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\* In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail.

Personal insurance and Cathay Life on-the-job group insurance only

# Cathay Life Insurance Co., Ltd.

## Claim Settlement Application Form

If the victim and the beneficiary are not the same person or if there are multiple beneficiaries, please specify one beneficiary as the representative for contact.

Victim's Basic Information										
Fields marked with (*) are required; make sure to fill them out to facilitate the review process.										
(*)Name	Kibo				(*)National ID No.	A	0	0	0	0
(*)Event Date	December 25, 2019				(*)Date of Birth	January 1, 2001				
(*)Residential Address	106 (Please provide full address) No. XXX, Sec. X, XXX Rd., Daan Dist., Taipei City, Taiwan									
(*)Preferred address for meeting during the daytime	<input checked="" type="checkbox"/> Same as residential address <input type="checkbox"/> (Please provide full address)									
(*)Contact Information (select one)										
Telephone	(02)27000001			Mobile phone	0912345678					
E-mail	Cathaylife			<input type="checkbox"/> @yahoo.com.tw	<input type="checkbox"/> @hotmail.com	<input type="checkbox"/> @cathaylife.com.tw				
				<input checked="" type="checkbox"/> @gmail.com	<input type="checkbox"/> Other @					
1. The Company shall send an SMS on the claim progress and case closure to the mobile phone number specified on the application form. 2. If the e-mail is provided, the Company shall send the details of the claim payment electronically to the e-mail address specified on the application form.										
Application Content										
(*)Application Date	December 31, 2019			(*)Cause of Event	Fracture					
(*)Applying for	<input type="checkbox"/> Non-accidental event (illness) <input checked="" type="checkbox"/> Accidental event    (Check only one)									
(*)Type of Claims (multiple selections accepted)	<input checked="" type="checkbox"/> Full medical reimbursement of actual treatment expenditure (F) <input checked="" type="checkbox"/> Daily medical treatment subsidy (burn injury) (E) <input type="checkbox"/> Cancer (G) <input type="checkbox"/> Subsidy (I) (childbirth and wedding) <input type="checkbox"/> Critical illness (designated illness) (C) <input type="checkbox"/> Death (A) <input type="checkbox"/> Disability (B) <input type="checkbox"/> Total disability (K) (total disability care) <input type="checkbox"/> Premium waiver (loss of capacity to work) (J) <input type="checkbox"/> Long-term care (H) <input type="checkbox"/> Regular insurance return check (N) (support income and income for disability) <input type="checkbox"/> Terminal state (hospice) (D) <input type="checkbox"/> Employee benefit group insurance (including benefit group insurance for retired employees) (O) <input type="checkbox"/> Accident insurance (X) <b>1. When employee benefit group insurance and accident insurance are selected, please select other relevant claims for the application to expedite operations.</b> <b>2. To apply for in-kind benefits, please fill out the "In-kind Benefits Service Application Statement and Consent" in the documents in the preceding paragraph for the selection of the type of claims.</b> <small>Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from 2017. The holders' rights and interests remain unaffected. For details, please refer to the Rules &amp; Policies section on Cathay Life Insurance Co., Ltd. website.</small>									
<b>Accident Information</b> (applicants who are applying for an accident-type event is required to fill out this section)										
Accident Location	Ren'ai-Dunhua South Road Roundabout			Work Description	Students					
Narrative	Grazed by a car on the way home				Date Reported (Not required if unavailable)	December 25, 2019				
Reported Party (Not required if unavailable)	Ren'ai Precinct	Telephone	(02)27000001		Case Police Officer (Not required if unavailable)	Ta-Ming Wang				
<b>Victim is a family member of an insured in a main (supplementary) insurance policy with unspecified beneficiary</b> (do not fill out this part if the victim is the insured of the main insurance policy) <b>If the claim settlement application includes a policy with accident insurance, please fill out the information below. If there are more than 4 items, please fill out Appendix (1)</b>										
Insurance policy with unspecified beneficiary (Group accident insurance policy, both-parent/single-parent cancer insurance policy, special family injury insurance policy, etc.)	Insurance policy number: <u>123456789</u> Insurance category code: <u>XX</u> Relationship: <u>Son</u> Insurance policy number: _____    Insurance category code: _____    Relationship: _____ Insurance policy number: _____    Insurance category code: _____    Relationship: _____ Insurance policy number: _____    Insurance category code: _____    Relationship: _____ <small>Ins. For both-parent cancer insurance policy, special family injury insurance policy, and other insurance policy with unspecified beneficiary, please fill out information in this section if the victim is not the insured of the main insurance policy</small>									
1. For all insurance policies with unspecified beneficiaries that require the information in this section if the victim is not the insured of the main insurance policy, the victim must also be provided to facilitate identity and relationship verification. 2. Only one code may be specified for each insurance category code. If there are several riders with unspecified beneficiaries, please fill out information separately.										

SMS messages to be used for updating claim filing status

Details of the claim payment will be provided electronically after the case is closed

The accidental event description must be provided if accident is selected as the application category

Ins. For both-parent cancer insurance policy, special family injury insurance policy, and other insurance policy with unspecified beneficiary, please fill out information in this section if the victim is not the insured of the main insurance policy



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# List of Documents Required to Apply for Claims

	Death	Critical illness and designated illness	Full permanent disability	Second to eleventh disability level	Moderate to severe burn injury	Terminal state/long term care status/premium waiver	Medical expenses			Subsidy			Occupational accident		
							Full medical reimbursement of actual injury treatment expenditure	Cancer	Hospitalization/surgery coverage <sup>Note 5</sup>	Wedding	Childbirth	Funeral subsidy	Death	Disability	Medical expenses for injury and illness
<b>Claim Application Form</b>	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
<b>Declaration of Inquiry Consent<sup>Note 1</sup></b>	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙				⊙	⊙	⊙
<b>Death certificate/autopsy report</b>	⊙											⊙	⊙		
<b>Disability diagnosis report<sup>Note 2</sup></b>			⊙	⊙		⊙								⊙	
<b>Insured person's canceled household registration records or new Household Certificate with canceled household registration records</b>	⊙											⊙	⊙		
<b>Identification document of the beneficiary</b>	⊙											⊙	⊙		
<b>Inheritors or other unspecified beneficiaries shall be required to provide a printed copy of the household registration transcript, electronic household registration transcript, or new household certificate printed issued within the last three months</b>	⊙											⊙	⊙	⊙	
<b>Doctor's diagnosis report<sup>Note 3</sup></b>		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙					⊙	⊙
<b>Original receipts and details of expenses</b>							⊙								
<b>Relevant test/examination report<sup>Note 4</sup></b>		⊙				⊙		⊙							
<b>Birth certificate/new household certificate that already contains birth records or a related document of proof</b>											⊙				
<b>New Household Certificate that contains marital status or a related document of proof</b>										⊙					
<b>Inheritor Authorization Letter<sup>Note 6</sup></b>	⊙														
<b>Photocopy of labor insurance payment receipt</b>													⊙	⊙	⊙

Note 1: See previous page for general Declaration of Inquiry Consent. When accessing hospital records that require a specific letter of consent, Cathay Life will provide the specific letter of consent.

Note 2: In case of amputation, the amputated appendage shall be specified. In case of joint function loss and movement disability, the movement range (angle) of the joint shall be specified. In case of disability caused by loss of other functions, the disability shall be specified. In case the person cannot take care of himself/herself, the area where the person requires assistance (food, clothing, shelter, transportation, putting on and taking off clothes, using the toilet), and the level of assistance required by the person shall be specified.

