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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

	Fields marked with (*) are			c Informa e to fill them		facilit	tate t	he re	eview	v pro	cess.				
(*)Name	Kib	-		(*)National I		A	0	0	0	0	0	0	0	0	0
(*)Event Date	December	25, 2019	)	(*)Date of Bi	irth		I	Ja	anu	ary	<b>/ 1</b> ,	200	01		
(*)Residential Address	(Please provide full add No. XXX		(, <b>XXX</b>	Rd., Daa	n Dis	st.,	Tai	pei	Cit	y, 1	<b>Taiw</b>	van			
(*)Preferred address for meeting during the daytime	Same as residential add (Please provide full add											be	e used	nessa d for ι	ipdat
(*)Contact Informa	tion (select one)												claim	filing	statu
Telephone	(02)27000001		M	obile phone				<b>09</b> <sup>.</sup>	123	345	567	8			
E-mail	Cathaylife	☐ @yaho ▼ @gma	oo.com.tw il.com	w @ho Other	tmail.co	om		@ca	thayl	life.c	om.tv	w			
	nd an SMS on the claim progress an ad, the Company shall send the detai										ne cla		osed.		
		Application Content       payment will be provided electronically after the case is closed         December 31, 2019       (*)Cause of Event       Fracture         Non-accidental event (illness)       Accidental event       (Check only one)													
(*)Application Date	December 31, 2019       (*)Cause of Event       Fracture         In Non-accidental event (illness)       Intervent (Check only one)														
(*)Applying for	<ul> <li>Non-accidental event (illness)</li> <li>Accidental event (Check only one)</li> <li>Full medical reimbursement of actual treatment expenditure (F)</li> </ul>														
(*)Type of Claims (multiple selections accepted)	<ul> <li>Full medical reimbursement of actual treatment expenditure (F)</li> <li>Daily medical treatment subsidy (burn injury) (E)</li> <li>Cancer (G)</li> <li>Subsidy (I) (childbirth and wedding)</li> <li>Critical illness (designated illness) (C)</li> <li>Death (A)</li> <li>Disability (B)</li> <li>Total disability (K) (total disability care)</li> <li>Premium waiver (loss of capacity to work) (J)</li> <li>Long-term care (H)</li> <li>Regular insurance return check (N) (support income and income for disability)</li> <li>Terminal state (hospice) (D)</li> <li>Employee benefit group insurance (including benefit group insurance for retired employees) (O)</li> <li>Accident insurance (X)</li> </ul>														
	Accident Information (ap	plicants who ar	e applying	for an accident-ty	vpe event	t is req	uired	to fill	out th	appli	catior	n cate	egory		
Accident Location	Ren'ai-Dunhua So Roundabout	outh Roa	ad <sub>Wo</sub>	ork Description	1 Stu	den	its								
Narrative	Grazed by a car o	on the wa	ay hoi	me		(N	ot re	eport quire ilable	d if	De 201		nbe	er 2	5,	
Reported Party (Not required if unavailable)	Ren'ai Precinct	Telephone	( <b>02</b> )27	000001			Off Not re	Polic ficer quired uilable)	if	Ta-	Mir	۱g ۱	Nar	ıg	
	lement application include	it this part if th es a policy w	e victim is t ith accid	the insured of the	main ins , pleas	suranc e fill	e poli	cy)	-						·e
to facilitate identity and r	vith biary nt poth- rent insurance policy num Insurance policy num Insurance policy num Insurance policy num es with unspecified beneficiaries that	ber: <b>12345</b> ber: ber: ber:	6789	Insurance car Insurance car Insurance car Insurance car Insurance car Insurance car Special fa other insub beneficia the fact this section	tegory of tegory parent mily inju surance ary, plea on if the	code: code: code: cance ury in polic ase fil victil n insi	er ins isurar cy wit l out m is r	urance p h uns inforr not th	ce po olicy, pecif nation e inst icy	Relate Dlicy, and fied n in ured	tionsl tionsl tionsl	hip:_ hip:_ hip:_ im_nu	ıst also		
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300	002	0001	15	1										$\sim$	

		mited to one payment method	d, even if there a	Claim Payment M		re ar	e more th	in 3 be	neficia	ries		
(If the rer be comple- remittanc erroneous withdraw the Comp with payr	eiving method nittance cannot eted because the e account is s, changed, n, or suspended, any may proceed nent by checks	<ul> <li>Remit to beneficiary</li> <li>Remit to beneficiary</li> <li>Remit to the bank ac (If the beneficiary is a min Insurance remits the bene If the legal representativ Check that may not</li> </ul>	y's bank accou y's other accou ccount of ben nor, the option ma fits to the benefic to of the benefici be negotiated	Int designated in "Fin unt (Fill out the dome eficiary's legal repres ay be selected to remit the b iary's legal representative, t	gertip" (The following stic bank account info entative enefits to the bank account of hen the benefit is considered r, additional documents mu ent	g acc ormation of the l paid	count inf tion if th benefician to the ber	format iis opt y's lega eficiary	tion is tion is l repre	s not requ s selected	l) After Ca	
	not be negotiated l endorsement.)		••••	*	(Only beneficiaries control of the second seco		<u> </u>			sonally o	over t	he
	Account	Kibo	<u></u>		National ID No.	A	0 0		0	0 0	0	0 0
01	Name Financial Institution (Branch)	Cathay Life Insurance Songshan	Branch Connection Code	0130372	Account Number			100	000	00000	)1	
rmati	Account	<b>Congonan</b>			National ID No.							
Account Information	Name Financial Institution (Branch)		Branch Connection Code	0130372	Account Number							
Acc	Account Name				National ID No.							
	Financial Institution (Branch)		Branch Connection Code		Account Number							
<ul> <li>1. When the applicant applies for a claim settlement with this form, it is deemed that the applicant is applying for all of the victim's personal insurance policies purchass the Company that are still in effect. Whether the benefit payment is to be made or not shall be handled in accordance with the insurance policies purchass the Company that are still in effect. Whether the benefit payment is to be made or not shall be handled in accordance with the insurance policies purchass the company that are still in effect. Whether the benefit is form apply for insurance benefits from part of the insurance policy is other than death, the proposer may apply continuation of the validity of the rider with the Company within 60 days after the termination of the long-term rider.</li> <li>3. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the delay interclaim settlement of a single payment reaches NT520,000, the supplementary insurance premium shall be deducted in accordance with regulations. However, the supplementary insurance premium may be exempted for the following individuals upon the applicant's active presentation of the following documents for tapplication:</li> <li>(1) Low-income households: Submit the valid supporting document is of middle-low-income households approved by the social welfare authority.</li> <li>(2) Individuals who are not eligible for National Health Insurance enrollment or have lost their eligibility for National Health Insurance: Photocopy of the paynon. Taiwanse household registration cartification document issued in the last 3 months for Taiwansee nationals with eacled by a court of the documents. If an event and relevant documents used by the beneficiary tagnes of the subhold registration.</li> <li>9. When an insurance claim applied by a beneficiary paynon to compare the autopsy report (or death certificatey) agrees to trust Cathing systems to confirm the accuracy of the documents. If an ev</li></ul>												
Special Personal Information Consent	The undersigned and use the und and to allow the the performance will. (*)Undersigned ( <i>Kibo</i> When the insure	the collection, process has read and understood the ab ersigned's medical records, m aforementioned information to of the insurance contract, to co (the insured)/beneficiary signat	ove <b>Required in</b> leedical article of the bet transformed to onduce ternsurance ure: ature of the bence	reinsurance companies that ce or claim settlement. The (*)Legal repres <b>Kibo's fa</b>	Data Protection Act and a cetal personal information v it have business relationship undersigned hereby declares entative (guardian) signature ather	grees withir s with s that	to allow ( the para Cathay I this conse	Cathay meters ife Insu nt is ex	Life In of the arance pressed	nsurance to above noti and relevan d with the u	o collec fied inf nt third indersig	t, process, formation, parties for gned's free
Nama a	of the case	Basic in			(case officer) of the C	Comp	oany				<u> </u>	
(Provid (Provid 1. The c or do the C	ficer Telepho led solely for in this applie laims handler muses se not personally v ivil Code, the Crin	communication	the application, a egal responsibilit	Not required for the p to vinces that this application and causes harm to the cent	on is signed by the beneficia fictary or the Company, the	claim	the claims s handler i	s handle nust ass	er signs sume tl	s on behalf he legal res	onth D of the b ponsibi	ilities of
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## List of Documents Required to Apply for Claims

