Student Group Insurance (College included)

國泰人壽保險股份有限公司理賠申請書

Cathay Life Insurance Co., Ltd.("Cathay Life") Claim Form

		保戶基本	資料 Basic Info	rmation	of the I	nsured					
	(*)保單號碼(服	(*)保單號碼(服務人員填寫) 學號				(*)班 級 科 別					
36 17 RA 1	Policy number (filled by		Stur	dent ID		Class / Department					
被保險人 (事故者)資料											
(争故者))) Information of	(*)姓。	4	(*)身/	分證字號	ż		(*)出生	- 口 抽			
the Insured	(本)姓			刀 砬 士 颁 ./Passport N			(本) 山 生 Date of				
the mounds		,	ID Garante.	/ Γασοροι	10.				7 (Day)		
					!	<u></u>	年(Year)	月 (Month)	目 (Day)		
(*)居住地址 Residential									•		
Residential Address									•		
(*)聯絡電話	l		手機								
Telephone	()		mobile phone			E-mail					
· (*)申請種類	□非意外事故(疾病	ភ្)(1) Non-accide		s)	(*)申請	青日期	* (Veer)	= (11-nth)	~ (Day)		
Claim for	□意外事故(傷害)(,	Claim Da		年(Year)	月 (Month)	日 (Day)		
(*)事故原因					(*)事故	7. m Hn					
Cause of the						炎 日 期 ne insured peril	年(Year)	月 (Month)	日 (Day)		
insured peril					Date o	e ii isurou por					
申請專案補助 (無者免填)	□高中以下學生暨幼								-		
Subsidy program	-	Students in senior high school or below and Kindergarten students who meet the subsidy conditions set forth in Article 11 of insurance									
(if applicable)	policy may apply for critical surgery benefit based on subsidy program (please provide related documents).										
(*)理賠類別	□死亡(A) Death □失能(B) Disability □重大疾病-限大專院校勾選(C) Critical illness(College student only)										
Type of Claims	□醫療(E) Hospitaliza			」生活補助							
		□匯撥至受益人帳戶 (匯撥方式請附上存摺影本並加填下方欄位)									
/ 1.1 /口 17人 人		Remit to the beneficiary's bank account. (please provide bankbook and complete " Account Information" as below.)									
	户名 Account Name	⊆號 (P									
(未勾填給付方式,	Account Name		a nh	ID Card No.	/ Passpori	t No.					
	金融機構(分行)		行庫局號 代號	4		帳號					
Payment Method	Bank / Branch		八號 Branch Code		ļ	Account No.					
(Cathay Life will pay by non-	□禁止背書轉讓	十 西 Non nagot			北老輔	· · · · · · · · · · · · · · · · · · ·	"- Ha abaak				
negotiable check if	f				月百行。	摄义示 Negu	tiable check	□ 児並 Uasii			
no other method is chosen)	受益人身分證子	受益人身分證字號 Beneficiary's ID Card No. / Passport No. Except for beneficiaries who are foreigners or less than 7 years old,									
	cash or negotiable check can only be obtained at our service desk										
		一 吗 吃 九 /	·								
立書人已詳閱並瞭	病 <i>。</i> 《解下欄 【個人資料保護 》		烩查等個人資料蒐集 並同意 貴公司於符					幸人之病歷、醫 》	泰及健康檢		
查等個人資料 ,以	及將上開資料轉送與										
所為之意思表示。 Consent to the colle	lection, processing, and u	use of medical rec	orde medical treatm	oont health e	ojtanimev	n and other per	ronal informatic	on.			
	s read and understood the l		•	-		•			process, and		
J	l's medical records, medical	,		•			•				
	ned information to reinsurar t this consent is made unde	•		nships with Ca	athay Lile it	or conducting ren	isurance of claim	radjustment. rne o	undersigned		
	技保險人)/受益人(法	•		ersigned (th	ne Insure	d) / Beneficiar	v (Guardian) :	, •			
	**************************************					,	, ·		ĺ		
1									I		
1				4	受益人與礼	被保險人關係:	□本人□父母[□祖父母 □其他	<u>.</u>		
1	Relationship between beneficiary and insured: ☐same person ☐parents ☐grandparents ☐others										
1											
上開受益人之簽名於	被保險人身故時,僅代表受	を益人或其法定代理。	人提出理赔申請,並已	心知悉瞭解上述	E注意暨聲 甲	月事項。When th	e insured is dec	ceased, the above	e signature		
	only represents the benefi										
	保險,除身故保險金受益人				For College	e Student Group	Insurance, benef	ficiary of death ben	nefit shall be		
the student's lawful r	heir, and beneficiary of othe	er insurance benefit	, shall be the student r	nim/herselt.							

