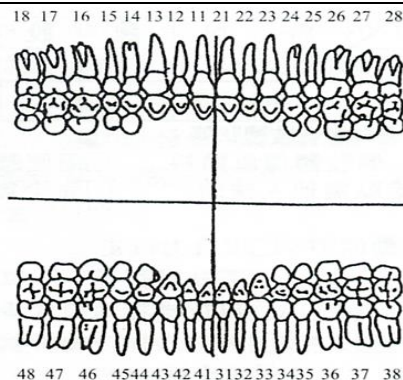
- Unable to communicate with language or voice so it is serious disability on communication or comprehensive capability.
- Language comprehensive capability, expression, clarity and fluency of speech and pronunciation has difficulties so it is minor disability on communication or comprehensive capability.

**7. Teeth disability (Please specify the disabled part in the figure on the right)**

- Accidental harm     Caused by disease(s)

(1) No. of original teeth lost or removed: \_\_\_\_\_

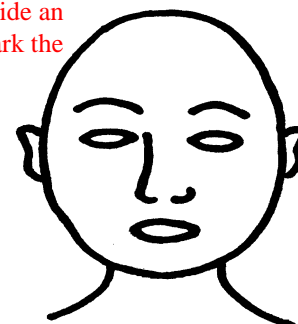
(2) No. of original teeth whose crown is broken by one-half or more: \_\_\_\_\_ (excluding those lost or removed)



**8. Head, face, and neck defect disability:** Please provide a 4x6 close-up color photo illustrating the sustained symptoms and taken 1 year or more after treatment (with image of a measuring stick and filming date on the photo), along with the name and ID card no. on the back.

- A scar with a diameter of 8 centimeters or more remains on the head, neck or on the lower jaw.
- A scar on the face with a diameter of 5 centimeters or more remains; a linear scar on the face of 8 centimeters above; several linear scars on the face with a total length of more than 12 centimeters; or a hollow with a diameter of more than 3 centimeters.

Doctors shall provide an illustration and mark the location of:



The condition after evaluation  meets criteria  does not meet criteria of permanent disability with sustained symptoms

Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)



## Viscera in chest and abdomen disability details and description

### Explanation:

1. The physician shall tick the box or add notes that best describe the actual condition of disability and its impact on everyday life and loss of ability to work. **A tick is only valid with the physician's seal applied over it.**
2. This disability may not be determined until **treatment for 6 months or more**; if operations are performed, the disability may not be determined until at least **6 months following the last operation**. However, if there is reasonable treatment period for individual viscera, the period shall be followed.
3. For functional disability patients or Chronic Renal Failure patients who need long term dialysis treatment, the disability level should be judged on the date the patients are discharged from hospital after organ excision operation or the first time receive the dialysis treatment.
4. Bladder disability must be determined by an **urologist**.

### 9. Viscera in chest and abdomen disability:

#### 1. The disabled body parts and symptoms:

1. Heart: **Please provide a copy of medical records for the last 6 months and the reports of cardiac function test and nuclear medicine left ventricular function test conducted within the last 3 months**

Heart functionality damage classification standard:

【First degree Second degree Third degree Forth degree】

Was hospitalized and received continuous mechanical assistances or intravenous injections of cardio tonic agents (for two weeks or less more than two weeks more than four weeks), which lead to progressive chronic heart failure

Result of left ventricular ejection fraction (LVEF) test in nuclear cardiology conducted within the last 3 months after the termination of treatment: \_\_\_\_\_%

Coronary Heart Disease: Those who have history of myocardial infarction or the disease have been proven by coronary angiography.

Valvular Heart Disease: Those who have【Mild Moderate Severe Profound】valvular abnormality (narrow or backflow) which have been proven by Echocardiography.

Cardiomyopathy (Dilated, hypertrophic and regionalized) which have been proven by Echocardiography.

【Dissection Non-dissecting aortic aneurysm; parameter: \_\_\_\_cm】Aortic disease, confirmed by appropriate imaging test findings \_\_\_\_\_

Other heart diseases: \_\_\_\_\_, 【proven by \_\_\_\_\_tests judged by the diagnosis of cardiologist】. Those who have been evaluated and judged to have certain degree of heart function disability.