	Death	ness	ility	level	jury	emium waiver		ledica pense		S	ubsic	ły		upatio ccider	
	á	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	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
Claim Application Form	0	0	0	0	0	O	O	0	0	0	0	0	0	0	O
Declaration of Inquiry Consent <sup>Note 1</sup>	0	0	0	O	0	0	0	0	0				0	0	0
Death certificate/autopsy report	0											0	0		
Disability diagnosis report <sup>Note 2</sup>			0	0		0								0	
Insured person's canceled household registration records or new Household Certificate with canceled household registration records	Ø											Ø	O		
Identification document of the beneficiary	0											0	0		
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	Ø											Ø	0		
Doctor's diagnosis report <sup>Note 3</sup>		0	0	0	0	0	0	0	0					0	0
Original receipts and details of expenses							0							_	
<b>Relevant test/examination report</b> <sup>Note 4</sup>		0				O		0							
Birth certificate/new household certificate that already contains birth records or a related document of proof											Ø				
New Household Certificate that contains marital status or a related document of proof										0					
Inheritor Authorization Letter <sup>Note 6</sup> Photocopy of labor insurance payment receipt	0												Ø	0	Ø

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

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	e purpose	of granting authori	zation to Cathay L	ife Insurance C	Co., Ltd.
(hereinafter referred to as Cathay Li	fe Insurance)		pplication for insuratequired for insuratequired for insurance		vriting	
to verify the identity of the insured	Name:	(ibo	1		8	
to verify the facility of the instruct	National ID	No.:	A00000000	Date of birth: 1	(month) 1	(date),

Undersigned Darent 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).

#### То

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
dersigned signature: Kibo	Legal representative/guardian/assistant signature:
National ID No.: <b>A00000000</b>	National ID No.:
Telephone: 0912345678	Telephone:
Address: No. XXX, Sec. X, XXX Rd., Daan Dist., Taipei City, Taiwan	
Seal:	Seal:
Kíbo	
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 may not



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

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		nce Policy Number by the claims handler)		Student	ID No.			C	lass and	Depar	tment			
Insured (Victim)				1314	888			W	nite Ra	bbit	Clas	S		
Information		(*)Name		(*)Nationa	al ID No.				(*)Date	e of Bi	rth			
		Kibo	<b>A 0</b>	0 0	00	0 0			July 7	7, <b>20</b> '	16			
(*)Residential Address	235 No. >	XX, XX Rd., Daa	n Dist., 1	Taipei C	ity, Taiw	an								
(*)Telephone	( )		obile one 0900	000000		E-mail								
(*)Applying for	V Non-accide	ntal event (illness) (1)		ental event	(injury) ( <b>2</b> )	(*)Application Date	<sup>on</sup> C	Octob	er 1, 20	020				
(*)Cause of Event	Gastroente	eritis				(*)Event Dat	te S	Septer	nber 1	, <mark>20</mark> 2	20			
Application for special subsidies (Not required if unavailable)		n for special subsidies f ho meet the criteria fo										n in		
(*)Type of Claims	Medical exp	Disability (B) penses (E) Cancer o the amendments of the Insu affected. For details, please r	$(G) \square S$ trance Act, the	upport sub terms "handio	sidies (N) capped" and "dis	sability" are adjus	ted sta	arting from	n June 15, 2		e policył	olders' rig	hts and	
		neficiary's bank accourt		fill out the		beneficiary's				D				
(*)Insurance Benefit       (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 <t< td=""></t<>														
Collection Method (If not selected, all benefits shall be paid with checks that may not be negotiated by special endorsementCathay Life Number and CodeBranch 0130372Account Number0130000000Check that may not be negotiated by special endorsementCheck that may be negotiated by special endorsementCheck that may be negotiated by special endorsementCathay Life NumberCathay Life Number and Code0130372Account Number0130000000														
benefits shall be paid with					nt 🗌 Chec	k that may be	neg	otiated	oy specia	l endo	rsemen	t 🗌 C	ash	
negotiated by special endorsement)	Natio	onal ID No. of the Be	neficiary	7 y	vears old, or fo	ies collecting pa preign nationals	may	select "o	heck that					
Consent	for the collection, p	processing, and use of media	cal records, me			"cash" as the p	_			ersonal In	formation	Consent)	_	
aforementioned inform contract, to conduct rei Relationship between t (*)Undersigned (the in: (*)Legal representative	ation to be transferr nsurance or claim so he beneficiary and t sured)/beneficiary si e (guardian) signatur eceased, the above s	and health check-ups, and red to reinsurance companies ettlement. The undersigned h the insured: Same person ignature: re: <b>Kibo K</b> signature of the beneficiary or	that have busin ereby declares Parent	hess relationsl that this cons Grandparen (If <b>her</b>	nips with Cathay ent is expressed tOther the insured and	V Life Insurance a with the undersig	nd rel gned's re diff	levant thir free will. ferent pers	d parties for ons, both po	the perfected the the perfected the perfecte	formance ust affix	of the insu their signa	uture)	
benefit shall be the inheritor; the relationship are required). 2. For student group insuranc parents of the insured. Howe	the beneficiary of After Catherine in second	or high school and below tendered by nsurance benefits shall be the studen the remits the benefits to the bank a below tendered by the K-12 Educa	<ol> <li>If the beneficiary count of the beneficiary</li> </ol>	is a minor, the o iciary's legal rep	ption may be selecter resentative, then the of Education for the	d to remit the benefits benefit is considered p	to the b aid to t	bank accoun the beneficia	t of the benefic ry.	iary's legal	l representa	tive (document	nts certifying	
benefici benefic benefic	ary's bank ac iary's accour iary may cho	is the student, seleccount" to remit the ccount" to remit the nt. If the beneficiar ose to "Remit to the gal representative	e payment y is a minu ie bank ac	t to the or, the ccount	that are in accor n required for re me frame stipula s service centers fe official webs tion, or to delet surance may no ndix (1) if there	rpose of conducting cu dance with relevant re- insurance or for condu- tied by regulations. Th or use the Company's ite homepage > Contac e your personal inform <b>the able to process y</b> <b>are more than two ber</b> ith payment by checks	gulation acting o e inforn service ct Us > action. H our cla neficiari	ns stipulated outsourcing v mation will b e hotline (ple (Service Lin However, the <b>aim-settlem</b> ies.	in the Personal york will be pro- e utilized in ac ase dial the tol e) Customer So Company can ent application	Data Prot ocessed and cordance v l-free custo ervice Hotl refuse you	ection Act a d used abro with the law omer servic line > Onlir r request if	and Article 17 ad. All collect by the Comp e hotline 0800 the Telephone)	7-1 of the ted pany in 0036599 on to inquire,	
		ink account of ben			ompany may req	uest the insured or the	benefic	ciary to prov	ide the consent	for access	to medical	records and a	all expenses	
		signatures of both esentative shall be			ational Health In the regulations households: Sul	mined based on the ter asurance", if the delay . However, the supple point the valid supporti ase nationals; household	intere ement ng do	sch	the offi	ot affi	xed, C	Cathay	,000, Ifare with	
documents. If an e legal responsibilitie	vent and relevant docume es.	ersigned agrees to allow the Compa ents used by the beneficiary to apply iciary is attached by a court of law, b	for claim-settlemen	nt payment are fo	und to be false, the j	perpetrator shall assum	e the	t	e Insura he scho dent's e	ol to	verify	the	related	
objection in accord	ance with Article 122 of t	the Compulsory Enforcement Act to	he executing agenc	cy.	Certification	-	ya	5.0					Ui	
Insured S		Taitai Kindergarten	Jinour				Offi	icial Sea	ıl / Studer	nt Insu	rance S	Seal		
School		XXXXXX No. 296, Sec.	4. Ren'ai R	d., Daan I	Dist. Tainei				SCAL NOT	and a				
School A		City, Taiwan	i, iton ai N	an baan i		4			OFFIC	AL				
Teleph Principal (Preside		02-27551399 XXXXX		Job se	al	_			OTTICIN		14			
Handling P		XXXXX			ture or seal	A rubber stamp official seal of t							f the	
		insured specified in th	is applicati	ion form i	s a student								ice.	
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Name of the case officer		Department co		t requir policył		fficer ID								
Contact Number	Landline: (	)				ile phone:	•			1	· I			
303002				5			_	_		_	_	_	_	

