

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Y/M/D (Please read carefully the instructions on the reverse side)

1. All the above columns are filled in truthfully and you have indeed selected the application payment items that are checked above. In order to review the payment needs, it is agreed that your bureau may consult the relevant information from the Central Health Insurance Administration of the Ministry of Health and Welfare or other relevant organizations. In case of overpaid insurance benefits, we also agree that your bureau may deduct and repay the insurance benefits that you can receive in accordance with Article 29, Paragraph 4 of the Labor Insurance Regulations. °

2. The current beneficiary has already made an agreement in accordance with Article 63-3 of the Labor Insurance Regulations, please pay according to the "Payment Method" above. If there are other unnamed beneficiaries in the same order, I am willing to be responsible for them °

Applicant (beneficiary) signature or seal : \_\_\_\_\_ (Please sign by yourself)  
Signature or seal of legal representative : \_\_\_\_\_ (Please sign by yourself)

Certificate of Insured	The above items have been found to be true, and it is hereby certified that °	
	labor insurance card number : _____ company name : _____	
	principal : _____	manager : _____
	Tel : ( ) _____ Address : _____ (單位圖記)	

※Please contact the insurance company for the application procedures. It is free and convenient, and there is no need to entrust others to do it. Please verify and fill in all fields.

Please call this office (電話：02-23961266 轉 2263) °

※Mailing or delivery address: "Labor Insurance Bureau, Ministry of Labor", No. 4, Section 1, Roosevelt Road, Zhongzheng District, Taipei City, 100232 °

### Current beneficiary

1. All current beneficiaries should fill in the form. °
2. If the beneficiary is a minor or an incapacitated person, the identity information of the legal representative should be filled in and countersigned with a signature or seal. °
3. Sequence of receiving Survivor's Allowance and Survivor's Pension: (1) Spouse and children (2) Parents (3) Grandparents (4) Those who are supported by the insured Grandchildren (5) Brothers and sisters supported by the insured °

spouse	Name	date of birth	identity card numbers														
	communication address	<input type="checkbox"/> with the applicant's correspondence address Zip code : <input type="text"/> - <input type="text"/> Current add: _____	Telephone : _____ mobile phone : _____	The aforementioned address is: (please tick) <input type="checkbox"/> Residence address <input type="checkbox"/> current address													
Apply for survivor's Annuity Required	marry date	under guardian ship declare	monthly labor for income	Have more than severe Handbook of Physical and Mental Disabilities													

Fill in the information of other beneficiaries (please do not fill in the non-sequential beneficiaries)

Name	date of birth	identity card numbers															relationship with the insured
Legal representative name	date of birth	identity card numbers															
communication address	<input type="checkbox"/> same with the applicant's correspondence address Zip code : <input type="text"/> - <input type="text"/> Current add: _____															tel : _____ mobile phone : _____	The aforementioned address is: (please tick) <input type="checkbox"/> Residence address <input type="checkbox"/> current address