2.教育部國民及學前教育署招標高級中等學校以下學生團體保險,受益人為被保險人之法定代理人或其家長。但被保險人已成年者,其醫療保險金或殘廢保險金受益人得為本人。 For Senior High School and Lower Student Insurance of tendered by K-12 Education Administration, Ministry of Education's, beneficiary shall be the insured's guardian or

3.非屬上述第二項之幼童團體保險,除身故保險金受益人外,其他保險金受益人一律為學生本人,但受益人為未成年人時,得選擇匯款至法定代理人帳戶(須另檢附關係證明文件), 並於本公司將款項匯入法定代理人帳戶時,視為已對受益人給付。For Children Group Insurance which does not belong to paragraph 1 and 2 above, except for death benefit, beneficiary of other benefit shall be the student. If the beneficiary is not an adult, payment could be remitted to his/her guardian's bank account, in which case such payment

parents, but the beneficiary of hospitalization and disability benefit may be the insured him/herself if the insured is an adult.

shall be deemed to be made to the beneficiary.

the Required Notification under the Personal Information Protection Act 【個人資料保護法廳告知事項】依據個人資料保護法及保險法第 177 條之 1 暨 其相關規定,本公司為辦理人身保險業務之客戶服務、招攬、核保、理賠、契 According to the Personal Information Protection Act and Article 177-1 of the Insurance Act, Cathay Life will collect your personal information(including medical 約保全、再保險、海外急難救助、追償、申訴及爭議處理、公司內部控制及稽 核業務及符合相關法令規範之需要,而蒐集您的個人資料(包括病歷、醫療及健 records, medical treatment and health examination, and other sensitive personal 康檢查等特種個資)。所蒐集之資料除了再保險業務或委外業務執行的需要,會 information) for the purpose of conducting customer service, solicitation, 在我國境外被處理及利用外,僅會於前開蒐集目的存續期間及依法令規定期間 underwriting, claim adjustment, contract maintenance, reinsurance, overseas 內,以合於法令規定之利用方式,於我國境內供本公司及因以上目的作業需要 之第三方處理及利用。您可以至本公司各服務中心或利用本公司免費客戶服務 emergency relief, recovery, complaint and dispute handling, internal control, audit, and other needs that are in accordance with relevant regulations. All collected information will be processed or used in Taiwan, within the time period of the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purposes stated above and within the period stipulated by relevant useful at the purpose stated above and within the period stipulated by relevant useful at the purpose stated above and within the period stipulated by relevant useful at the purpose stated above and within the period stipulated by relevant useful at the period stipulated by relevant useful 專線(0800-036-599)查詢、請求閱覽、製給複製本、更正、補充、停止蒐集、處 理、利用或删除您的個人資料,惟本公司依法令規定或因執行業務所必須,得 不依您的請求處理。**若您未能提供相關個人資料時,本公司將可能無法辦理您** Cathay Life or the third parties that require the information to conduct relevant 的理赔申請。 services for the purposes stated above, but the information required for reinsurance 2.申請死亡保險金且受益人有數人時,限選擇同一領取方式;受益人逾2人時, or outsourcing will also be processed and used abroad. You can visit Cathay Life's 請另埴附件(service centers or use Cathay Life's toll-free customer service hot-line (0800-036-3. 因匯款帳戶錯誤、變更、撤銷等原因致無法完成轉帳者,本公司得改以禁止背 599) to inquire, request to review, make duplications, correct, supplement, or discontinue collection/processing/use of your personal information, or to delete your 書轉讓支票給付 4.依保險契約條款約定,受益人申請各項保險金時,本公司得請求被保險人或受 personal information. However, Cathay Life may refuse your request if permitted by 益人提供被保險人病歷調查同意書,其費用由本公司負擔。 5.各項理赔給付所需申請文件請詳見後頁,惟給付項目仍以保險契約條款之約定 relevant laws or such information is necessary for the performance of Cathay Life's obligation. If you refuse to provide your personal information, Cathay Life would not be able to handle your claim 6.