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# 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

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			the Police by the cla					Stude	ent ID N	No.					Clas	s and	Depar	tment			
Insured (Victim)								13	1488	8		Clas	ss B	, Seco	ond Y	'ear, I	Depar	tment	t of l	nsur	ance
Information			(*)Nam	e				(*)Nati	onal IE	) No.					(*	*)Date	of Bi	rth			
			Kibo				A 0 0	) 0 (	0 0	0 0	0				J	uly 7	<b>'</b> , 20	16			
(*)Residential Address	235	No. )	<b>(X</b> , X)	X Rd	l., Da	an I	Dist., 1	Гаіреі	i City	, Taiw	an										
(*)Telephone	( )				1	Mobi Phon	le e <b>0900</b>	00000	00		Е	-mail									
(*)Applying for	🔽 Non-a	accide	ntal eve	nt (ill	ness) (1	1)		ental evo	ent (inj	ury) ( <b>2</b> )		plicat Date	tion	Octo	ber	1, 20	)20				
(*)Cause of Event	Gastro	oent	eritis								(*)Ev	ent D	ate	Sept	emb	oer 1	, 202	20			
Application for special subsidies (Not required if unavailable)	Appli Appli kinderga	rten w	ho mee	t the c	riteria	for su		in Articl	le 11 of	f the insu	irance	policy	y (ce	rtificat	ion do	ocume	nt req		en in		
(*)Type of Claims	Death Medie Note: In res interests res	cal exp	penses ( o the ame	E) [ ndment	Cano S of the I	cer (C	ce Act, the	Support : terms "ha	subsidi indicappe	es (N) d" and "di	sability"	are adj	usted	starting	from Ju	-	_ ` `	e policył	holders	s' rights	s and
	V Remi	t to be	neficiar	y's ba	nk acco	ount				Remit t	o bene	ficiary	y's ba	ink acc	count						
(*)Insurance	(Please p		e a phot	осору				l fill out				pecify	the	remitta	ince m	nethod	)		•	•	
Benefit Collection	Account Finance Institut	cial		Cath	nay L	<u>ibo</u> ife		Branch Number		itional ID		Acco	ount	0420		000	U	U	U	U	
Method (If not selected, all benefits shall be paid with	(Bran	ch)			e Soi	_		nd Code	:	)1303		Num		0130			anda		+ [		<b>b</b>
checks that may not be negotiated by special			onal ID					endorser										rsemen inter, be		Cas aries u	
endorsement)									7 years	old, or fo ement" or	oreign 1	nationa	ils ma	y selec	t "chec						
Consent The undersigned has re undersigned's medica		erstood t	he above	Requir	ed infor	matior	n per the P	ersonal D	d health Data Prot	check-up tection Ac	s, and of t and ag	ther per rees to a	rsona allow	l inform Cathay	ation (S Life In	surance	e to coll	ect, proc	ess, ar	id use	the
aforementioned inform contract, to conduct rei	ation to be t	ransferr	ed to rein	surance	compani	ies that	have busin	ness relation	onships v	vith Catha	y Life In	surance	e and 1	elevant	third pa						ince
Relationship between t (*)Undersigned (the ins	he beneficia	ry and t	he insured	i: 🔽 Sa	me perso	on 🗌	Parent	Grandpa	arent	Other			0			both pe	reone r	met offix	thair a	ionatu	ra)
(*)Legal representative	(guardian)	signatur	re: <b>K</b>	ibo	~ ·			4 1 6												0	· ·
(When the insured is de Notification and Declar	ration.)																				
<ol> <li>For the student group insur benefit shall be the inheritor; the relationship are required).</li> </ol>	rance for studer the beneficiary After Cathay I	ts in sen of other i ife Insura	00	fits shal	l be the stu	dent. If t	K-12 Education he beneficiary nt of the beneficiary	/ is a minor, t	the option n	nay be select	ed to remit	the benef	fits to th	e bank acc	ount of th	e beneficia ne benefici	ary is dece ary's lega	ased, the b representa	enefician tive (doo	ry of the cuments	death certifying
2. For st parent	ha hana	ficior	n Nio de			lucation	Administratio	on of the Min	histry of Edu	ucation for th	e 2019 aca	idemic yea	ar and b	efore, the l	beneficiar	y shall be	the legal	representati	ive of the	e insured	or the
the bene						urance	e is collecting control, audit	your person	al informati	ion for the pu											of the
the ben	eficiary	of ot	her ins	suran	ice	ier spo d serv	ecial informati	ion). Only in able and with	formation r	equired for re frame stipul	einsurance ated by reg	or for cor gulations.	nducting The inf	g outsourci ormation w	ng work v vill be util	vill be pro	cessed an	d used abro with the law	ad. All c v bv the	collected Compan	v in
bene	fits shal	l be t	he stu	dent		online ocessi	rvices. You ca telephone ser	an visit the C rvice (path: C vour persona	Company's s Cathay Life d informatio	official webs on, or to delet	s or use the ite homeps e vour per	e Compan age > Con sonal info	iy's serv ntact Us ormatior	ice hotline > (Service . However	(please d Line) Cu the Com	ial the toll istomer Se ipany can	-free cust rvice Hot refuse voi	omer servic line > Onlii ir request if	e hotline ne Telepl f require	e 080003 hone) to d by law	6599 on inquire, or due to
2. The same payment	method must b	e selected	for applicati	ons for th	e death ber	<b>ant pers</b> nefit by n	onal informa nultiple benefi	tion, Cathay	y Life Insu out Append	rance may n lix (1) if there	ot be able are more	to proces than two l	ss your benefici	claim-sett aries.	lement ap	oplication	•		1	,	
<ul> <li>3. If the remittance car</li> <li>4. According to the ter</li> <li>of the examinations</li> <li>5. Please refer to the field</li> <li>6. According to the "B</li> </ul>	rms and condition	ions of the	insurance p																l records	and all e	expenses
	following page Regulations Go	for the app verning th	olication doc e Deduction	and Paym	nent of the S	Supplem	entary Insurar	nce Premium	n of the Nati	onal Health I	nsurance",	, if the del	lay inter	est for the				isurance po			
the supplementary i categories of indiv authority. (2) Indiv	iduals upon pi	resentatio	n of the foll	owing do	cuments fo	or the cla	im applicatio	on: (1) Low-	-income ho	useholds: Su	bmit the va	alid suppo	orting de	o <mark>r</mark>	Offic			the	l l	ollowing ie social ie nationa	welfare
<ol> <li>canceled household</li> <li>If applying for the documents. If an evaluation of the documents of the document</li></ol>	l registration. death benefit,	the unde	rsigned agr	ees to allo	ow the Con	npany to	o compare the	e autopsy re	port (or de	ath certifica	te) with re	elevant au	uthoriti	e		cial se nool /				acy of th	ne er related
legal responsibilitie 8. When an insurance	es.													ing				equire	d	declarati	
objection in accord	ance with Artic	le 122 of t	he Compuls	ory Enfor	cement Act	to the er	xecuting agen (*)Insure	cy.					-								
Insured S	School		Taitai l	Jnive	rsity		Jinoult		Si Colt		Tielu		Of	ficial S	Seal /	Studer	nt Insu	rance S	Seal		
School	Code		XXXXX						_						1	CIAL NOTI	5				
School A	ddress				296, Se Taiwa		Ren'ai F	Rd., Daa	an Dist.	., Taipei					10	CEICI	AL				
Teleph			02-275		)			T 1	1		_				2						
Principal (Preside Handling P		eputy	XXXXX XXXXX						o seal	or seal								ay be use		eu of th	ne
We hereby v		t the i			fied in	this	annlicat											groun		rance	e
	July that	, in I		speed		asic j	. r	0.1		1 11	er (cas				_ oneu		nt	5. vap			
Name of the case				Depa	rtment		No	t requ		for	fficer		Í								
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			<u>)</u>								ne pil	0115.									
303002						) 0016															