Apply for survivor's Annuity Required	under guardian's ship declare <input type="checkbox"/> N <input type="checkbox"/> Y	Are you studying? <input type="checkbox"/> N <input type="checkbox"/> Y	monthly labor for income <input type="checkbox"/> N <input type="checkbox"/> Y , _____ 元	Have more than severe Handbook of Physical and Mental Disabilities <input type="checkbox"/> N <input type="checkbox"/> Y
Name	date of birth _____/____/____ Y/M/D	identity card numbers _____	relationship with the insured	
Legal representative name	date of birth _____/____/____ Y/M/D	identity card numbers _____		
communication address	<input type="checkbox"/> same with the applicant's correspondence address Zip code : _____ mobile phone : _____ Current add: _____			tel ; _____ The aforementioned address is: (please tick) <input type="checkbox"/> Residence address <input type="checkbox"/> current address
Apply for survivor's Annuity Required	under guardian's ship declare <input type="checkbox"/> N <input type="checkbox"/> Y	Are you studying? <input type="checkbox"/> N <input type="checkbox"/> Y	monthly labor for income <input type="checkbox"/> N <input type="checkbox"/> Y , _____ 元	Have more than severe Handbook of Physical and Mental Disabilities <input type="checkbox"/> N <input type="checkbox"/> Y
Name	date of birth _____/____/____ Y/M/D	identity card numbers _____	relationship with the insured	
Legal representative name	date of birth _____/____/____ Y/M/D	identity card numbers _____		
communication address	<input type="checkbox"/> same with the applicant's correspondence address Zip code : _____ mobile phone : _____ Current add: _____			tel ; _____ The aforementioned address is: (please tick) <input type="checkbox"/> Residence address <input type="checkbox"/> current address
Apply for survivor's Annuity Required	under guardian's ship declare <input type="checkbox"/> N <input type="checkbox"/> Y	Are you studying? <input type="checkbox"/> N <input type="checkbox"/> Y	monthly labor for income <input type="checkbox"/> N <input type="checkbox"/> Y , _____ 元	Have more than severe Handbook of Physical and Mental Disabilities <input type="checkbox"/> N <input type="checkbox"/> Y

Please paste the photocopy of the applicant's deposit book cover below

If you need to transfer to each applicant's account separately, please paste the  
photocopy of the cover book in sequence

(can be overlaid on the description)

Please get my death benefit statement

1. Death benefit items, application qualifications and payment standards

(1) Funeral allowance:

1. When the insured dies during the effective period of the insurance, the person who pays the funeral expenses shall pay the average monthly insured salary for the 6 months preceding the month (inclusive) of the death of the insured.

Please receive a funeral allowance for 5 months.

2. If the insured dies during the effective period of the insurance, and the survivors do not meet the requirements for claiming survivor annuity payment or survivor allowance, or if there are no survivors, the person who pays the funeral expenses shall be

The 10-month funeral allowance is based on the average monthly insured salary for the first 6 months from the month (inclusive) of the death of the insured.

(2) Surviving family allowance:

1. Eligibility for claiming: The insured had insurance seniority before January 1, 1998, died during the effective period of the insurance, and left his spouse, children, parents, grandparents or the insured.

Insured grandchildren or brothers or sisters who are supported by them during their lifetime may choose to claim survivor's allowance once.

2. Payment standard:

(1) If the total insurance period is less than 1 year, a 10-month survivor's allowance will be paid once based on the average monthly insured salary for the 6 months preceding the month of death (inclusive).

(2) If the total insurance years are more than 1 year but less than 2 years, the average monthly insurance salary for the 6 months before the month of death (inclusive) will be paid to the 20-month survivors at one time allowance.

(3) For those who have been insured for 2 years in total, a 30-month survivor's allowance will be paid once based on the average monthly insured salary for the 6 months preceding the month of death (inclusive).

3. The order of receiving Survivor's Allowance is as follows:

(1) Spouse and children (2) Parents (3) Grandparents (4) Grandchildren supported by the insured before life (5) Brothers and sisters supported by the insured before life.

The term "parents and children" refers to biological parents, adoptive parents, children born in wedlock (including those who are deemed to be children born in wedlock according to the civil law), or those who have been adopted according to law and have completed household registration.

For adopted children who have registered for 6 months. Adopted children are not allowed to claim the survivor's allowance of their natural parents.

(3) Survivor's annuity:

1. Eligibility:

(1) The insured dies during the effective period of the insurance.

(2) The insured surrenders the policy and dies during the period of receiving disability annuity payment or old-age annuity payment.

(3) Those who have been insured for at least 15 years, meet the qualifications for claiming old-age benefits as stipulated in Article 58, Item 2 of the Labor Insurance Regulations, and die before receiving old-age benefits.