Heart transplant

Ventricular assist device implantation

Others \_\_\_\_\_

#### ※Cardiac function impairment classification criteria:

- ① Level 1 cardiac function impairment: Has heart disease, but without motor disability; no fatigue, palpitations, dyspnea, or angina in everyday activities.
- ② Level 2 cardiac function impairment: Has heart disease and mild motor disability; no symptoms at rest or light-duty works, but symptoms such as fatigue, palpitations, difficulty in breathing or angina appear when engaging in works of heavier duties in everyday life.
- ③ Level 3 cardiac function impairment: Has heart disease and severe motor disability; no symptoms at rest, but symptoms such as fatigue, palpitations, breathing difficultly or angina appear even in mild activities.
- ④ Level 4 cardiac function impairment: Heart disease and inability to move; symptoms such as fatigue, palpitations, dyspnea, or angina appear even at rest, and the symptoms aggravate during activity.

(More details of this disability on page 10)



4. Pancreas: **Please provide a copy of medical records for the last 6 months. (Not required for full pancreatectomy)**

Total pancreatectomy

\_\_\_% partial pancreatectomy       Yes       No      Diabetes or aggravation of diabetes resulting from partial pancreatectomy

5. Stomach: **Please provide a copy of medical records for the last 6 months.**

Total gastrectomy

\_\_\_% partial gastrectomy

6. Spleen:  Splenectomy

7. Kidney:  Removal of  Left  Right kidney.       Left  Right kidney loses all functionality.       Kidney transplant

Two sides of the kidney are not functioning and the patient must undergo dialysis treatment regularly.

Received the first periodic dialysis treatment on (date): \_\_\_\_\_

8. Intestine: **Please provide a copy of medical records for the last 6 months.**

Remove  all  \_\_\_% of large intestine.

Remove \_\_\_% of small intestine, and  have  have no short bowel syndrome.

9. Anus:  Permanent colostomy       Encopresis caused by incomplete sphincter ani

Temporary enterostomy (enteroproctia)

10. Bladder:  Cystectomy / Loss of function,  with  without permanent artificial bladder

Shrink bladder only has the capability less than 50cc.

Incontinence caused by changes in sphincter of bladder

11. Adrenalin:  Loss of both sides of Adrenal gland and need to supplement hormone for the whole life.

12. Pelvis:  Fractures of pelvis ring and lead to Urethral trauma and lead to serious urethral stricture which unable to be fixed via surgery operation and need Cystotomy for life.

13. Reproductive Organs:  Lose both spermaries.       Lose  left side  right side spermary.

Major impairment, scar or other deformities of the penis, which leads to incapacitation of sexual behavior

Involved in obvious impotence caused by the pathological changes of pelvis visceral nerve (erection central nervous system) for pelvis ring in fracture.

Abdominal hysterectomy       Bilateral oophorectomy

Removal of  left side  right side ovary.       Removal of  left side  right side fallopian tube.

Narrowing of the vaginal opening due to scarring, which makes penis penetration impossible and results in incapacitation of sexual behavior.

Loss of function due to radiotherapy or chemotherapy

14. Milk gland:  Removal of both breasts completely.       Removal of  left  right breast completely.

Removal of  left  right breast partially.

15. Disability or removal of other organs (please specify the parts, names, and remaining disabilities of the organs, or disability levels after their removal):