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

## Appendix (1)

					Victim'	s Basi	<u>c Informa</u>	tion											
<mark>(*)</mark> Nar	ne			Kib	0		(*)National I	D No.	Α	0	0	0	0	) (	0	0	0	0	0
					Claim	Pavm	ent Meth	ods				•							
Reco	riving Method	Check the Check	ed by special co	egotiat nt of b Only be ounter,	count <u>(Pleas</u> ted by spec eneficiary's	e fill out the ial endor ial endor ial egal re ial egal re collecting	e account inform rsement presentative <u>(</u> g payment pers 7 years old, or	<u>nation)</u> Please fill out onally over	the		<b>of tl</b> No.	ie be field	e <b>nefi</b> l in a	iciar	<b>y</b> in unt i	the	al ID nation matic .ce.	nal I	
	Account Name	Kibo Jr.			- <b>F</b> -1,			Nationa	al ID I	No.	Α	2	2	2	2	2	2 :	2 2	2 2
tion	Financial Institution (Branch)	Cathay	Life Insuran ongshan	ice	Branch Number and Code	i 0	130372	Accoun	t Num	ıber			_	_		000	00		
orme	Account Name	Kibo Sr.						Nationa	al ID I	No.	Α	3	3	3	3	3	3 3	3 3	3 3
Account Information	Financial Institution (Branch)	-	Life Insuran ongshan	nce	Branch Number and Code	i 0	130372	Accoun	t Num	ıber			C	)15	000	000	00		
Acco	Account Name							Nationa	al ID I	No.									
	Financial Institution (Branch)		me in Chinese) ications for the death benef		Branch Number and Code	1		Accoun	t Num	ıber									
inform 216262 supple work.	ation to conduct the aforer 201 on mobile phone) or u ment, or stop the collection	nentioned services. 3 se the online telephon n of, processing, or u vant personal infor ature: Kibo Jr.		's service : .ife official nation, or t <b>urance m</b>	centers or use the website homepag o delete your pers ay not be able to	Company's se ye > Contact U onal informat process your	rvice hotline (please d Iso > (service Line) Cu ion. However, the Con claim-settlement app	ial the toll-free cus stomer Service Hc pany can refuse y lication.	stomer se stiline > C our reque	rvice hot Inline Tel	line 080 ephone]	003659 to inqu	9 on la iire, rec	ndlines quest a	s; pleas reading	se dial tl g, make	he toll n copies,	umber ( correct	)2- ,
			Benefit		lical		or Claim	raymen	15	Spec	ial sub	sidies	for c	ritical	l surg	erv be	enefits		
Appl	cation Document School group insur	rance claim appl		insu ben	-ance L	Disability benefit V	Support subsidies V	Death ben V	efit	(limite	d to <u>fu</u>	ll-tim or inst	<u>e</u> stud	lents i e prer	receiv	ing su	ıbsidie	es	
	Medical dia	gnosis report (N	ote 5)		V								N						
Disal	oility diagnosis repor	ertification	l, or other disability	V (N	ote 1)	V							V (No	ote 1)					
Hous	Death certifi ehold registration tra	cate or autopsy inscript with ren						V V											
		sured (Note 2)	-	(No	te 2)	Note 2)	(Note 2) V (Note 3)	v											
	Please affix the job s	formation) seal of the handl	ling personnel)	V (N	ote 4) V	(Note 4)		V (Note	4)				V (No	ote 4)					
Ic	lentity certification for Legal inheritor st Related docume	tatement and con	nsent form			Noto 7)		V (Note (Note 7	-				١	V					
	To apply for medical insu evidence).	arance benefit, the di	agnosis report and receipts		cal expenses must			is provided instea	d, the off										
Note 3: Note 4: Note 5: Note 6: Note 7:	or de facto dependent of i insurance policies for stu The identification of the 1 The school may affix its: service institutions may g These documents are not year and before if the ber <b>Cathay Life suggests yo</b> <b>review</b> . When an application for i outdoor education in acce education).	the insured, or the fa dents in senior high beneficiary of suppo official seal or stude rovide enrollment in required to apply fo seficiary is not the le <b>u</b> ask doctors to no insurance payment is ordance with related	r death benefits for the gro gal inheritor. <b>te the diagnosed illness's</b> s filed due to participation regulations of the Ministry	f kinship e l by the K- le survival the enrolli- oup insurar <b>diagnosis</b> in outdoor y of Educa	te. These docume 12 Education Adr of the insured one ment status of the ace policies for stu <b>code from the In</b> reducation, the im tion for outdoor e	nts shall also ninistration of year after the insured; school dents in senic ternational S plementation fucation shall	be required to apply for the Ministry of Educa disability (e.g., house ol registration informa or high school and belo Statistical Classification plan approved and pas be provided (if the ins	r medical insurant tion for the 2019 a chold registration t tion may be provid- w tendered by the <b>on of Diseases and</b> used by the school sured is a minor, pr	the benefit academic ranscript led for st K-12 Ed d Related or educat rovide the	ts, disabil year and ). udents in ucation A <b>d Health</b> re service e certifica	ity bene before. elemen Administ Problee institut ate of co	fits, and tary sch ration c ns 10th ion and nsent of	d suppo nools or of the M n Revis certific f the pa	ort subs r above Ainistry <b>ion (IC</b> cation or arent or	sidies fo ;; childr y of Edu C <b>D-10)</b> docume r legal r	or the g ren of e ucation to spec ents for represer	roup ducate for the 2 ed up th particip ntative fo	2019 ac e claim ating in or outdo	oor
	necessary, access the med	lical records of the i	enefits, the Company may, nsured with the approval of	f the insur	ed (the Declaratio	n of Inquiry C								e. in a	Januon	i, ine Co	inpany	may, w	iere