2. Order of survivors: (1) Spouse and children (2) Parents (3) Grandparents (4) Grandchildren supported by the insured before life (5) Brothers and sisters supported by the insured before life. When there are beneficiaries in the former order, the survivors in the latter order cannot apply for it. However, if the first-order beneficiaries (spouse and children) have one of the following circumstances, the second-order beneficiaries (parents) may apply for survivors' annuity benefits: (1) All of them do not meet the requirements for claiming. (2) Died during the period of claiming survivor's pension. (3) Whereabouts unknown or abroad. (4) Submitting a waiver application. (5) Those who have not filed an application within one year after meeting the application requirements. If the surviving family members in the first order claim the claim or meet the requirements again, the payment will be stopped and the surviving family members in the first order will apply for the claim. Survivors will not be reissued.

3. Requirements for receiving:

(1) Spouse: meet one of the following conditions.

Be at least 55 years old and have been married for more than one year.

At least 45 years old and have been married for more than one year, and the monthly working income does not exceed the first level of the insurance salary scale.

Inability to earn a living.

Raise the children of (2) below.

(2) Children (adopted children must be adopted for more than six months): meet one of the following conditions.

Minor. Inability to earn a living. Those under the age of 25, who are in school, and whose monthly work income does not exceed the first level of the insurance salary scale.

(3) Parents and grandparents: Those who are 55 years old or above, and whose monthly working income does not exceed the first level of the insurance salary scale.

(4) Grandchildren: those who are supported by the insured and meet one of the conditions for children in (2) above.

(5) Siblings: Supported by the insured and meet one of the following conditions.

## 2. Application procedures

(1) To apply for funeral allowance, the following documents shall be presented:

1. Application for death benefit of labor insurance and payment receipt.
2. The death certificate, the prosecutor's autopsy certificate or the death declaration verdict.
3. A copy of the household registration of the entire household containing the date of death of the insured and a copy of the household registration of the applicant's current address if the application is made after the date of death of the deceased. (Please do not omit the note)
4. The original document proving the payment of funeral expenses. However, if the person who pays the funeral expenses is to receive the survivor's annuity or survivor's allowance in sequence, a letter of closing may be used instead.

(2) To apply for survivor's allowance, the following documents shall be presented:

1. Application for death benefit of labor insurance and payment receipt.
2. The death certificate, the prosecutor's autopsy certificate or the death declaration verdict.
3. A transcript of the entire household registration containing the date of death of the insured. If the beneficiary is an adopted child, the date of adoption and registration shall be included; if the beneficiary and the deceased are not in the same household registration, the

At the same time, a transcript of the household registration is presented. (Please do not omit the note)

4. If the beneficiary is a grandchild or a brother or sister, the relevant supporting documents of the insured should be attached.

(3) The following documents and documents shall be presented to apply for the survivor's annuity:

1. Application for death benefit of labor insurance and payment receipt.
2. The death certificate, the prosecutor's autopsy certificate or the death declaration verdict.
3. A transcript of the entire household registration containing the date of death of the insured. If the beneficiary is a spouse, the date of marriage should be included; if the beneficiary is an adopted child, the date of adoption and registration should be included. If the beneficiary and the deceased are not in the same household registration, the transcripts of each household registration should be submitted at the same time. (Please do not omit the note)
4. Other supporting documents are as follows:

(1) The (adopted) children or grandchildren are over 20 years old, and under 25 years old and are still scholars: the proof of enrollment or tuition fee receipt should be attached, and the relevant documents should be re-checked before the end of September each year.

The customs certificate will be sent to the Labor Insurance Bureau for verification. Those who meet the conditions after verification will continue to pay the survivor annuity until the end of August of the following year.

(2) Applicants who qualify as "incapable of earning a living": Attach a handbook or certificate of severe disability or above, or a certificate of guardianship declaration.

(3) Applicants who are "supported by the insured" (grandchildren or siblings): The relevant documents of the fact that the insured is supported should be attached.

(4) If the applicant is a minor or an incapacitated person, the payment application and payment receipt shall be countersigned or stamped by the legal representative, and a copy of the legal representative's household registration shall be attached. (Please do not omit the note)

(5) Surviving family members who do not have household registration in China should submit their identity and relevant supporting documents. Those applying for the surviving family pension should be re-examined by the Labor Insurance Bureau every year.