Note 3: **Cathay Life suggests you ask doctors to note the diagnosed illness's diagnosis code from the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) to speed up the claim review.**

Note 4: First-time cancer patients shall attach the biopsy report or other relevant examinations (blood test, abdominal ultrasound, CT scan, etc.) Persons with acute myocardial infarction shall attach the electrocardiogram and cardiac enzyme report. Patients with other critical illnesses/specific conditions (cerebrovascular accident, paralysis, Parkinson's disease, benign brain tumor, poliomyelitis, severe head trauma, etc.) please refer to the explanation on the disability diagnosis report (Note 2).

Note 5: When applicants are applying for surgical claims, make sure to indicate the name of the surgery on the diagnosis report or ask the hospital to indicate the National Health Insurance coverage code.

Note 6: If the recipient of insurance claims is the inheritor of the beneficiary or the person entitled to receive refund nonforfeiture value or insurance premiums is the inheritor of the applicant for insurance, then this document is required.

- Notices:
- I. The above documents are required to apply for general insurance claims; the claims officer shall inform the applicant of the actual documents required for claim review.
  - II. The applicant may provide documents of proof for accidental injury incidents (e.g., police report, traffic accident report) to speed up the review process.
  - III. When applying for accidental injury full medical reimbursement, copies of the receipt are acceptable.
  - IV. If you have any questions, please dial use the service hotline (please dial the toll-free customer service hotline 0800036599 on landlines; please dial the toll number 02-21626201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage > Contact Us > (Service Line) Customer Service Hotline > Online Telephone) or international consultation toll hotline (+886-2-55595110 press 1).
  - V. In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.

# Declaration of Inquiry Consent

The undersigned, Kibo, for the purpose of granting authorization to Cathay Life Insurance Co., Ltd. (hereinafter referred to as Cathay Life Insurance)  Application for insurance payment

to verify the identity of the insured  Required for insurance enrollment/underwriting  
Name: Kibo  
National ID No.: A000000000 Date of birth: 1 (month) 1 (date),

Undersigned  Parent  Spouse  Child  Other (\_\_\_\_\_ of the insured), agrees that Cathay Life Insurance may search, inquire, obtain medical records, view, copy, or photocopy the following information of your institution/unit as reference and evidence:

- I. Medical history.
- II. Insurance enrollment information.
- III. Required information for this insurance accident / insurance enrollment / insurance underwriting (including files in written or electronic format).
- IV. Compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents (death benefit application).

### To

All relevant medical institutions, police authorities, fire departments, public health authorities, prosecutors offices, life insurance associations, non-life insurance associations, insurance companies, Immigration Agency of the Ministry of the Interior, or other relevant institutions or persons.

◆ The undersigned agrees that photocopies of the consent made by Cathay Life can be used, and the photocopy has the same legal weight as the original copy.

\* Please affix the signature and seal of the undersigned

\* If the undersigned is a minor/under guardianship or subject to an order of commencement of assistance, please affix the signature and seal of the legal representative/guardian/assistant

Undersigned signature: Kibo

Legal representative/guardian/assistant signature:


National ID No.: A000000000


National ID No.:

Telephone: 0912345678

Telephone:

Address: No. XXX, Sec. X, XXX Rd., Daan Dist., Taipei City, Taiwan

Seal: 

Seal: 

1 (month) 2 (date), 2024 (year)

### Required Information per the Personal Data Protection Act

Cathay Life Insurance may collect your personal information for providing related personal insurance services, implementing and organizing reinsurance, overseas relief, appeal and dispute resolution, company internal control, and auditing. Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by Cathay Life Insurance in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit Cathay Life Insurance's service centers or use Cathay Life Insurance's service hotline for inquiries (please dial the toll-free customer service hotline 0800-036599 on landlines; please dial the toll number 02-2162-6201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage > Questions and Communication (Contact Us) Customer Service Hotline > Call Online Telephone) to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, Cathay Life Insurance can refuse your request if required by law or due to the information's necessity for conducting work. If you fail to provide relevant personal information, Cathay Life Insurance may not be able to provide you with comprehensive services due to requirements for sound implementation of personal insurance businesses.



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Senior high school and below used as example

# Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(\* ) = Required fields  
In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail

## Policyholder Basic Information

Insured (Victim) Information	(*) Insurance Policy Number (Filled out by the claims handler)				Student ID No.				Class and Department			
					1314888				White Rabbit Class			
	(*) Name Kibo				(*) National ID No. A 0 0 0 0 0 0 0 0 0				(*) Date of Birth July 7, 2016			
(*) Residential Address 235 No. XX, XX Rd., Daan Dist., Taipei City, Taiwan												
(*) Telephone ( )			Mobile Phone 0900000000			E-mail						
(*) Applying for <input checked="" type="checkbox"/> Non-accidental event (illness) (1) <input type="checkbox"/> Accidental event (injury) (2)						(*) Application Date October 1, 2020						
(*) Cause of Event Gastroenteritis						(*) Event Date September 1, 2020						
Application for special subsidies (Not required if unavailable) <input type="checkbox"/> Application for special subsidies for <b>major surgery benefit</b> by students in senior high school and below and children in kindergarten who meet the criteria for subsidies in Article 11 of the insurance policy (certification document required)												
(*) Type of Claims <input checked="" type="checkbox"/> Death (A) <input type="checkbox"/> Disability (B) <input type="checkbox"/> Critical illness benefits - applicable only to universities and colleges (C) <input checked="" type="checkbox"/> Medical expenses (E) <input type="checkbox"/> Cancer (G) <input type="checkbox"/> Support subsidies (N) Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.												

(*) Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input type="checkbox"/> Remit to beneficiary's bank account <input checked="" type="checkbox"/> Remit to beneficiary's bank account (Please provide a photocopy of the passbook and fill out the fields below to specify the remittance method)										
	Account Name Kibo's father				National ID No. A 1 1 1 1 1 1 1 1 1						
	Financial Institution (Branch) Cathay Life Insurance Songshan		Branch Number and Code 0130372		Account Number 013000000						
	<input type="checkbox"/> Check that may not be negotiated by special endorsement <input type="checkbox"/> Check that may be negotiated by special endorsement <input type="checkbox"/> Cash										
National ID No. of the Beneficiary (Only beneficiaries collecting payment personally over the counter, beneficiaries under 7 years old, or foreign nationals may select "check that may be negotiated by special endorsement" or "cash" as the payment method)											

**Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)**  
The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.

Relationship between the beneficiary and the insured:  Same person  Parent  Grandparent  Other \_\_\_\_\_  
(If the insured and the beneficiary are different persons, both persons must affix their signature)

(\*) Undersigned (the insured)/beneficiary signature: \_\_\_\_\_  
(\*) Legal representative (guardian) signature: **Kibo Kibo's father**  
(When the insured is deceased, the above signature of the beneficiary only represents the beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.)


1. For the student group insurance for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2020 academic year, where the beneficiary is deceased, the beneficiary of the death benefit shall be the inheritor; the beneficiary of the death benefit shall be the student. If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative (documents certifying the relationship are required). After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.  
2. For student group insurance in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before, the beneficiary shall be the legal representative of the insured or the parents of the insured. However, if the insured is an adult, the beneficiary shall be the insured or the legal representative of the insured.

**Notices**

If the beneficiary is the student, select "Remit to beneficiary's bank account" to remit the payment to the beneficiary's account. If the beneficiary is a minor, the beneficiary may choose to "Remit to the bank account of beneficiary's legal representative" to remit the payment to the bank account of beneficiary's legal representative. The signatures of both the beneficiary and legal representative shall be required.

If the official seal of the school is not affixed, Cathay Life Insurance will request the school to verify the student's enrollment online.

7. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authoritative documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities.  
8. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and the beneficiary objects in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.

(*) Insured School Certification Field											
Insured School Taitai Kindergarten				Official Seal / Student Insurance Seal							
School Code XXXXXX				 <p>A rubber stamp with the full name of the school may be used in lieu of the official seal of the school (official seal / student insurance seal)</p>							
School Address No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan											
Telephone 02-27551399											
Principal (President) or Deputy XXXXXX											
Handling Personnel XXXXXX				Job seal Signature or seal							
We hereby verify that the insured specified in this application form is a student of the school and is enrolled in student group insurance.											

(*) Basic information of the case officer (case officer)											
Name of the case officer				Department code							
Contact Number Landline: ( )				Mobile phone: _____							

Not required for the policyholder



University or college used as example

# Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(\* ) = Required fields  
In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail

## Policyholder Basic Information

Insured (Victim) Information	(*) Insurance Policy Number (Filled out by the claims handler)		Student ID No.		Class and Department	
			1314888		Class B, Second Year, Department of Insurance	
(*) Name	(*) Name		(*) National ID No.		(*) Date of Birth	
	Kibo		A 0 0 0 0 0 0 0 0 0 0		July 7, 2016	
(*) Residential Address 235 No. XX, XX Rd., Daan Dist., Taipei City, Taiwan						
(*) Telephone		Mobile Phone	0900000000		E-mail	
(*) Applying for		<input checked="" type="checkbox"/> Non-accidental event (illness) (1) <input type="checkbox"/> Accidental event (injury) (2)		(*) Application Date		October 1, 2020
(*) Cause of Event		Gastroenteritis		(*) Event Date		September 1, 2020
Application for special subsidies (Not required if unavailable) <input type="checkbox"/> Application for special subsidies for <b>major surgery benefit</b> by students in senior high school and below and children in kindergarten who meet the criteria for subsidies in Article 11 of the insurance policy (certification document required)						
(*) Type of Claims <input checked="" type="checkbox"/> Death (A) <input type="checkbox"/> Disability (B) <input type="checkbox"/> Critical illness benefits - applicable only to universities and colleges (C) <input checked="" type="checkbox"/> Medical expenses (E) <input type="checkbox"/> Cancer (G) <input type="checkbox"/> Support subsidies (N) Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules & Policies section on Cathay Life Insurance's official website.						

(*) Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input checked="" type="checkbox"/> Remit to beneficiary's bank account		<input type="checkbox"/> Remit to beneficiary's bank account	
	(Please provide a photocopy of the passbook and fill out the fields below to specify the remittance method)			
	Account Name	Kibo	National ID No.	A 0 0 0 0 0 0 0 0 0 0
	Financial Institution (Branch)	Cathay Life Insurance Songshan	Branch Number and Code	0130372
Account Number		013000000		
<input type="checkbox"/> Check that may not be negotiated by special endorsement <input type="checkbox"/> Check that may be negotiated by special endorsement <input type="checkbox"/> Cash				
National ID No. of the Beneficiary		(Only beneficiaries collecting payment personally over the counter, beneficiaries under 7 years old, or foreign nationals may select "check that may be negotiated by special endorsement" or "cash" as the payment method)		

**Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)**  
The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.

Relationship between the beneficiary and the insured:  Same person  Parent  Grandparent  Other  
(\*) Undersigned (the insured)/beneficiary signature: **Kibo**  
(\*) Legal representative (guardian) signature: **Kibo**  
(When the insured is deceased, the above signature of the beneficiary only represents the beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.)

1. For the student group insurance for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2020 academic year, where the beneficiary is deceased, the beneficiary of the death benefit shall be the inheritor; the beneficiary of other insurance benefits shall be the student. If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative (documents certifying the relationship are required). After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.  
2. For student group insurance for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before, the beneficiary shall be the legal representative of the insured or the insured.

3. For medical reimbursement, disability, or support subsidies, the beneficiary shall be the insured or the insured's legal representative.  
4. Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (for special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information and services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in providing services. You can visit the Company's service centers or use the Company's service hotline (please dial the toll-free customer service hotline 0800036599 on landline telephone service (path: Cathay Life official website homepage > Contact Us > (Service Line) Customer Service Hotline > Online Telephone) to inquire, request, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the legal requirements necessary for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.  
5. The same payment method must be selected for applications for the death benefit by multiple beneficiaries. Fill out Appendix (1) if there are more than two beneficiaries.  
6. According to the terms and conditions of the insurance policy, when the beneficiary applies for insurance benefits, the Company may request the insured or the beneficiary to provide the consent for access to medical records and all expenses of the examination shall be borne by the Company.  
7. Please refer to the following page for the application documents required for claim payments. However, the payment items shall be determined based on the terms and conditions of the insurance policy.  
8. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the delay interest for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with the supplementary insurance premium rate in the regulations. However, the supplementary insurance premium may be exempted for the two following categories of individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents from the social welfare authority. (2) Individuals who are not eligible for enrollment or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate for non-Taiwanese nationals with canceled household registration.  
9. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authoritative medical records and other related documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities.  
10. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and the beneficiary has no objection in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.

Where the beneficiary is deceased, the beneficiary shall be the inheritor; the beneficiary of other insurance benefits shall be the student.

Official seal of the school / student insurance seal required

(*) Insured School Certification Field	
Insured School	Taitai University
School Code	XXXXXX
School Address	No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan
Telephone	02-27551399
Principal (President) or Deputy	XXXXX
Handling Personnel	XXXXX
Job seal	
Signature or seal	
A rubber stamp with the full name of the school may be used in lieu of the official seal of the school (official seal / student insurance seal)	
We hereby verify that the insured specified in this application form is a student of the school and is enrolled in student group insurance.	

(*) Basic information of the case officer (case officer)	
Name of the case officer	Department code
Contact Number	Landline: ( )
	Mobile phone: ( )

Not required for the policyholder



School group insurance only  
Including university/college  
group insurance

# Cathay Life Insurance Co., Ltd.

## Claim Settlement Application Form

### Appendix (1)

Victim's Basic Information										
(*)Name	Kibo			(*)National ID No.	A	0	0	0	0	0
Claim Payment Methods										
Receiving Method	<input checked="" type="checkbox"/> Remit to beneficiary's bank account <b>(Please fill out the account information)</b> <input type="checkbox"/> Check that may not be negotiated by special endorsement <input type="checkbox"/> Remit to the bank account of beneficiary's legal representative <b>(Please fill out the account information)</b> <input type="checkbox"/> Check that may be negotiated by special endorsement <b>(Only beneficiaries collecting payment personally over the counter, beneficiaries under 7 years old, or foreign nationals may select the payment method on the left)</b>						Please specify the <b>national ID number of the beneficiary</b> in the national ID No. field in account information to facilitate the check issuance.			
Account Information	Account Name	Kibo Jr.			National ID No.	A	2	2	2	2
	Financial Institution (Branch)	Cathay Life Insurance Songshan	Branch Number and Code	0130372	Account Number	0140000000				
	Account Name	Kibo Sr.			National ID No.	A	3	3	3	3
	Financial Institution (Branch)	Cathay Life Insurance Songshan	Branch Number and Code	0130372	Account Number	0150000000				
	Account Name	(Name in Chinese)			National ID No.					
	Financial Institution (Branch)				Account Number					
<p>1. The same payment method must be selected for applications for the death benefit by multiple beneficiaries.</p> <p>2. If the remittance cannot be completed because the remittance account is erroneous, changed, or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement.</p> <p>3. According to the terms and conditions of the insurance policy, when the beneficiary applies for insurance benefits, the Company may request the insured or the beneficiary to provide the consent for access to medical records and all expenses of the examination shall be borne by the Company.</p> <p>4. Please refer to the following page for the application documents required for claim payments. However, the payment items shall be determined based on the terms and conditions of the insurance policy.</p> <p>5. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the delay interest for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with the supplementary insurance premium rate in the regulations. However, the supplementary insurance premium may be exempted for the two following categories of individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible for enrollment or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration.</p> <p>6. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities.</p> <p>7. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.</p> <p>8. <b>Required information per the Personal Data Protection Act:</b> Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service centers or use the Company's service hotline (please dial the toll-free customer service hotline 0800036599 on landlines; please dial the toll number 02-21626201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage &gt; Contact Us &gt; (Service Line) Customer Service Hotline &gt; Online Telephone) to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. <b>If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.</b></p>										
<b>Beneficiary signature:</b>										
Kibo Jr.      Kibo Sr.										
<b>Legal representative (guardian):</b>										