00013

# Victim is the employee

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

Insured Unit	(*)Company	v Name	Fujiko		Plar	ıt	F	 Den:	artm	ent	Con	nics	Uni	ified	Busine	ess Nui	nber	1 2	3 4	1 5	6 7	8
(*)		Name	Stu		- 141		National I	-			2.011		011		e of Birt				onship b	etween	n Victim an	
(*) Victim's Information	K	(ibo		Α	0	0 0	0	0 0	0	0	0		Ja	nua	ry 1, <sup>-</sup>	1991	ļ				e   Parent	
Employee Information (Information in the		Name					Natic		-	-								(*)Inst	irance Po		(*)Rating	
sections outlined in bold are not required if the								Not i	req	uire	ed if	f vic	ctim		empl	oyee		1	lumber	_		
victim is the employee)	106 (Please	provide fu	ill address	s)														2		-		
(*)Employee Residential Address			296, 8		4, Re	en'ai	Rd., [	Daan	Dis	st., T	aipe	ei Ci	ity, T	aiwa	an			Filled o contact		e claim	is handler o	r
(*)Employee Telephone	(02) 2700-	-0000	Ext.	100	0			lobile hone	(	0912	2345	5678	3	]	Email		dora	amix	xx@g	mai	l.com	
(*)Accident Type	Non-acciden	ital event (	illness) [	Accid	dental o	event (i	njury)							(	*)Applic	ation Da	te	Dec	embe	er 31	, 2019	
(*)Event Description	Fracture	N: 1.11.		1.11	(1				1.						<mark>(*)</mark> Eve	nt Date		Dec	embe	er 25	, 2019	
(*)Type of Insurance Benefit Claim (multiple selections accepted)	Death D Regular insu Note: In respons and interests ren	se to the a	efit paymo mendmen	ent (sup ts of the	port in e Insur	ncome a rance Ao	nd incon	ne for di ms "hai	isabil 1dicaj	ity) [ pped" :	Sub and "d	isabili	childb ity" are	e adjus	sted start	ing from	June 1	5, 2018	. The po	licyho	lders' rights	
Accidental Event Location	Ren'ai-Du	nhua F	Round	abou	ıt			Wo	ork De	escript	ion	Со	mic	artis	st's as	sistar	nt					
Accidental Event Information	Grazed by	/ a car	that ra	an a I	red I	light	while	on th	e w	/ay ł	nom	е										
Unit that Submitted the Report	Bird Cage	Precir	nct	Da	ite Rep	orted	Dec	emb	er 2	25, 2	019		ase Pol Office		R	yotsu	Т	elepho	ne 02-	-270	00001	
(*) Insurance Benefit	<b>Remit to th</b> account of the b																					
<b>Collection Method</b> (If not selected, all benefits shall be paid	benefit is consid	dered paid eneficiary	to the ber 's bank a	neficiar ccount	y.) desigr	nated b	elow.											,8				
with checks that may not be negotiated by	(If a family mer fill out the Fam	mber of tl	he emplo	yee app	lies fo	r "med	lical rein	ibursei	nent'	', the c	option	may t	be sele	cted to			oloyee's	bank a	ccount.	The ap	plicant <b>mu</b> s	st
special endorsement)	Check that beneficiary in t								e spe	cify th	e <u>natio</u>	onal I	D nur	nber o	of the N	ational I Ben	D No. o eficiary	of the	A000	000	000	
	Account Name	-	2			T	1	, 		1						Nation	al ID N	ю.	A000	000	000	
Account Information	Financial Institution (Branch)		ay Life	bonga	<i>.</i>	Con	Branch nnection Code	0	1	3	0	3	7	2	Account Number	100	0000	0001				
The undersigned, ( designated account in a the undersigned for this To Cathay Life Insurand	financial institut application shall	tion (accor	mber of t unt inforn nated. Thi	he empl nation p	loyee _ provide ement i	ed in the		ove). A	_, and fter th	l hereb 1e rem bove.	y agre	es to i e is co	remit t mplete	he me	dical ins	urance b ny's obli	enefits gation	in this a to pay r Teleph	medical i	on to t insura	he employe nce benefits	e's to
Consent for the The undersigned has rea undersigned's medical aforementioned informa insurance contract, to co (*)Undersigned (the in (personal signature) When the insured is do the above Notification	ad and understoo records, medica ation to be transfo onduct reinsurand sured)/beneficia Kibo eccased, the abo	od the above cal and here cerred to re ce or clain ary signat	ve <b>Requin</b> alth check insurance n settleme ture: Rela (Fo	ed info k-ups, a compa ent. The ationship or applica	and ot nies th unders p betw ations for	on per her spe hat have signed l reen the or insura	the Perso cial perso business hereby de beneficia nce benefi	onal Da onal in conal	ta Pr form nship: hat th the v	otecti ation s with nis con ictim: s, medic	on Act within Cathay sent is Sa cal reim	t and a the p y Life expre ame p burser	agrees parame Insura essed v erson nent for	to all eters of ance an with th Sp illness	ow Cath of the ab nd releva e unders oouse es, disabil	ay Life ove notion int third igned's f Child ity, or critic	Insuration in the second secon	nce to of format for the ent sses, the	collect, p ion, and performa Other benefician	to allo nce of	s, and use t w the f the be the victim	L.)
Legal representative (										(pe	ersonal	l signa	ature)									
Filled out by I			solicita	tion, unde	erwriting	g, claims,	contract pro	eservatior	n, reins	urance,	overseas	s relief,	recourse	e, appea	l and dispu	te resoluti	on, compa	any inter	nal control,	auditin	customer serv g, and other ne	eds
Date of Employment: Employed on the Event Confirmed by:		o 🗖 seal)	check-u informa be utilit service mobile inquire Howev Cathay 2. If there (1).	ups, and o ation will zed in acc locations phone) on , request a er, the Co 7 Life Ins	other spo only be ordance or use t r use the a reading mpany c <b>urance</b> ral benef	ecial info used duri with the l the Comp online te g, make c can refuse <b>may not</b>	ormation). Or ing the time law by the O any's service elephone ser copies, corre- your request <b>be able to p</b> <u>blease comm</u>	Only infor period in Company the hotline twice (path ect, suppl st if require process you nunicate in	rmation which in Taiw (pleas n: Cath ement, red by l our cla in adva	n require the afor yan and the dial the ay Life or stop law or du im-settl nce and	ed for re- remention third part ne toll-fr official w the coll ue to the lement a select th	einsurar oned ser ties that ree cust website lection inform applica he same	nce or f rvices ar t require omer ser homepa of, procu ation's n tion. e collecti	or cond e availa the info rvice ho age > Co essing, o ecessity ion meth	ucting out ble and wir ormation to tiline 08000 ontact Us > or use of y for conduct hod for the	sourcing w hin the tim conduct th 036599 on (Service I our person ting work. <u>Company</u>	ork will the frame s e aforeme landlines Line) Cus al inform If you do to procee	be proce stipulated entioned s ; please of tomer Se ation, or <b>o not pro</b> d with pa	ssed and u by regulati services. Yo lial the toll rvice Hotlin to delete y vide releva	sed abro ions. The pu can vi- number ne > On rour pers int person case also	nedical and here oad. All collece e information of isit the Compar r 02-21626201 line Telephone sonal informational information fill out Appenters that may not	vited will on ) to ion. ion,
Whether th	nis field is	Notices	negotia 4. Accord	ted by spo ing to the	ecial end "Regula	lorsement ations Gov	t. verning the	Deduction	n and P	ayment	of the St	upplem	entary Ir	nsurance	e Premium	of the Nati	onal Heal	th Insura	nce", if the	accumu	ks that may not lated interest fr	om
filled out		No	the sup income	plementa househo	ary insu olds: Sub	mance pr	emium ma /alid suppor	y be exen rting docu	npted i iments	for the f of midd	followin lle-low-i	g indiv	iduals u househo	ipon pro	esentation roved by th	of the foll ne social w	owing do elfare aut	cuments hority. (2	for the cla ) Individua	aim app als who	lations. Howev lication:(1) Lo are not eligible	ow- e or
determine	d by the		have lo househ	st their eli old registi	igibility: ration.	Photocop	by of the pas	ssport for	non-Ta	iwanese	nationa	ıls; hous	sehold re	egistratio	on certifica	te issued in	the last 3	months f	or Taiwane	se natio	nals with cance thorities' inst	eled
agreemen			query to be fa 6. When a	matching ilse, the po an insuran	systems erpetrato nce clain	s to confi or shall as n applied	rm the accu sume the le by a benefi	gal responder gal responder	he doc nsibilit ttached	cuments ies of the by a co	. If an ev e Civil C ourt of la	vent and Code, th aw, but	d relevar ne Crimi the insu	nt docun nal Cod rance cl	nents used e, and othe aim is nec	by the bene r related le essary to m	ficiary to gal respo- aintain th	apply for nsibilities ne everyd	claim-sett ay life of t	lement p he benet	bayment are for ficiary and his/	und /her
insurec	l unit.		family, 7. If the ir the Lab	the benef sured uni oor Insura	ficiary ca it meets t ance Enr	an make a the requir collment A	statement of ements in the Application	or declara ne "Cathay Form or	tion of / Life I emplo	objections objections objection objections o	on in acc e Policy ertificat	cordance Enrollr ie when	e with A nent and filing t	rticle 12 Cancel he clain	2 of the Co lation Endo n applicati	mpulsory I orsement E on. <b>Howey</b>	Enforcem xemption	ent Act to Clause",	the execut the benefic	ting ager ciary is r	ncy. equired to prov iency in medi	ide
	<b>(*)</b> Ba	asic inform	insura	nce claim	is and re	gard info	ormation p	rovided l	by the	insured	unit in	the fiel	lds as th	e emplo	oyment cei nay Life	tificate.						
Name of the case officer			Depa	artmen			equii olicy			Ca	ase off	icer II	D									
Telephone	Landline: ( )				U	τe-p	oncy		ΓCΓ	ile	phone	e:				Receip	t Date:	Mor	nth Day, `	Year		
								8												(	Group	
30200	)2		000	013																	insurance	