依「全民健康保險扣取及繳納補充保險費辦法」,單張保單給付理賠延滯息達新 If there are multiple beneficiaries for death benefit, you may only choose one 臺幣兩萬元者,應按規定之補充保險費率扣取補充保險費,但屬下列兩種身分 payment method. Please fill out Appendix 1 when there are more than two 者,於理賠申請時檢附下列文件可免扣取補充保險費:(1)低收入戶者: beneficiaries 政機關核定有效期限內之中低收入戶證明文件;(2)未具投保資格或喪失投保資 If Cathay Life can't remit successfully due to incomplete/ incorrect information 格者:非本國人者檢附護照影本、已除籍之本國人者檢附最近3個月內戶籍證 provided by you, or the account designated by you is a disabled account or 意 cancelled account, Cathay Life may pay by non-negotiable check. 申請身故保險金者,立書人同意本公司得將相驗屍體證明書(或死亡證明書)與 According to the terms of the insurance policies, Cathay Life is entitled to require 相關單位之即時查詢比對系統進行資料比對,以確認其正確性。受益人申請理 賠之保險事故及其相關文件如有虛偽不實者,行為人須依法負民、刑事及其他 事 the insured or the beneficiary to provide an Authorization to Medical Record Investigation and the expense so incurred shall be borne by Cathay Life. 相關法律責任 Required documents for each claim type are shown on next page, but the available claim payment shall be based on the terms of the insurance policies. 項 8. 受益人申領之保險金債權遭法院等執行機關扣押時,如該保險金係維持自己及 共同生活親屬之生活所必需者,受益人得依強制執行法第122條規定,向該執 According to "Regulations Governing the Deduction and Payment of the 行機關聲請或聲明異議。 Supplementary Insurance Premium of the National Health Insurance", if Cathay Life make a single payment of deferred interest which reaches NT\$20,000, Cathay Life shall deduct the supplementary insurance premium. The following are exempted from the deduction of the supplementary insurance premium set forth in the preceding paragraph :(1)Low-income family: Valid supporting documents of middlelow-income households approved by the social welfare authority.(2) Individuals who are not eligible for or have lost their eligibility to National Health Insurance: If you are a foreigner, please provide a photocopy of your passport; If you are an R.O.C. notional who has been removed from the household register, please provide your household registration certificate valid for the latest three months. If you are claiming for death benefit, you agree to allow Cathay Life to compare the autopsy report (or death certificate) with online government records to confirm the accuracy of the documents. If the insured perils or the relevant documents used by the beneficiary to claim for the policy benefit are found to be false, civil liability, criminal responsibility and other related legal responsibilities shall be borne by the . When beneficiary's claim for insurance benefit is attached by court and other executive agencies, if the insurance benefit is necessary to maintain the beneficiary's own life or that of the beneficiary's household members, the beneficiary may raise an objection according to Article 122 of Compulsory Enforcement Act, [*)投保學校證明欄 Certification of School (Proposer) 關防/學保專用章 School Stamp 投保學校 School (Proposer) 學校代號 School Code 校 址 School Address 話 Telephone 校(園、所)長或職務代理人 職章 Principal/Substitute Principal Stamp 可以具完整學校名稱字樣之橡皮章代替學校 簽章 經 辦 員 印信(關防或學保專用章) Officer Signature/Stamp 本申請書所載被保險人確係本校學生並已參加學生團體保險,特此聲明。 Insured filled on this claim form is confirmed as our school's student and included in the Student Group Insurance. (*)服務人員(送件人)基本資料 Basic information of the Service Agent (case officer) 送件人姓名 單位代號 送件人ID Name of the Unit code Case officer ID case officer 連絡電話 市話:(分機) Telephone Mobile Phone