### Documents Required for Claim Payments

Application Document	Medical insurance benefit	Disability benefit	Support subsidies	Death benefit	Special subsidies for critical surgery benefits (limited to full-time students receiving subsidies for insurance premiums)
School group insurance claim application form	V	V	V	V	V
Medical diagnosis report (Note 5)	V				V
Receipts for medical expenses	V (Note 1)				V (Note 1)
Disability diagnosis report, disability card, or other disability certification		V			
Death certificate or autopsy report				V	
Household registration transcript with removal of the insured				V	
Certificate of the relationship between the beneficiary and the insured (Note 2)	(Note 2)	(Note 2)	(Note 2) V (Note 3)	V	
School registration information (or photocopy of enrollment information) (Please affix the job seal of the handling personnel)	V (Note 4)	V (Note 4)		V (Note 4)	V (Note 4)
Identity certification for insurance premium subsidies					V
Legal inheritor statement and consent form				V (Note 5)	
Related documents for outdoor education		(Note 7)		(Note 7)	

- Note 1: To apply for medical insurance benefit, the diagnosis report and receipts for medical expenses must be provided (if a copy or photocopy is provided instead, the official seal of the hospital or other special seals must be affixed as evidence).
- Note 2: The certificate of the relationship between the beneficiary and the insured (e.g., household registration transcript and certificate of dependency) must certify that the beneficiary is the legal representative, legal inheritor, guardian, or de facto dependent of the insured, or the family relation and degree of kinship etc. These documents shall also be required to apply for medical insurance benefits, disability benefits, and support subsidies for the group insurance policies for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before.
- Note 3: The identification of the beneficiary of support subsidies must certify the survival of the insured one year after the disability (e.g., household registration transcript).
- Note 4: The school may affix its official seal or student insurance seal to certify the enrollment status of the insured; school registration information may be provided for students in elementary schools or above; children of educate service institutions may provide enrollment information.
- Note 5: These documents are not required to apply for death benefits for the group insurance policies for students in senior high school and below tendered by the K-12 Education Administration of the Ministry of Education for the 2019 academic year and before if the beneficiary is not the legal inheritor.
- Note 6: **Cathay Life suggests you ask doctors to note the diagnosed illness's diagnosis code from the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) to speed up the claim review.**
- Note 7: When an application for insurance payment is filed due to participation in outdoor education, the implementation plan approved and passed by the school or educate service institution and certification documents for participating in outdoor education in accordance with related regulations of the Ministry of Education for outdoor education shall be provided (if the insured is a minor, provide the certificate of consent of the parent or legal representative for outdoor education).
- Note 8: When the beneficiary applies for insurance benefits, the Company may, where necessary, request the beneficiary to provide other related documents in addition to those specified in the table above. In addition, the Company may, where necessary, access the medical records of the insured with the approval of the insured (the Declaration of Inquiry Consent must be provided), and all expenses shall be borne by the Company.



303004



00013



Victim is the employee

# Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(\*) = Required fields  
In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail

Insured Unit	(*)Company Name <b>Fujiko Fujio Studio</b>		Plant <b>F</b>	Department <b>Comics</b>	Unified Business Number	1	2	3	4	5	6	7	8
(*)Victim's Information	Name	National ID No.			Date of Birth		Relationship between Victim and Employee						
	<b>Kibo</b>	<b>A 0 0 0 0 0 0 0 0 0 0</b>			<b>January 1, 1991</b>		<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other						
Employee Information <small>(Information in the sections outlined in bold are not required if the victim is the employee)</small>	Name	National ID No.			Date of Birth		(*)Insurance Policy Number		(*)Rating				
<div style="border: 2px solid green; padding: 5px; display: inline-block;">Not required if victim = employee</div>							1. _____		_____				
(*)Employee Residential Address <b>1106</b> (Please provide full address) <b>No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan</b>							Filled out by the claims handler or contact person						
Telephone	(*)Employee Telephone <b>(02) 2700-0000</b> Ext. <b>1000</b>		Mobile Phone	<b>0912345678</b>		Email	<b>doramixxx@gmail.com</b>						
Accident Type	<input type="checkbox"/> Non-accidental event (illness) <input checked="" type="checkbox"/> Accidental event (injury)				(*)Application Date		<b>December 31, 2019</b>						
Event Description	<b>Fracture</b>				(*)Event Date		<b>December 25, 2019</b>						
Benefit Claim	(*)Type of Insurance Benefit Claim (multiple selections accepted) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Critical illness (designated illness) <input checked="" type="checkbox"/> Medical expenses <input type="checkbox"/> Cancer <input type="checkbox"/> Regular insurance benefit payment (support income and income for disability) <input type="checkbox"/> Subsidy (childbirth) <input type="checkbox"/> Long-term care <b>Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules &amp; Policies section on Cathay Life Insurance's official website.</b>												
Accidental Event Location	<b>Ren'ai-Dunhua Roundabout</b>			Work Description		<b>Comic artist's assistant</b>							
Accidental Event Information	<b>Grazed by a car that ran a red light while on the way home</b>												
Unit that Submitted the Report	<b>Bird Cage Precinct</b>	Date Reported	<b>December 25, 2019</b>		Case Police Officer	<b>Ryotsu</b>		Telephone	<b>02-27000001</b>				
(*)Insurance Benefit Collection Method <small>(If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)</small>	<input type="checkbox"/> Remit to the bank account of beneficiary's legal representative. (If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.) <input checked="" type="checkbox"/> Remit to beneficiary's bank account designated below. <input type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required) (If a family member of the employee applies for "medical reimbursement", the option may be selected to remit to the employee's bank account. The applicant must fill out the Family Member Medical Reimbursement Designated Remittance Agreement Form below.) <input type="checkbox"/> Check that may not be negotiated by special endorsement. (Please specify the national ID number of the beneficiary in the field to the right to facilitate the check issuance)												
	National ID No. of the Beneficiary		<b>A00000000</b>										
Account Information	Account Name		<b>Kibo</b>		National ID No.		<b>A00000000</b>						
	Financial Institution (Branch)	<b>Cathay Life Insurance Songshan</b>		Branch Connection Code	<b>0 1 3 0 3 7 2</b>		Account Number	<b>1000000001</b>					
<b>Family Member Medical Reimbursement Designated Remittance Agreement Form</b> The undersigned, (the victim) is a family member of the employee _____, and hereby agrees to remit the medical insurance benefits in this application to the employee's designated account in a financial institution (account information provided in the field above). After the remittance is completed, your company's obligation to pay medical insurance benefits to the undersigned for this application shall be terminated. This Agreement is signed as evidence of the above. To Cathay Life Insurance Co., Ltd. Undersigned (victim): _____ (signature or seal) Telephone: _____													
<b>Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)</b> The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will. (*)Undersigned (the insured)/beneficiary signature: Relationship between the beneficiary and the victim: <input checked="" type="checkbox"/> Same person <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (personal signature) <b>Kibo</b> (For applications for insurance benefits for accidents, medical reimbursement for illnesses, disability, or critical illnesses, the beneficiary must be the victim.) <b>When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.</b>													
Legal representative (guardian or assistant):		(personal signature)											
Filled out by Insured Unit Date of Employment: _____ Month Day, Year Employed on the Event Date: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed by: _____ (Job seal)		1. <b>Required information per the Personal Data Protection Act:</b> Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800036599 on landlines; please dial the toll number 02-21626201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage > Contact Us > (Service Line) Customer Service Hotline > Online Telephone) to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. <b>If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.</b> 2. If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment. <b>Please also fill out Appendix (1).</b> 3. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement. 4. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with regulations. <b>However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration.</b> 5. <b>If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents.</b> If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities. 6. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 12 of the Compulsory Enforcement Act to the executing agency. 7. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. <b>However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate.</b>											
(*)Basic information of the claimant to be filled out by the Cathay Life claims handler) Name of the case officer _____ Department _____ Case officer ID _____ Telephone _____ Landline: ( ) _____ Mobile phone: _____ Receipt Date: _____ Month Day, Year													