#### Victim is the employee's family member

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

		ujiko Fuji	0			_		~					4		
Insured Unit	(*)Company Name	Studio	Plant				tment	Cor	nics Ur			ess Numb		2 3 4 5	
(*) Victim's Information	Name		1 1	Nat	ional ID N	lo.		1		Dat	e of Bir	th		Employee Chil	ee
	Kibo's mothe	r A	4 4	4 4	4 4	4	4 4	4		April	1, 19	966	Spo	use Other	d V Parent
Employee Information (Information in the sections outlined in bold	Name		1 1	Nat	ional ID N	lo.		-		Dat	e of Bir	th		urance Policy Number	(*)Rating
are not required if the victim is the employee)	Kibo	A	0 0	0	0 0	0	0 0	0	Ja	anua	ry 1,	1991	1		
(*)Employee	106 (Please provide full		1					-		<b>-</b> .			3 Filled (	out by the clair	ms handler or
(*)Employee		96, Sec.	-	n'al R	-		-			laiw	an	I	contac	t person	
Telephone	(02) 2700-0000		02		Mobil Phon		098	7654	4321		Email			om@gma	
(*)Accident Type	Non-accidental event (ill	lness) 🚺 Aco	cidental ev	vent (inju	ıry)					(		cation Date		cember 3	
(*)Event Description (*)Type of Insurance	Fracture	Critical illi	ness (desig	nated il	lness) 🚺	Med	ical exp	nses	Cancer		(*)Ev	ent Date	Dec	cember 2	5, 2019
Benefit Claim (multiple selections accepted)	Regular insurance benefit Note: In response to the and and interests remain unaffect	it payment (si endments of	apport inc	ome and nce Act,	income for the terms	or disa "hand	bility) icapped'	Sul and "o	bsidy (child disability" a	re adju	sted star	rting from Jui		8. The policyh	olders' rights
Accidental Event Location	Ren'ai-Dunhua Re	oundabo	ut			Work	Descrip	tion	Comic	artis	st's a	ssistant			
Accidental Event Information	Grazed by a car t	hat ran a	red li	ght w	hile on	the	way	hom	ne						
Unit that Submitted the Report	Bird Cage Precine	ct I	Date Repo	rted	Decen	nber	<sup>-</sup> 25, 2	2019	Case Po Offic		R	Ryotsu	Telepho	one 02-270	000001
(*) Insurance Benefit	<b>Remit to the bank acc</b> account of the beneficiary's														
Collection Method (If not selected, all	benefit is considered paid to Remit to beneficiary's	the benefici	ary.)		-								, ,	1	,
benefits shall be paid with checks that may	<b>Remit to beneficiary's</b> (If a family member of the	bank accou	ıt designa	ted in "	Fingertip								ee's bank	account. The a	pplicant <b>must</b>
not be negotiated by special endorsement)	fill out the Family Membe	r Medical R	eimburse	ment De	signated	Remit	tance A	greem	ent Form b	elow.)		National ID N			
	beneficiary in the field to t Account Name Kibo's	he right to fa										Benefic National I		A444444 A444444	
Account Information	Financial Cathay			Bra			1 3	0	2 7	2	Accoun	.t			
	Institution	acenSon		Co	de			0	3 7		Numbe	1	00000	1	
	(the victim) is a family mem		ployee			, ;	and here	by agr	ees to remit	the me	dical in	surance bene			the employee's
	financial institution (account application shall be terminal							nittanc	e is complet	ted, you	ur comp	any's obligat	ion to pay	medical insura	ance benefits to
To Cathay Life Insuran	ce Co., Ltd.	Undersig	,		al and ha	alth a	hool u		ture or seal)	onalin	format	ion (Special)	Telep		(onsont)
The undersigned has re-	ad and understood the above l records, medical and heal	<b>Required</b> in	formation	n per the	e Personal	l Data	Protect	ion Ac	ct and agree	es to all	low Cat	hay Life Ins	urance to	collect, proces	ss, and use the
aforementioned information	ation to be transferred to rein onduct reinsurance or claim s	surance com	panies that	t have bi	isiness rela	ations	hips witl	Catha	ay Life Insu	rance a	nd relev	ant third part	ies for the		
	isured)/beneficiary signatu	re: Relations	hip betwee	en the be	neficiary a	and th	e victim	🚺 S	Same person	Sp Sp	pouse [	Child	Parent 🗌	Other beneficiary mus	t be the victim )
When the insured is d the above Notification	eceased, the above signatur														
1	guardian or assistant):						()	ersona	al sig						
Filled out by I Date of Employment:		. Required info solicitation, un	nderwriting,	claims, cor	ntract preserv	ation, r	einsuran	Ver	rify the	hei	- nefic	ciary of	the te	erms and	tomer service, id other needs
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		However, the Cathay Life I	Company car nsurance m	n refuse you ay not be a	ur request if r able to proce	equired ess your	by law or claim-set	lue to the tlement	e information's application.	necessity	/ for condu	ucting work. If yo	ou do not pro	ovide relevant per	rsonal information. sonal information,
	23	. If the remittan	ce cannot be	successful											to fill out Appendix cks that may not be
Whether th	his field is	delays for the	he "Regulati claim settlem	ons Govern nent of a sin	ngle insuranc	e policy	reaches N	T\$20,00	00, the suppleme	entary in	surance pi	remium shall be o	leducted in a	ccordance with reg	ulated interest from ulations. However,
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agreemen insured		to be false, the	perpetrator	shall assun	ne the legal re	esponsil	bilities of t	he Civil	Code, the Crim	ninal Cod	le, and oth	er related legal r	esponsibilitie	·S.	eficiary and his/her ency.
mource	7.	. If the insured u the Labor Ins	unit meets the urance Enrol	e requireme Iment App	ents in the "C lication Forr	athay L n or en	ife Insuran ployment	ce Policy certifica	y Enrollment an	nd Cancel the clair	llation End n applicat	dorsement Exemp tion. However, t	otion Clause"	, the beneficiary is	required to provide niency in medical
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Name of the case officer	T and Base ()	Departme	n		licyhc		er 🖁		ficer ID			p		with D N	
	Landline: ( )							e phon	ie:			Receipt Da	ue: Mo	nth Day, Year	6
						9								(	Group
30200	)2	00013												(	insurance