國泰人壽保險股份有限公司理賠申請書附件(一) Cathay Life Insurance Co.. Ltd.("Cathay Life") Claim Form - Appendix 1

Catnay Life insurance Co., Ltd.("Catnay Life") Claim Form - Appendix 1									
事故者基本資料 Basic Information of the Insured									
(4) Joh	# Name				全字號				
(*)姓名 Name					ID Card No.	/ Passport No.			
			保險金給付	方式 Payment N	Methods of f	the Policy Pro	ceeds		
		□匯撥至受		户資料) Remit to b		•			
			轉讓支票 Non-neg					請於帳戶資料身分證字號欄填寫受	
領	取方式	□現金 Cas		·	_		_	益人身分證字號,以利給付作業。	
Payment Method			□取消禁止背書轉讓支票 Negotiable check					Please fill out beneficiary's ID Card No./ Passport No. in the following	
				櫃枱親領、受益人為 re foreigners or less			shla shack	Account Information columns.	
		-	=	u, casii oi negotia	able check				
		can only be obtained at our service desk.				身分證字	字號		
	戶名 Accou	unt Name	lame			ID Card No./ Pas	sport No.		
	金融機構	(分行)		行庫局號代號		帳號 Account No.			
Acc	Name of the Ba	nk / Branch		Branch Code					
iount	· ·					身分證字			
nt Infor		count Name			ID Card No./ Pas	sport No.			
帳戶資料	金融機構 Name of the Ba	•		行庫局號代號 Branch Code		帳號 Accou	unt No.		
tion	户名			Dianon Coac		身分證字	字號		
	· ·	count Name	ne		ID Card No./ Pas				
	金融機構	(分行)		行庫局號代號		帳號 Accou	unt No		
1 m a	Name of the Ba		, 限選擇同一領取方式	Branch Code				th benefit, you agree to allow Cathay Life	
2.3. 4.5. 6. 7. 8. 1. 2. 3. 4. 5. Ginins and B. Charles and B. Ch	E 於 中	更,其請取費:失 、 性 大 大 大 大 大 大 大 大 大 大 大 大 大	因致無法院。 多項保險金時,本公司 多項保險金時,本公司 資質所 資質所 等性 等性 等性 等性 等性 等性 等性 等性 等性 等性	本公司得放保險人或之息達所以禁止人或之意, 可得請求被保險人之約達新來保險契約條款之約達新來保險契約條款之為達新來保險契約期內的。 事便身分期內。籍之保險事故及,是一個人工, 事人民險。全人是一個人工, 是一一一工, 是一一一工, 是一一一工, 是一一工, 是一一工, 是一一工, 是一一工, 是一一工, 是一一工, 是一一工, 是一一工, 是一一一	益 為達 中 本 · · · · · · · · · · · · · · · · · ·	to compare the government results the insured per to claim for the criminal response be borne by the criminal response be borne by the compared to maintain the household of maccording to a steep results for the light of the compared to th	ne autopsy lecords to co rilson the reliance policy between sibility and ne perpetrato iary's claim for cutive agencie beneficiar embers, the tricle 122 of all Notification of conductaim adjustmergency reliance of conductive reliance reli	report (or death certificate) with online nfirm the accuracy of the documents. If evant documents used by the beneficiary nefit are found to be false, civil liability, other related legal responsibilities shall	
文 益	.人簽名:si	gnature of Ber	neficiary						

法定代理人(監護人):Signature of the Guardian

各項理賠給付所需申請文件 Required documents for claim application

<u>-</u>	•	=			
給付項目 Benefits 申請文件 document	醫療保險金 Hospitalization	失能保險金 Disability	生活補助金 Living Subsidy	身故保險金 Death	專案補助重大手術保險金 (限編制內接受保險費補助之學生專用) Critical surgery benefit of subsidy program
學團險專用理賠申請書 Claim form (Student Group Insurance)	V	V	V	V	V
醫療診斷書(註 5) Certificate of diagnosis	V				V
醫療費用收據 Receipt	V (註1)				V (註 1)
失能診斷書、身心障礙手册或其他殘廢鑑定 文件 Disability certificate, disability card or other related document		V			
死亡診斷書或相驗屍體證明書 Death Certificate or autopsy report				V	
除戶戶籍謄本 Household Certificate indicating death of the insured				V	
受益人户籍謄本 Beneficiary's Household Certificate		V	V(註3)	V	
學籍資料(或入學資料影本) (請蓋經辦人職章) Certificate of student status or copy of admission (with officer's stamp)		V(註4)		V(註4)	
保險費補助之身分證明 Certificate of subsidy	-				V

註 1:請領醫療保險金者,須檢附診斷書及醫療費用收據(若以副本或影本代替,須請原醫療院所加蓋院方關防或其他專用章為證)。

When applying for hospitalization benefit, please provide certificate of diagnosis and receipt.

註2:户籍資料必須能證明受益人與被保險人之關係。

Household certificate is required to prove the relationship between the beneficiary and the insured.

註 3:請領生活補助金之戶籍資料必須能證明被保險人殘廢滿週年仍生存。

Household certificate used to apply for living subsidy is required to prove that insured is still alive after disabled for one year.

註 4:申請死亡及殘廢保險金時,國小以上學生須檢附學籍資料,幼稚園與托兒所幼童須附入學資料。

When applying for death and disability benefit, students at elementary school or above are required to provide certificate of student status, and children at kindergarten and nursery schools are required to provide certificate of admission.

註 5:診斷名稱(病名)「建議」可請醫師加註國際疾病編碼第十版的診斷碼,可加快理賠判斷。

It is suggested that doctors provide ICD10 of diagnosis on certificate of diagnosis.

註 6:受益人申領各項保險金時,國泰人壽於必要得經其同意調閱被保險人之就醫相關資料,其費用由國泰人壽負擔。 (須檢附同意查詢聲明書)

When applying for each benefit, Cathay Life is authorized to have access to insured's hospitalization information in condition of insured's providing agreement of investigation, and the expenses could be borne by Cathay Life.