Whether this field is filled out shall be determined by the agreement with the insured unit.

Not required for the policyholder



Victim is the employee's family member

# Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(\*) = Required fields  
In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail

Insured Unit	(*)Company Name <b>Fujiko Fujio Studio</b> Plant <b>F</b> Department <b>Comics</b> Unified Business Number		1	2	3	4	5	6	7	8				
(*)Victim's Information	Name	National ID No.				Date of Birth				Relationship between Victim and Employee				
	<b>Kibo's mother</b>	A	4	4	4	4	4	4	4	4	April 1, 1966	<input type="checkbox"/> Employee <input type="checkbox"/> Child <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Employee Information <small>(Information in the sections outlined in bold are not required if the victim is the employee)</small>	Name	National ID No.				Date of Birth				(*)Insurance Policy Number	(*)Rating			
	<b>Kibo</b>	A	0	0	0	0	0	0	0	0	January 1, 1991	1. _____ 2. _____ 3. _____		
(*)Employee Residential Address	1106 (Please provide full address) <b>No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan</b>													
(*)Employee Telephone	(02) 2700-0000 Ext. 1002	Mobile Phone	0987654321				Email	doranimom@gmail.com						
(*)Accident Type	<input type="checkbox"/> Non-accidental event (illness) <input checked="" type="checkbox"/> Accidental event (injury)				(*)Application Date		December 31, 2019							
(*)Event Description	<b>Fracture</b>				(*)Event Date		December 25, 2019							
(*)Type of Insurance Benefit Claim <small>(multiple selections accepted)</small>	<input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Critical illness (designated illness) <input checked="" type="checkbox"/> Medical expenses <input type="checkbox"/> Cancer <input type="checkbox"/> Regular insurance benefit payment (support income and income for disability) <input type="checkbox"/> Subsidy (childbirth) <input type="checkbox"/> Long-term care <b>Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules &amp; Policies section on Cathay Life Insurance's official website.</b>													
Accidental Event Location	<b>Ren'ai-Dunhua Roundabout</b>				Work Description	<b>Comic artist's assistant</b>								
Accidental Event Information	<b>Grazed by a car that ran a red light while on the way home</b>													
Unit that Submitted the Report	<b>Bird Cage Precinct</b>	Date Reported	<b>December 25, 2019</b>		Case Police Officer	<b>Ryotsu</b>		Telephone	<b>02-27000001</b>					
(*)Insurance Benefit Collection Method <small>(If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)</small>	<input type="checkbox"/> Remit to the bank account of beneficiary's legal representative. (If the beneficiary is a minor, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.) <input checked="" type="checkbox"/> Remit to beneficiary's bank account designated below. <input type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required) (If a family member of the employee applies for "medical reimbursement", the option may be selected to remit to the employee's bank account. The applicant must fill out the Family Member Medical Reimbursement Designated Remittance Agreement Form below.) <input type="checkbox"/> Check that may not be negotiated by special endorsement. (Please specify the national ID number of the beneficiary in the field to the right to facilitate the check issuance)													
	Account Information	Account Name	<b>Kibo's mother</b>				National ID No. of the Beneficiary	<b>A444444444</b>						
	Financial Institution (Branch)	<b>Cathay Life Insurance Songshan</b>		Branch Connection Code	0	1	3	0	3	7	2	Account Number	<b>1000000001</b>	
<b>Family Member Medical Reimbursement Designated Remittance Agreement Form</b> The undersigned, (the victim) is a family member of the employee _____, and hereby agrees to remit the medical insurance benefits in this application to the employee's designated account in a financial institution (account information provided in the field above). After the remittance is completed, your company's obligation to pay medical insurance benefits to the undersigned for this application shall be terminated. This Agreement is signed as evidence of the above. To Cathay Life Insurance Co., Ltd. Undersigned (victim): _____ (signature or seal) Telephone: _____														
<b>Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)</b> The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will. (*)Undersigned (the insured)/beneficiary signature: Relationship between the beneficiary and the victim: <input checked="" type="checkbox"/> Same person <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (personal signature) <b>Kibo's mother</b> (For applications for insurance benefits for accidents, medical reimbursement for illnesses, disability, or critical illnesses, the beneficiary must be the victim.) <b>When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.</b>														
<b>Legal representative (guardian or assistant):</b> _____ (personal signature)														
Filled out by Insured Unit Date of Employment: _____ Month Day, Year Employed on the Event Date: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed by: _____ (Job seal)		1. Required information per the Personal Data Protection Act: solicitation, underwriting, claims, contract preservation, reinsurance that are in accordance with relevant regulations stipulated in the Pe... check-ups, and other special information). Only information req... information will only be used during the time period in which the... be utilized in accordance with the law by the Company in Taiwan a... service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800020999 for inquiries, please dial the toll number 02-21626201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage > Contact Us > (Service Line) Customer Service Hotline > Online Telephone) to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application. 2. If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment. Please also fill out Appendix (1). 3. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement. 4. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with regulations. However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration. 5. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities. 6. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 12 of the Compulsory Enforcement Act to the executing agency. 7. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate.												
Name of the case officer _____ Department _____ Case officer ID _____ Telephone _____ Landline: ( ) _____ Mobile phone: _____ Receipt Date: _____ Month Day, Year														

Verify the beneficiary of the terms and conditions with the insured unit

Whether this field is filled out shall be determined by the agreement with the insured unit.