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

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

			Fullie	<b>E</b> ulia					-													<b>r</b>	- T	
Insured Unit	<mark>(*)</mark> Company	/ Name	Fujiko Stud		Pla	nt	F	Ι	Depai	rtme	ent	Con	nics	Uni	ified	Busin	ness	Num	ber	1 2	3	4	5	6 7 8
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Victim's Information	Kibo's	s moth	er	Α	4	4	4 4	4 4	4	4	4	4		A	\pril	1, 19	966	6				Ch Other		Parent
Employee Information (Information in the	Ν	Name					Natio	nal ID l	No.						Dat	e of Bir	rth			(*)Inst		Policy	7	Rating
sections outlined in bold are not required if the victim is the employee)	k	Kibo		Α	0	0	0 0	0 0	0	0	0	0		Ja	nua	ry 1,	19	91		1				
(*)Employee	<b>106</b> (Please	provide fu	ll address	5)																3				
Residential Address		No.	296, 5	Sec. 4	4, R	en'a	ai Rd	I., Da	aan I	Dis	t., T	aipe	ei Cit	y, T	aiw	an					out by person		ims ł	nandler or
(*)Employee Telephone	(02) 2700-	-0000	Ext.	100	)2			Mob Phor		0	987	654	321			Email		d					nail.	com
(*)Accident Type	Non-acciden	ntal event (	illness) 【	Acci	dental	event	(injury								(	*)Appli	catio	n Date	:	Dec	emt	ber 3	31,	2019
(*)Event Description	Fracture															(*)Ev	ent I	Date		Dec	emb	ber 2	25,	2019
(*)Type of Insurance Benefit Claim (multiple selections accepted)	Death D Regular insu Note: In response and interests rer	se to the a	nendmen	ent (sup ts of th	oport in e Insu	ncome	e and ir Act, th	ncome f e terms	or disa "hand	abilit <mark>licap</mark>	ty) [ ped" a	_ Sub and "d	isabilit	hildb y" are	e adju	sted star	rting	from J	une 15	5, 2018	3. The	policy	holde	ers' rights
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with checks that may not be negotiated by special endorsement)	at may ted by fill out the Family Member Medical Reimbursement Designated Remittance Agreement Jow.)																	6.4						
special endorsement)	beneficiary in t	the field to							lease	spec	ify the	e <u>natio</u>	<u>ona</u>		nber	of the		Benef	iciary			0000		
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Account information	Institution (Branch)	Catha Insura		tong	shar		Connect Code		0	1	3	0	3	0	0	Accoun Numbe		1111	1111	1110	)			
The undersigned, designated account in a the undersigned for this To Cathay Life Insuranc Consent for the The undersigned has rer	financial institut application shal ce Co., Ltd. collection, proc	tion (accou ll be termir	mber of th ant inform nated. Thi Und <b>d use of</b> p	he emp nation p s Agree lersigne <b>medica</b>	loyee provide ement ed (vic al reco	ed in t is sigr tim): r <b>ds, n</b>	Kib the field ned as o Kill nedical	0 d above evidenc b0'S l and h	, e). Afte e of th <b>mot</b> ealth e	and er the ne ab the chec	hereb e remi ove. r (s k-ups	y agree ittance signatu , and e	es to re is con are or s other ]	emit tl nplete seal)	he me ed, yo nal in	ur comp format	isurar bany's <b>ion (</b>	s obligs Specia	ation t Il Pers	o pay Teleph onal I	medica none:	al insu 091 nation	rance 234 Cons	4 <u>5678</u> sent)
undersigned's medical aforementioned informa insurance contract, to cc (*) <u>Undersigned (the in</u> (personal signature) K When the insured is di the above Notification	ation to be transford onduct reinsurand (sured)/beneficiation (ibo's moth eccased, the abo	ferred to re ce or clain <u>ary signat</u> er Kik ove signat	insurance 1 settleme <u>ure:</u> Rela	comparent. The ationshi	anies th under ip betw ations f	hat hav signeo veen th for insu	ve busi d hereb he bene trance b	iness rel by decla eficiary enefits fo	lations ares that and the or accid	ships at thi he vio dents,	with is cons ctim: medic	Cathay sent is V Sa al reiml	y Life l expres ume per burseme	Insura ssed v rson ent for	ance a vith th Sj illness	nd relev ne under pouse [ es, disabi	vant t rsigno ] Cl ility, c	hird pa ed's fre hild or critica	arties f e will. ] Pare al illnes	or the	Derfor Other benefic	rmance r ciary m	e of th ust be	ne the victim.)
Legal representative (	guardian or assi	istant):									(pe	ersonal	l signat	ture)										
Filled out by I Date of Employment: Employed on the Event Confirmed by:	Month Day, Ye	0	solicita that are check-u- informa be utiliz service mobile inquire Howev Cathay 2. If there (1).	tion, under in accordups, and ation will zed in accordups phone) or , request er, the Cord v Life Instance are sever	erwriting dance wi other sp l only be cordance s or use or use the a readin ompany o surance ral bene	g, claim th releve ecial in used de with th the Con- e online g, mak can refu may no ficiaries	ns, contra vant regu nformatio uring the he law by mpany's telephot te copies, use your r ot be abl s, please	act preser lations sti on). Only e time per v the Com service h ne service , correct, request if <b>le to proc</b> <u>commun</u>	vation, i ipulated v inform iod in w pany in otline (p e (path: supplem required cess you icate in	reinsu l in the nation which t Taiwa please Catha ment, o d by la ur clain advan	rance, of Person require the afor an and t dial th y Life of or stop tw or du <b>m-settl</b> tce and	al Data ad for re- remention hird part e