Labor Insurance Injury or Sickness Benefits (Temporary Disability Benefits) Application Form and Payment Receipt

Seria	erial no. : Date of Application: (Please read carefully the instructions on the reverse side)														
The i	Name		Date o birth	of		Number of alien resident certificate or passport				2					
The insured person	Zip Code : Correspondence address : Mobile phone no. : When the claim for ordinary injury or sickness benefits is approved, it is agreed that the BLI may notify the applicant by text message via mobile phone. No hard copy of the approval letter shall be sent. On reviewing the application for ordinary injury or sickness benefits, if the BLI requires correction/supplementary information, the BLI shall only notify the insured person. (Note: If the box is not ticked, the BLI shall notify both the insured unit and the insured person, so that the insured unit may help making correction or providing supplementary information.)														
ACC	Type of the injury/sickness : Date the injury/sickness occurred : ordinary injury ordinary sickness														
	The period/number of days when the insured is hospitalized due to injury/sickness. (% The benefits is not available if the insured only receives outpatient services or stays at home during the period of recovery.) From mm-dd-yy To mm-dd-yy The period of consecutive days (Note: It is not necessary to provide "number of days" if the claim involves a consecutive period of time.) Non-consecutive period - There are total days when the insured is hospitalized.														
ACCIDENT	Please specify below the status of salary(remuneration) payment during the period when the insured is hospitalized due to injury or sickness. 1. The insured has not received any salary or remuneration. 2. The insured has received part of the salary or remuneration during the period when he/she is hospitalized. 3. The insured has received his/her original salary or remuneration. (Please tick if the insured has any leave-taking below. :special leaves on shift basisFlexible leave-taking														
	Please attach here a copy of the front page of the applicant's passbook														
Payment method	 **Please 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 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 illegible. The account name shall be identical with the name of the insured registered with the BLI, so as to avoid any unsuccessful fund transfer. 1. Remit the fund to the applicant's account with a financial institution : Name of the financial institution : Bank Branch 														
methc															
d (Please tick)	 2. Remit the fund to the applicant's account with Chunghwa Post : Post Office Code: Account on: Account no.: Account no.: 3. Remit to the designated account of the Applicant: The BLI is requested to mail the "Notice for the Opening of a Designated Account" to the Applicant, who will visit the appointed financial institution to open the account. Please attach a photocopy of the front cover of the applicant's passbook for the designated account with the Land Bank of Taiwan or the Post Office for the benefit payment of labor insurance/ occupational accident insurance/ national pension/employment insurance/labor pension/farmer pension. %If the Applicant, due to debt issues, has concerns over possible seizure, he/she may apply for a designated account exclusively for deposits of the insurance benefits. Deposits in the designated account shall not be the object of seizure or compulsory execution.										oor				
The undersigned confirms that the above information is true and correct. The Applicant agrees that the BLI may directly retrieve relevant information from the National Health Insurance Administration of the Ministry of Health and Welfare or other relevant agencies. If there is any surplus payment of the insurance benefits, the BLI may deduct the surplus amount from the insurance benefits claimed by the Applicant or his/her beneficiary.									ts,						
	Personal seal or signature of the insured person : (%If the insured is a minor or is placed under custody by a court order, his/her legal representative shall endorse accordingly. A copy of the household registration shall be attached.)														
Ve the	We have checked the above information and confirm it is true and correct.														
Insur	Certificate number :				Name of the insured unit :										
Verification by the Insured Unit	F. Responsible person : Phone : ()				Person in-charge : Address :				(Insured unit stamp)						
		t to the t				41									

The service is free and convenient. It is not necessary to engage an agent. Please ensure all the information provided are true and correct. Any illegal behaviors such as fraud or counterfeiting shall be subject to legal actions. If you have any question, please feel free to contact the BLI at (02)23961266 Ext.2236
 Address for mailing or delivery in person : 100232 Bureau of Labor Insurance, Ministry of Labor, No.4, Section 1, Roosevelt Road, Zhongzheng District, Taipei City.

I. Please read the following notes before completing the form

The ordinary injury or sickness benefits is paid to the 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 hospitalized period of injury/sickness. By nature, the benefits serves as a subsidy (compensation) to salary payment, rather than a medical subsidy. If an insured only receives outpatient services or stays at home during the period of receivery or has received the original salary during the period of receiving medical treatment, he/she shall not claim such benefits. Please visit the BLI's website (https://www.bli.gov.tw) to access to relevant regulations and examples of the completed form.

II. Qualification and documents required

Type of Benefit	Eligibility Requirements	Payment standard and Calculation Formula	Documentation Requirements
ordinary injury/ ordinary sickness	 The insured is hospitalized due to ordinary injury or sickness. (The benefits is not available if the insured only receives outpatient services or stays at home during the period of recovery.) The insured is incapacitated for work. The insured has not received the original salary or remuneration. 	 The benefits shall be paid since the 4th day after the insured is hospitalized and becomes incapable of work, up to a maximum of 6 months. The payment shall be 50% of the average monthly insured salary for the six months prior to the month (including the current month) when the insured becomes sick or injured. If the insured has already enrolled with the labor insurance for one year or more when the incident occurs, the benefits shall be extended for 6 months. In other words, the benefits shall be available for one year in total. Calculation Formula : The payment amount shall be rounded up to the nearest integer. Example: The average monthly insured salary of Mr. Wang during the six months prior to the month of the hospitalization(including the current month) is NT\$38,200. He has been hospitalized for ten days due to sickness and has not received any salary during the period of injury/sickness. He is therefore entitled to receive an injury or sickness benefits of : NT\$38,200÷30=NT\$1,273.3 (daily insured salary) NT\$1,273.3×50%×7days (Since the 4th day of hospitalization) = NT\$4,457 (The amount calculated is NT\$4,456.5, which shall be rounded up to the nearest next integer, NT\$4,457.) 	Temporary Disability Benefits Application Form and Payment Receint

III. 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 the insured period, the 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 hospitalized days. Payments shall be made at the end of each interval. For those less than 15 hospitalized days, the payment shall be made at the end of the treatment for injury or illness. 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 the treatment is completed, subject to that the claim is made within five years.
- 4. 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 injury/sickness.
- 5. 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, regardless of the length of working time.
- 6. 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 language, 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 a 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 area, it should be certified by the institutes designated or setup 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 setup up by Executive Yuan or the delegated civilian groups in Hong Kong or Macau.(Taipei Economic and Cultural Office (HK) or (Macau))
- 7. Please provide correct information about the hospitalized period of injury/sickness claimed and the status of receiving salary payment, in the meantime attach relevant supporting documents. Any person who uses fraudulent or other improper means to collect insurance benefit, or makes false statements, reports or statements, shall be subject to a penalty that is equivalent to twice the insurance benefit. The insurer may seek compensation for damages from the offender under the Civil Code. If criminal liability is involved, the case shall be forwarded to the judicial authority for handling.