**(More details of this disability on page 10)**

2. Consciousness: Normal Obtundation Semicoma Coma
3. Respiration: Normal Frequently needs assistance from a respirator Chronically needs assistance from a respirator
4. Mobility: Can walk on one's own
- Moves sluggishly
- Needs a walking stick to walk
- Can steer a wheelchair
- Needs others' assistance to steer a wheelchair
- Completely unable to move
5. Lying in bed: Normal Bedridden but able to turn over Bedridden and unable to turn over
6. Work ability: Normal
- It can be proved by objective medical evidence that significant obstructions of work exist
- Can only do light work in their whole life
- Cannot do any work in their whole life
7. Ingestion: Eats without other's assistance Temporarily needs feeding Permanently needs feeding
- Temporarily receiving nasogastric tube feeding Permanently receiving nasogastric tube feeding
- Received temporary gastrostomy Received permanent gastrostomy
8. Defecation and urination: Does not need much assistance Needs others' assistance
- Completely relies on other's assistance Incontinent
9. Bathing and changing: Doesn't need much assistance Needs others' assistance
- Completely relies on other's assistance
10. Malignant tumor: Mitigated after treatment Recurred after treatment
- Metastasized (parts of body the tumor spread to and range: \_\_\_\_\_ )
11. Other supplementary explanations:

The condition after evaluation meets criteria does not meet criteria of permanent disability with sustained symptoms

Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)

# Body skin sweating disability; spinal disability details and description

## Explanation:

1. The physician shall tick the box or add notes that best describe the actual condition of disability. **A tick is only valid with the physician's seal applied over it.**
2. Body skin sweating disability:
  - (1) The judgment of this disability should be more than 1 year after the treatment for the disability; if there is surgery involved, the judgment could not be made **1 year after the last surgery.**
  - (2) For those who lost skin's perspiration function means the malfunctioning of skin's perspiration function caused by external trauma or burn injuries or chemical burn or surgery, there are hypertrophic scar left on body outside of head, face and neck (including the hypertrophic scar created by skin-grafting)
3. Spinal disability:
  - (1) If you have paralyzed limbs due to spinal cord compression, please provide details in the neurological disability field.
  - (2) The measurement of the maximum angle of motion in the range of motion **must be completed with the subject's cooperation.**
  - (3) The spine must be diagnosed through X-ray film. If necessary, please cooperate with electromyography or magnetic resonance imaging examination.
  - (4) "Obvious deformity" means it can be observed from exterior when wearing clothes. "Left rachis deformity" means meeting one of the following conditions: a. Those whose partial rachis or backbone is involved in obvious deformity (including defect) being caused by fracture or other pathological changes that is hard to be observed when wearing clothes or when undress or through X-ray film. b. Those who are involved in three protruding thorns at least after the resection.
  - (5) The above mentioned "obvious deformation" means meeting one of the following situations: a. Single vertebral lost its height for more than 50% caused by fracture. b. Vertebral dislocated for more than 25% (First degree and above). c. Scoliosis for more than 30 degree. d. Kyphosis for more than 50 degree.

## 10. Body skin sweating disability: Please provide a 4 × 6 photo of burn with sustained symptoms (with image of a measuring stick and filming date on the photo) as evidence; however, a doctor from a hospital of appropriate level which has a plastic surgery department or a burn ward may issue a diagnosis statement with a picture in replacement of the photo.

1. Degree of body skin perspiration function loss (excl. disabled area in the head, face, and neck): Lost by \_\_\_\_%. (The calculation on disability area uses 1% of the area of a palm to total surface area of human body as measuring and calculation base.)
2. Surgical operation(s):  None  
 Yes; Date of last operation: \_\_\_\_\_
3. Loss of more than 60% of skin's perspiration function:  
 Can only do light work in their whole life  
 Cannot do any work in their whole life
4. Are there any plastic surgery or burn wards in the hospital that issued this diagnosis statement:  Yes  No



## 11. Spinal disability: ①Please provide side and frontal spinal X-ray films taken within the last 3 months (the insured person's name, ID card no. or date of birth, and the filming date must be provided on the films) ②Those with significant deformities in the spine shall also provide photos taken with clothes.