(6) If the applicant is a foreigner residing domestic, a photocopy of the residence permit, passport or entry-exit permit should be attached, which should be affixed with the original copy and stamped with the size seal of the insured unit or the applicant's signature.

(7) If the attached documents are produced by a government agency other than our country, they should be verified by the following units; if the supporting documents are in foreign languages, they must be verified together with the Chinese translation or certified by a domestic notary public (a death certificate sufficient for identification) English documents and family relationship certificates are exempted from Chinese translations):

1. Those produced abroad should be verified by Chinese embassies, consulates, representative offices or offices abroad; those produced in China by foreign embassies, consulates or authorized institutions in Taiwan should be re-inspected by the Ministry of Foreign Affairs. (If you have any doubts, please contact the Consular Affairs Bureau of the Ministry, Tel: 02-23432888)

2. Producers in the mainland area should be notarized by the mainland notary office and verified by the my country Straits Exchange Foundation.

3. Those made in Hong Kong or Macau should be verified by the Taipei Economic and Cultural Office of my country in Hong Kong or Macau.

## 3. Application period

The right to claim funeral allowance and survivor's allowance shall be extinguished if it is not exercised within 5 years from the date of claim. If the beneficiary of the survivor's annuity fails to file an application in the month



that meets the requirements for claiming the claim, the benefits that he or she can claim five years before the date of filing the claim shall be retroactively supplemented by the Labor Insurance Bureau in accordance with the law. However, the portion already claimed by other beneficiaries does not apply.

#### 4. Notes

(1) Paragraph 2 of Article 1088 of the Civil Code stipulates that parents have the right to use and benefit from the unique property of their minor children. However, it shall not be punished unless it is for the benefit of the children. Therefore, the legal representative shall not waive the right to pay this insurance for minors.

(2) Paragraph 1 of Article 1094 stipulates that when parents cannot exercise or bear the rights and obligations of minor children, or parents die without a will appoint a guardian, or the guardian appointed in a will refuses to take office, the guardian shall be appointed in the following order: 1. . Grandparents who live with minors 2. Brothers and sisters who live with minors 3. Grandparents who do not live with minors.

(3) Article 11 of the Household Registration Law stipulates: For persons without legal capacity or persons with limited legal capacity, those who legally establish, select, amend, decide, designate or entrust guardians shall be prisoners. care registration.

(4) When the applicant wants to receive payment by remittance to a foreign financial institution, he must bear the foreign exchange fee by himself (the remittance fee is based on the charging standard of the domestic remittance financial institution), and can receive the payment by himself.

deducted from the payment amount.

(5) If the insured dies during the effective period of the insurance and meets the requirements for one-time application for the old-age benefit, when the beneficiary selects the payment item "Funeral Allowance and Survivor's Allowance", the Bureau will directly pay it with a better amount; The insurer surrenders the insurance and dies during the period of receiving disability pension or old-age pension, or has 15 years of insurance coverage, and meets the eligibility for old-age benefits as stipulated in Article 58, Item 2 of the Labor Insurance Regulations, and fails to receive old-age benefits For the former deceased, when the surviving family chooses or changes to receive the surviving family annuity, the seal of the insured unit may not be required.

(6) "Incapacity to earn a living" means:

1. Those who meet the statutory qualifications for severe or above physical and mental disabilities, have obtained a handbook or certificate for physical and mental disabilities, and have not actually engaged in work or have not participated in relevant social insurance other than the National Pension.

2. The declaration of guardianship has not been revoked.

(7) If the account is likely to be detained due to debt problems and cannot provide an account in a general financial institution, the applicant may apply to the Bureau of Labor Insurance for a financial institution in accordance with Article 29 of the Labor Insurance Regulations.

When a special account is opened, the insurance payment deposited will not be the subject of set-off, seizure, guarantee or enforcement.

(8) For foreigners who do not have an ID number, please fill in their passport or residence permit number.