Not required for the policyholder



Victim is the employee's family member (designated remittance)

# Cathay Life Insurance Co., Ltd. Claim Settlement Application Form

(\*) = Required fields  
In case of any discrepancies in the statements and agreements, the contents of the claim application form in Chinese shall prevail

Insured Unit	(*)Company Name <b>Fujiko Fujio Studio</b>		Plant <b>F</b>	Department <b>Comics</b>	Unified Business Number	1	2	3	4	5	6	7	8	
(*)Victim's Information	Name	National ID No.				Date of Birth			Relationship between Victim and Employee					
	<b>Kibo's mother</b>	A	4	4	4	4	4	4	4	4	4	April 1, 1966 <input type="checkbox"/> Employee <input type="checkbox"/> Child <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Employee Information (Information in the sections outlined in bold are not required if the victim is the employee)	Name	National ID No.				Date of Birth			(*)Insurance Policy Number		(*)Rating			
	<b>Kibo</b>	A	0	0	0	0	0	0	0	0	0	1. _____ 2. _____ 3. _____		
(*)Employee Residential Address	1106 (Please provide full address) <b>No. 296, Sec. 4, Ren'ai Rd., Daan Dist., Taipei City, Taiwan</b>											Filled out by the claims handler or contact person		
(*)Employee Telephone	(02) 2700-0000 Ext. 1002		Mobile Phone	0987654321			Email	doranimom@gmail.com						
(*)Accident Type	<input type="checkbox"/> Non-accidental event (illness) <input checked="" type="checkbox"/> Accidental event (injury)				(*)Application Date		December 31, 2019							
(*)Event Description	<b>Fracture</b>				(*)Event Date		December 25, 2019							
(*)Type of Insurance Benefit Claim (multiple selections accepted)	<input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Critical illness (designated illness) <input checked="" type="checkbox"/> Medical expenses <input type="checkbox"/> Cancer <input type="checkbox"/> Regular insurance benefit payment (support income and income for disability) <input type="checkbox"/> Subsidy (childbirth) <input type="checkbox"/> Long-term care <b>Note: In response to the amendments of the Insurance Act, the terms "handicapped" and "disability" are adjusted starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to the Rules &amp; Policies section on Cathay Life Insurance's official website.</b>													
Accidental Event Location	<b>Ren'ai-Dunhua Roundabout</b>				Work Description	<b>Comic artist's assistant</b>								
Accidental Event Information	<b>Grazed by a car that ran a red light while on the way home</b>													
Unit that Submitted the Report	<b>Bird Cage Precinct</b>	Date Reported	<b>December 25, 2019</b>			Case Police Officer	<b>Ryotsu</b>	Telephone	<b>02-27000001</b>					
(*)Insurance Benefit Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsement)	<input type="checkbox"/> Remit to the bank account of beneficiary's legal representative. (If the account of the beneficiary's legal representative. After Cathay Life Insurance benefit is considered paid to the beneficiary.) <input checked="" type="checkbox"/> Remit to beneficiary's bank account designated below. <input type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required) (If a family member of the employee applies for "medical reimbursement", the option is not permitted to remit to the employee's bank account. The applicant must fill out the Family Member Medical Reimbursement Designated Remittance Agreement Form below.) <input type="checkbox"/> Check that may not be negotiated by special endorsement. (Please specify the national number of the beneficiary in the field to the right to facilitate the check issuance)											Signature for approval required for remittance to employee's account		
	Account Information	Account Name	<b>Kibo</b>			National ID No. of the Beneficiary	<b>A00000000</b>							
	Financial Institution (Branch)	<b>Cathay Life Insurance Songshan</b>			Branch Connection Code	0	1	3	0	3	0	0	Account Number	<b>01111111110</b>
<b>Family Member Medical Reimbursement Designated Remittance Agreement Form</b> The undersigned, (the victim) is a family member of the employee <b>Kibo</b> , and hereby agrees to remit the medical insurance benefits in this application to the employee's designated account in a financial institution (account information provided in the field above). After the remittance is completed, your company's obligation to pay medical insurance benefits to the undersigned for this application shall be terminated. This Agreement is signed as evidence of the above. To Cathay Life Insurance Co., Ltd. Undersigned (victim): <b>Kibo's mother</b> (signature or seal) Telephone: <b>0912345678</b>														
<b>Consent for the collection, processing, and use of medical records, medical and health check-ups, and other personal information (Special Personal Information Consent)</b> The undersigned has read and understood the above Required information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups, and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will. (*)Undersigned (the insured)/beneficiary signature: Relationship between the beneficiary and the victim: <input checked="" type="checkbox"/> Same person <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (personal signature) <b>Kibo's mother Kibo</b> (For applications for insurance benefits for accidents, medical reimbursement for illnesses, disability, or critical illnesses, the beneficiary must be the victim.) <b>When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.</b>														
<b>Legal representative (guardian or assistant):</b> (personal signature)														
Filled out by Insured Unit Date of Employment: _____ Month Day, Year Employed on the Event Date: Yes <input type="checkbox"/> No <input type="checkbox"/> Confirmed by: _____ (Job seal)		1. <b>Required information per the Personal Data Protection Act:</b> Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 17-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800036599 on landlines; please dial the toll number 02-21626201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage > Contact Us > (Service Line) Customer Service Hotline > Online Telephone) to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. <b>If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.</b> 2. If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment. <b>Please also fill out Appendix (1).</b> 3. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement. 4. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NTS20,000, the supplementary insurance premium shall be deducted in accordance with regulations. <b>However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application: (1) Low-income households: Submit the valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration.</b> 5. <b>If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents.</b> If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities. 6. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 12 of the Compulsory Enforcement Act to the executing agency. 7. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. <b>However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate.</b>												
Name of the case officer _____ Department _____ Case officer ID _____ Telephone _____ Landline: ( ) _____ Mobile phone: _____ Receipt Date: _____ Month Day, Year														

Whether this field is filled out shall be determined by the agreement with the insured unit.