1. X-ray films show  significant  no significant  fractures  dislocations  \_\_\_\_\_ lesions.
2. The spine from  cervical spine  thoracic spine  lumbar spine vertebra body no. \_\_\_\_ to  cervical spine  thoracic spine  lumbar spine vertebra body no. \_\_\_\_  
a total of \_\_\_\_\_ bodies of vertebra \_\_\_\_\_ vertebrae \_\_\_\_\_ discs are  fixed  fused  adhered
3. Maximum angle of movement in the main range of motion:  
 Cervical spine: Flexion (forward flexion): \_\_\_\_ (degree) ; Extension (backward flexion): \_\_\_\_ (degree) ;  
Range of motion: \_\_\_\_ (degree)  
 Thoracic/Lumbar spine: Flexion (forward flexion): \_\_\_\_ (degree) ; Extension (backward flexion): \_\_\_\_ (degree) ;  
Range of motion: \_\_\_\_ (degree)
4.  Obvious deformity (Please refer to explanation 3.(4) )  
 Left rachis deformity (Please refer to explanation 3.(4) and (5) )

The condition after evaluation  meets criteria  does not meet criteria of permanent disability with sustained symptoms

Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)

# Limb defects or function disability details and description

**Explanation:**

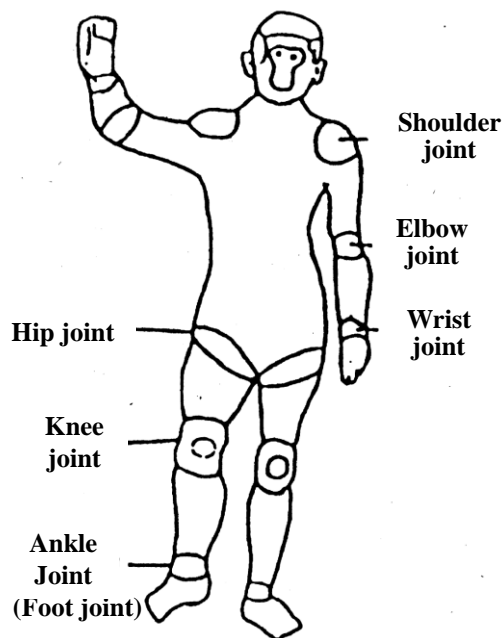
1. For patients with limb disability, doctors shall fill in the angles and ranges of motion in the maximum motion angle table according to the conditions of disabled body parts. If any finger or toe is defective or lost, please provide an illustration and mark the location. **A tick is only valid with the physician's seal applied over it.**
2. Test of exercise limitation: Use the physical exercise range of the joints as standard, when the reasons and degree of functional (moving) disability are obvious, use the exercise range of auto moving. If there is mental reason or reason and degree of disability is not clear, it should reference the possible exercise range of other exercise to judge it.
3. The measurement of the maximum angle of motion in the range of motion **must be completed with the subject's cooperation.**
4. Joint disability (including upper, lower limbs, fingers, and toe joint) caused by Rheumatoid arthritis and Gout, if the gap between joint are complete and there is no obvious joint face damage or deformation and could be relieved by medicine treatment is not include in the payment range. Those applying for benefits for the aforesaid joint disability must also provide X-ray films and appearance photos.

**12. Limb defects or function disability:**

**1. Impaired (amputated) upper limb:**

- Left upper limb      Wrist (inclusive) or above amputated
- Right upper limb
- Left upper limb      Elbow (inclusive) or above amputated
- Right upper limb

✳For upper or lower limb defects (amputation), please indicate the disabled part in the figure below according to the X-ray filming results



**2. Impaired (amputated) lower limb:**

- Left lower limb      Tarsometatarsal (inclusive) or above amputated
- Right lower limb
- Left lower limb      Foot (inclusive) or above amputated
- Right lower limb
- Left lower limb      Knee (inclusive) or above amputated
- Right lower limb

**3. Limb shortening disability (leg length discrepancy)**

Left lower limb \_\_\_\_\_ cm  
 Right lower limb \_\_\_\_\_ cm

**4. Table of upper and lower limb joint motion ranges and angles**

Joint name	Left Righ	Shoulder	Left Righ	Elbow	Left Righ	Wrist	Left Righ	Hip	Left Righ	Knee	Left Righ	Ankle
Flexion		Front lift degree		degree		Palmar flexion degree		degree		degree		degree
Extension		Back lift degree		degree		Dorsiflexion degree		degree		degree		degree
Maximum angle of motion		degree		degree		degree		degree		degree		degree

