

Occupational Accident Labor Equipment Subsidy Application and Subsidy Receipt

Be applicable decree	For workers who for labor insura Labor Protection	have an occupational a nace occupational acci 1 Act. Those who do n ne Labor Occupational	accident dent be ot appl	t insurance accident nefits shall be su y for this insura	ıbject nce be	to th enefit	ne pro t shal	vision	s of	the Oc	cupatio	nal Ac	cident		
¹ Occupational	1			² date of birth			Y/M/D								
Accident Worker Name			³ ID r	number											
4 Application				5 Amount of									元		
for the name				purchasing									元		
of the assistive				aids									-		
device													元		
													元		
6 contact method	Current address :			Phone: /Mobile:											
7 Date of Injury Occurrence		Y/M/D Have applied for labor insurance occupational accident benefit Not applied for labor insurance occupational accident benefit													
⁸ Occupational Accident Brief Please specify the causal relationship between the occurrence of the accident and the performance of duties		Occupational													

9	1. Docs to be prepared:			
Docs to be prepared	□1. Application form for equipment subsidy and its subsidy receipt (including the instrument subsidy or grant for the same item that has not been received in accordance with other laws and regulations)			
	statement of payment).			
	□2. The doctor of the special hospital or clinic of the National Health Insurance issues a diagnosis certificate that must use assistive devices (i.e. diagnosis			
	certificate). If the Occupational Accident Labor Protection Act is applicable, it shall be issued by a physician of a medical institution for the identification of physical and mental disabilities.			
	□3. Purchase or lease assistive devices within six months from the date of issuance of the diagnostic certificate or the date when the use of assistive devices is required			
	The original uniform invoice or receipt (if the date of issuance of the uniform invoice or receipt is earlier than the date of issuance of the supporting document,			
	The date on which the assistive device needs to be used should be indicated in the document, and the date between the required date and the date on which the unified invoice or receipt is issued should not exceed			
	six months).			
	□4. A copy of the cover book of the applicant's financial institution's passbook.			
	□5. For those who have not participated in labor insurance, provide employer information (unit name, employer name, address and telephone number) and occupational disaster-related certificates (such as			
	Mediation records, settlement letters. In the event of a traffic accident, please attach the "Road Traffic Accident Certificate" issued by the police			
	form", and fill in the "Statement of Injury Caused by Accidents on the			
	way to and from get off work or on business trips").			
	2. Books should be prepared for specific assistive items:			
	\Box 1. Evidence of the use of assistive devices in the assessment of assistive professionals (ie assessment report).			
	\Box 2. Standard form of subsidy for assistive devices for workers with occupational accidents or the Office of Disability and Death Subsidy for Device Care Disability and Death for Workers who Apply for Occupational Accidents			
	Documents to be provided as stipulated in the appendix of Article 3 of the Act.			
¹⁰ I agree t	hat the Occupational Safety and Health Administration may consult the Health Insurance			
Administra subsidies, to the cou	tion or other relevant agencies and groups for relevant information due to the need to review and declare that it has not applied for subsidies for the above-mentioned assistive devices nty and city governments or other government agencies. In addition to returning the subsidy een received, the author of the book is willing to take all legal responsibilities.			

Occupational Accident Worker Signature : (If there is a guardian, please sign and seal together)

To apply for this subsidy, there is no need to apply through the insured unit, and there is no need to entrust others to do so. After completing the application form, please send it together with the relevant documents to: Department of Occupational Safety and Health, Ministry of Labor. Address: 11th Floor, South Building, No. 439, Zhongping Road, Xinzhuang District, New Taipei City, 24219. The application form can be downloaded from the Office's global information website (http://www.osha.gov.tw) or obtained from the Office. If you have any questions, please contact the Occupational Safety and Health Department of the Ministry of Labor at 02-89956666 ext. 8287. 111.5

Instructions for receiving occupational accident labor

equipment subsidy :

1. Eligibility for claiming: The worker must use assistive devices after being diagnosed by a doctor or assessed by other professionals due to occupational injuries and diseases, and has not received the same items of devices as stipulated by the Occupational Accident Labor Protection Act, the Labor Occupational Accident Insurance and Protection Act or other laws and regulations grant or payment.

2. the subsidy standard:

Occupational Accident Labor Protection Act Equipment Subsidy	 Appliances according to the standard table of subsidy for labor aids in occupational accidents and the amount of the subsidy. Four assistive devices are subsidized each year, and the total amount of subsidy is limited to NT\$60,000. (Except artificial electronic ear, Braille touch monitor and desktop TV expansion machine) Those who have been approved by the Department to subsidize the assembly of assistive devices will exceed the minimum service life After that, if it is still necessary to use after being diagnosed by a doctor, the same item must be raised again. Application.
Labor Occupational Accident Insurance and Protection Act Equipment Subsidy	1. In accordance with occupational accident workers apply for appliance care disability and death subsidy measures

	o subsidize the assembly of assistive devices will
e	exceed the minimum service life
	After that, if it is still necessary to use it
a	fter being diagnosed by a doctor, it is necessary
t	o apply again for the same item.