Not required for the policyholder

Group insurance only

# Cathay Life Insurance Co., Ltd.

## Claim Settlement Application Form

### Appendix (1)

Victim's Basic Information																				
(*) Name		Kibo				(*) National ID No.		A	0	0	0	0	0	0	0	0	0	0	0	
Claim Payment Methods																				
Receiving Method		<input checked="" type="checkbox"/> Remit to the bank account of beneficiary's legal representative <small>(If the beneficiary is a <b>minor</b>, the option may be selected to remit the benefits to the bank account of the beneficiary's legal representative. After Cathay Life Insurance remits the benefits to the bank account of the beneficiary's legal representative, then the benefit is considered paid to the beneficiary.) (Please fill out the following account information)</small> <input type="checkbox"/> Remit to death benefit beneficiary's bank account (Please fill out the following account information) <input type="checkbox"/> Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required) <input type="checkbox"/> Check that may not be negotiated by special endorsement (Please specify the national ID number of the beneficiary in the account information field below to facilitate the check issuance)																		
Account Information	Account Name	Kibo Jr.				National ID No.		A	2	2	2	2	2	2	2	2	2	2	2	
	Financial Institution (Branch)	Cathay Life Insurance Songshan		Branch Number and Code		0130372		Account Number		0140000000										
	Account Name	Kibo Sr.				National ID No.		A	3	3	3	3	3	3	3	3	3	3	3	
	Financial Institution (Branch)	Cathay Life Insurance Songshan		Branch Number and Code		0130372		Account Number		0150000000										
	Account Name					National ID No.														
	Financial Institution (Branch)	(Name in Chinese)		Branch Number and Code				Account Number												
Notices	<p>1. If there are several beneficiaries, please communicate in advance and select the same collection method for the Company to proceed with payment.</p> <p>2. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by checks that may not be negotiated by special endorsement.</p> <p>3. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the accumulated interest from delays for the claim settlement of a single insurance policy reaches NT\$20,000, the supplementary insurance premium shall be deducted in accordance with regulations. <b>However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents for the claim application:</b></p> <p>    ⊙ <b>Low-income households:</b> Submit the valid supporting documents of middle-low-income households approved by the social welfare authority.</p> <p>    ⊙ <b>Individuals who are not eligible or have lost their eligibility:</b> Photocopy of the passport for non-Taiwanese nationals; household registration certificate issued in the last 3 months for Taiwanese nationals with canceled household registration.</p> <p>4. <b>If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant authorities' instant query matching systems to confirm the accuracy of the documents.</b> If an event and relevant documents used by the beneficiary to apply for claim-settlement payment are found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities.</p> <p>5. When an insurance claim applied by a beneficiary is attached by a court of law, but the insurance claim is necessary to maintain the everyday life of the beneficiary and his/her family, the beneficiary can make a statement or declaration of objection in accordance with Article 122 of the Compulsory Enforcement Act to the executing agency.</p> <p>6. If the insured unit meets the requirements in the "Cathay Life Insurance Policy Enrollment and Cancellation Endorsement Exemption Clause", the beneficiary is required to provide the Labor Insurance Enrollment Application Form or employment certificate when filing the claim application. <b>However, the Company may exercise leniency in medical insurance claims and regard information provided by the insured unit in the fields as the employment certificate.</b></p> <p>7. <b>Required information per the Personal Data Protection Act:</b> Cathay Life Insurance is collecting your personal information for the purpose of conducting customer service, solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, company internal control, auditing, and other needs that are in accordance with relevant regulations stipulated in the Personal Data Protection Act and Article 177-1 of the Insurance Act (including medical records, medical and health check-ups, and other special information). Only information required for reinsurance or for conducting outsourcing work will be processed and used abroad. All collected information will only be used during the time period in which the aforementioned services are available and within the time frame stipulated by regulations. The information will be utilized in accordance with the law by the Company in Taiwan and third parties that require the information to conduct the aforementioned services. You can visit the Company's service locations or use the Company's service hotline (please dial the toll-free customer service hotline 0800036599 on landlines; please dial the toll number 02-21626201 on mobile phone) or use the online telephone service (path: Cathay Life official website homepage &gt; Contact Us &gt; (Service Line) Customer Service Hotline &gt; Online Telephone) to inquire, request a reading, make copies, correct, supplement, or stop the collection of, processing, or use of your personal information, or to delete your personal information. However, the Company can refuse your request if required by law or due to the information's necessity for conducting work. <b>If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.</b></p>																			
<b>Beneficiary signature:</b>																				
<i>Kibo Jr.</i>										<i>Kibo Sr.</i>										
<b>Legal representative:</b>																				
<b>(Guardian)</b>																				
<p><b>When the insured is deceased, the above signature of the beneficiary only represents beneficiary or his/her legal representative in claims applications. The beneficiary has understood the above Notification and Declaration.</b></p>																				



## **Claim Application Procedures**

### **Step 1: Prepare required documents**

To inquire the required documents (e.g., hospitalization bills), consult the sales agent or use the inquiry for required documents.

### **Step 2: Select application channel**

You can contact the sales agent for assistance in application, visit a service location of Cathay Life Insurance, or use the official website or Cathay Life App.

#### **Application channels**

- Contact sales agent  
Contract your personal sales agent to ask about the required documents. The sales agent assists in forwarding the claim application. (Claim settlement services available for application: Claims Alliance Chain, E-Claims, general applications, and remote services)
- Check over-the-counter service locations  
The applicant brings two identity documents (original copy of their national ID card and a second identity document with photo) and the required documents to the service location. (Claim settlement services available for application: Claims Alliance Chain, E-Claims, and general applications)
- Complete online application in the member's section before mailing  
After verifying the insurance policy, log into MyInsurance in the member's section for self-service before preparing and mailing the required documents. (Claim settlement services available for application: Claims Alliance Chain and general applications)
- Fill out information online in the Cathay Life App before mailing  
Download the Cathay Life App and verify the insurance policy. Proceed to "claim event notification" in the claims page of the Cathay Life App and prepare and mail the required documents (claim settlement services available for application: general application)
- Mail in  
Scan and print the "paper claim application form", prepare the required documents, and mail them to the service location.

### **Step 3: Claim settlement and case closure**

- Payment
  1. The payment methods include: Remittance, checks that may not be negotiated by special endorsement, and checks that may be negotiated by special endorsement
  2. Notifications for claim settlement details include: SMS notification and email notification
- Payment refusal
  1. Notifications for payment refusal include: SMS notification and email notification

# **Inquiry and Description of Required Claim Documents**

## **Required domestic claim documents**

The inquiry of required documents provides a list of documents necessary for claim applications, but does not apply to all claim settlement scenarios. Only the claim application form and diagnosis report (if any) are the necessary documents for all types of claims. Other documents are applicable under different claim settlement scenarios. For instance, an X-ray image is only required if the insured has a fracture and has purchased an accident daily benefit product (Good Bone Strength insurance policy).

After filing the application, if the claims officer requires other documents to facilitate the case review, the necessary documents shall be collected as supplementary materials. To apply for a "travel inconvenience insurance" claim, please download and inquire related documents on Cathay Century Insurance's official website for the application to speed up your claim process.

If you choose to mail in your application or submit your application at a service location, please prepare the documents and send them to a Cathay Life Insurance service location.

The required documents (templates) are provided and explained below:

### **1. Claim application form**

The basic information necessary for the claim application include the victim's basic information, application content, accident information, and insurance benefit payment method.

### **2. Diagnosis report**

The results of the diagnosis report are used to verify whether the illness is included in the scope of coverage and as the basis for a preliminary judgment of the validity of the claim.

- If an application is not filed at the time of discharge/departure from the hospital, an appointment must be made for the supplementary issuance of the diagnosis report in the future by the attending physician of the original department.
- If the insured is treated in two or more medical institutions, diagnosis reports from each medical institution shall be required.

### **3. Original copy of the hospitalization and medical treatment receipt**

The receipt is used as the certification of hospitalization and for determining the amount of the insurance benefits. It includes three parts: the words "hospitalization receipt", duration of hospitalization, and ward fees. Please note:

- The original copy of the receipt is required for full medical reimbursement insurance; the applicant may choose to provide duplicate copies for other insurance policies.
- Pursuant to the terms and conditions, only the daily benefit shall be paid if a duplicate copy is provided for full medical reimbursement insurance.

4. Duplicate copy of the hospitalization and medical treatment receipt

The copy is used as the certification of hospitalization and for determining the amount of the insurance benefits. A duplicate copy of the receipt is issued by the "medical institution" and affixed with a validity seal stating that it is "identical to the original" or "duplicate copy". Please note: A "duplicate copy" is not the same as a "photocopy". A photocopied version of the receipt is only a "photocopy" and not a "duplicate copy".

5. Original copy of the clinic (emergency room) medical treatment receipt

The receipt is used as the certification of clinic (emergency room) medical treatment and for determining the amount of the insurance benefits. It must contain the text "clinic receipt" or "emergency room receipt", a singular treatment date, and medical expenses. Please note:

- The original copy of the receipt is required for full medical reimbursement insurance; the applicant may choose to provide duplicate copies for other insurance policies.
- Pursuant to the terms and conditions, only the daily benefit shall be paid if a duplicate copy is provided for full medical reimbursement insurance.

6. Duplicate copy of the clinic (emergency room) medical treatment receipt

The receipt is used as the certification of clinic (emergency room) medical treatment and for determining the amount of the insurance benefits. A duplicate copy of the receipt is issued by the "medical institution" and affixed with a validity seal stating that it is "identical to the original" or "duplicate copy". Please note: A "duplicate copy" is not the same as a "photocopy". A photocopied version of the receipt is only a "photocopy" and not a "duplicate copy".

7. Details of medical expenses

It provides all details of expenses for medical treatment within a certain period and consists of the duplicate copies of several clinic receipts.

8. Biopsy report (pathology report)

A biopsy report is used as the cancer diagnosis certificate.