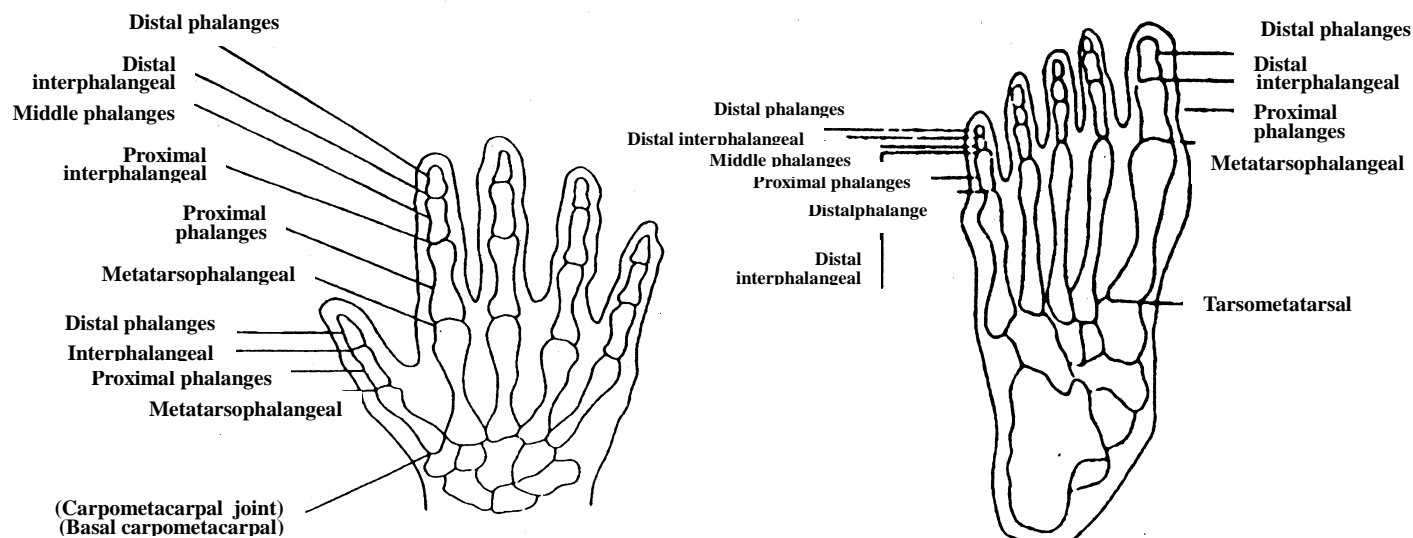
The condition after evaluation meets criteria does not meet criteria of permanent disability with sustained symptoms

Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)

5. Table of knuckle motion maximum angles

Joint	Metatarsophalangeal joints		Proximal interphalangeal joints		Distal interphalangeal joints	
	Left (Degree)	Right(Degree)	Left (Degree)	Right(Degree)	Left (Degree)	Right(Degree)
Thumb			Interphalangeal	Interphalangeal	X	X
First finger						
Middle finger						
Ring finger						
Little finger						

※For finger or toe defects (amputation), please indicate the disabled part in the figure below according to the X-ray filming results



6. Table of phalangeal joint (foot) motion maximum angles

Joint	Metatarsophalangeal joints		Proximal interphalangeal joints		Distal interphalangeal joints	
	Left (Degree)	Right(Degree)	Left (Degree)	Right(Degree)	Left (Degree)	Right(Degree)
First toe			Toe joint	Toe joint	X	X
Second toe						
Third toe						
Fourth toe						
Fifth toe						

13. Other disabilities (details of other remaining disabilities other than disability categories 1-20 listed above):

The condition after evaluation meets criteria does not meet criteria of permanent disability with sustained symptoms

Permanent disability diagnosis date: \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) \_\_\_\_\_ (yyyy)