- A biopsy is the most common method for cancer diagnosis and can be used to verify the presence of cancer, category, and staging.
- First-time cancer patients shall attach the biopsy report.

9. Inspection reports (e.g., electrocardiogram and medical history)

Inspection reports are used as the certificate of critical illness. Examples include electrocardiogram, computed tomography (CT), magnetic resonance imaging (MRI), ultrasound, and blood tests. Persons with acute myocardial infarction shall attach the electrocardiogram and cardiac enzyme report.

#### 10. X-ray image (CD-ROM)

If a physician determines that the insured suffered a fracture and specifies it in the diagnosis report, an X-ray image shall be provided regardless of whether the insured was hospitalized. The claims officer shall determine the severity of the fracture based on the X-ray image and issue insurance benefits accordingly.

According to the terms of the insurance policy, fractures are classified based on the severity, including complete fracture, incomplete fracture, and stress fracture, and different amounts of insurance benefits are provided based on the severity of the fracture.

As an example, the True Good Bone Strength insurance rider provides benefits for complete fractures calculated as the insurance amount multiplied by the bone type table; benefits for incomplete fractures calculated as half of the amount for complete fractures; benefits for stress fractures calculated as one quarter of the amount for complete fractures.

#### 11. Death certificate (autopsy report)

Only the spouse or lineal relative of the deceased may file the application. The certificate is used as the certification document for the death of the insured and the verification of the cause of death. Please provide the corresponding certification documents based on the specific conditions of the death.

- Death in a hospital: The hospital issues the death certificate.
- Death of natural causes/acute illness outside the hospital: The family member shall be required to apply for an autopsy with the police station or the department of health, and a physician of the local department of health shall issue the death certificate.
- Death due to an accident regardless of the location: The local police shall request a prosecutor of the District Prosecutors Office to conduct an autopsy along with the forensic pathologist and the prosecutor of the District Prosecutors Office shall issue the autopsy report.
- Missing for seven years or missing for three years if the person is aged 80 or above: The court shall issue a declaration of death, which shall be deemed as equivalent to a death certificate.

#### 12. Household registration transcript with removal of the insured

The household registration transcript is used as the certification document for the death of the insured and the verification of the death of the deceased by law. The applicant must be the spouse, relative, head of the household, or cohabitant of the deceased, and must prepare (1) original copy of the death certificate, (2) national ID card of the deceased (not required if lost), (3) household certificate, and (4) national ID card and seal of the applicant and proceed to the household registration office to register the death and apply for the household registration transcript with removal of the deceased. Please note: If the remarks field of the new household certificate specifies the removal of household registration of the insured, it may be used in lieu of the household registration transcript with removal of the deceased.



### 13. Electronic household registration transcript (or new household certificate)

This is a necessary document for certifying the identity of the inheritor or other unspecified beneficiaries.

- The electronic household registration transcript may be obtained at home free of charge on the website of the Department of Household Registration, Ministry of the Interior. The applicant can also use the Citizen Digital Certificate for application and download or print the file directly after completion.
- If the applicant of the new household certificate is the head of the household or an appointee, the application shall be processed at the household registration office. As the new household certificate omits certain records by default, the policyholder is required to apply for a version with detailed records. A new household certificate with the latest updates and detailed records shall have the same validity as a household registration transcript.

## Required overseas claim documents

If emergency medical treatment is required overseas, please pay the medical expenses when seeking medical treatment and apply for reimbursement after returning to Taiwan.

According to the terms of certain policies, if the insured does not use National Health Insurance coverage or seeks medical treatment from a medical institution without National Health Insurance coverage, the medical expense benefits shall be discounted for payment. If you are enrolled under National Health Insurance, you can assess whether you wish to apply for the "reimbursement of self-advanced medical expenses incurred overseas" within six months after seeking medical treatment overseas before filing the claim. The remaining self-paid parts after reimbursement provided by National Health Insurance may be paid by your commercial insurance.

### China

If you are in China and will not return to Taiwan in the immediate future, you can choose to mail your claim documents to a Cathay Life Insurance service location or request the service office of Cathay Life Insurance in Lujiazui to assist in the transfer of your documents to Cathay Life Insurance in Taiwan. If you wish to apply for National Health Insurance reimbursement in China, please visit a local notary office and apply for a notarial certificate for Taiwan-related affairs. The certificate must be authenticated by the Straits Exchange Foundation before you apply for National Health Insurance reimbursement with the National Health Insurance Administration. The detailed procedures are as follows:

#### **Step 1 Collect all medical documents before returning to Taiwan**

1. Original copy of medical documents: Including the receipts, statements, and diagnosis report
2. Summary of medical history after discharge: If the insured is hospitalized, an application may be filed to the hospital

#### **Step 2 Apply for notarization and certification by the Straits Exchange Foundation (notarization not required for hospitalization of less than 5 days)**

1. Notarization application in China:  
Bring medical documents to a notary office in China and apply for a "notarial certificate for Taiwan-related affairs".
2. Obtain certification from the Straits Exchange Foundation after returning to Taiwan:  
After returning to Taiwan, bring the original copy of the "notarial certificate for Taiwan-related affairs" and a photocopy of your identity certification document to the Straits Exchange Foundation to apply for certification.

#### **Step 3 National Health Insurance Administration reimburses medical expenses**

Bring the following documents to the National Health Insurance Administration to apply for the reimbursement of medical expenses:

1. National Health Insurance self-advanced medical expense reimbursement application form

Download from the website of the National Health Insurance Administration

2. Notarization certification issued by the Straits Exchange Foundation

Please download from the website of the Straits Exchange Foundation

3. Medical documents

Original copy of the diagnosis report and receipts for medical expenses, statement of expenses, or other certification documents (the summary of medical history after discharge is required for hospitalization)

4. Entry/exit certificate

Passport, boarding pass, or other certification documents

#### **Step 4 Claim settlement application with Cathay Life Insurance**

Bring the following documents and file the claim application with Cathay Life Insurance:

1. Claim application form

The remittance account for insurance benefits is limited to accounts in Taiwan and Cathay Life Insurance shall pay the benefits in NTD.

2. National Health Insurance self-advanced medical expense reimbursement approval notice

Regarded as the original copy of the receipt

3. Other required documents

Please provide photocopies of documents collected by the National Health Insurance Administration such as the diagnosis reports and receipts

### Other overseas regions

#### **Step 1 National Health Insurance Administration reimburses medical expenses**

Bring the following documents to the National Health Insurance Administration to apply for the reimbursement of medical expenses:

1. National Health Insurance self-advanced medical expense reimbursement application form

Download from the website of the National Health Insurance Administration

2. Authentication certificate

Authentication may be completed at overseas missions, representative offices, and offices of the Ministry of Foreign Affairs

3. Medical documents

Original copy of the diagnosis report and receipts for medical expenses, statement of expenses, or other certification documents (the summary of medical history after discharge is required for hospitalization). We advise you to request a "diagnosis report in English" from the medical institution to speed up the review process. (If a medical document is provided in a language other than Chinese or English, a Chinese translation must be provided.)

4. Entry/exit certificate

Passport, boarding pass, or other certification documents

#### **Step 2 Claim settlement application with Cathay Life Insurance**

Bring the following documents and file the claim application with Cathay Life Insurance:

1. Claim application form

The remittance account for insurance benefits is limited to accounts in Taiwan and Cathay Life Insurance shall pay the benefits in NTD.

2. National Health Insurance self-advanced medical expense reimbursement approval notice

Regarded as the original copy of the receipt

3. Other required documents

Please provide photocopies of documents collected by the National Health Insurance Administration such as the diagnosis reports and receipts