toll-fro- official v the coll- the coll- the to the ement a select th	relief, r Protectio einsurance oned service ties that n ee custon website h ection of informate pplication	ecourse on Act a ce or for vices are require mer ser nomepa f, proce tion's no on. collecti	e, appe: and Art or conc e availa the inf rvice ho age > C essing, ecessity	al and disp icle 177-1 ducting out ble and w ormation t otline 0800 ontact Us or use of y for condu- hod for th	pute re of the itsource vithin t to cond 00365 > (Se your p ucting he Con	solution Insuran- ting wor the time duct the a 99 on la rvice Lir bersonal work. If	, compa ce Act (i k will b frame st aforeme ndlines; ne) Cust informa f you do	ny intern including be proce tipulated ntioned please omer Se ation, or <b>not pro</b>	nal conti g medica essed an l by regu services dial the rvice Ho to delet vide rele avment.	rol, audi al record ad used alations. You ca toll num otline > te your p evant po Please a	iting, a ls, mec abroad The ir n visit iber 02 Online person ersona	stomer service, nd other needs lical and health All collected formation will the Company's 2-21626201 on Telephone) to al information. I information, l out Appendix
Whether th filled out	shall be	Notices	<ol> <li>Accord delays t</li> <li>the sup income have loc</li> </ol>	ted by sp ling to the for the cla plement househo st their el	ecial end e "Regula aim settl tary insu olds: Su igibility:	dorsement ations C ement o trance bmit th	ent. Governin of a singl <b>premiur</b> we valid s	g the Ded le insuran <b>m may be</b> upporting	luction a ce polic e <b>exemp</b> g docum	and Pa by reac <b>oted fo</b> nents o	yment hes NT or the f	of the Su \$20,000 ollowin; le-low-in	upplement ), the sup g indivio ncome h	ntary In plemer <b>luals u</b> ouseho	nsuranc ntary in 1 <b>pon p</b> i olds app	e Premiun surance pr esentatio proved by	n of th remiur <b>n of tl</b> the so	e Nation n shall b <b>he follov</b> cial wel:	al Healt e deduc ving doo fare auti	h Insura ted in ac cuments hority. (2	nce", if t ccordanc s for the 2) Indivi	the accu ce with r e <b>claim</b> a iduals w	mulate egulati applica ho are	hat may not be od interest from ons. <b>However</b> , <b>ation:(1) Low-</b> not eligible or s with canceled
determine agreemen insurec	t with the	.n)	<ol> <li>If appl query n to be fa</li> <li>When a family,</li> <li>If the in the Lab</li> </ol>	matching ilse, the p an insurat the benef isured un por Insura	the dear g system perpetrate nce clain ficiary ca it meets ance Em	s to con or shall n applic an make the required rollmen	nfirm th assume ed by a b e a stater uirement nt Applic	e accurate the legal peneficiar ment or de s in the "O cation For	cy of the responsi y is atta eclaratio Cathay I m or er	e docu ibilitie ached b on of c Life In mploy	iments, es of the by a co objectio surance ment c	If an ev Civil C urt of la n in acc Policy ertificate	vent and Code, the w, but the ordance Enrollme e when the	relevan Crimin ne insun with A ent and filing th	nt docun nal Coo rance c rticle 1 Cance he clain	nents used le, and oth laim is ne 2 of the C llation End	d by th ner rela cessar compul dorsen tion. I	e benefic ated lega y to mai lsory En nent Exe <b>Iowever</b>	ciary to il respon ntain th forceme mption	apply fo isibilities e everyd nt Act to Clause",	r claim- s. day life o the exe , the ben	settleme of the be ecuting a seficiary	nt pays eneficia igency is requ	prities' instant ment are found ary and his/her irred to provide cy in medical
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# Cathay Life Insurance Co., Ltd. **Claim Settlement Application Form**

Appendix (1)

		Ţ	Victim's Bas	sic Inform	ation											
(*) Name		Kibo		(*) National ID	No.	Α	0	0	0	0	0	0	0	0	0	
			Claim Pay	ment Metho	ods											
Receiving Method		<ul> <li>Remit to the bank account of beneficiary's legal representative         <ul> <li>(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.) (Please fill out the following account information)</li> <li>Remit to death benefit beneficiary's bank account (Please fill out the following account information)</li> <li>Remit to beneficiary's bank account designated in "Fingertip". (The following account information is not required)</li> <li>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)</li> </ul> </li> </ul>														
Account Information	Account Name	Kibo Jr.			Nation	nal IE	) No.	Α	2	2 2	2	2	2	2 2	2 2	
	Financial Institution (Branch)	Cathay Life Insurance Songshan	Branch Number and Code	0130372	Account Number			r	014000000							
	Account Name	Kibo Sr.			National ID No.			Α	3	3 3	3	3	3	3 3	3	
	Financial Institution (Branch)	Cathay Life Insurance Songshan	Branch Number and Code	0130372	Account Number			015000000								
	Account Name				National ID No.											
	Financial Institution (Branch)	(Name in Chinese)	Branch Number and Code		Account Number			r								
Notices	<ul> <li>2. If the remittance cannot be successfully completed because the remittance account is erroneous or withdrawn, the Company may proceed with payment by not be negotiated by special endorsement.</li> <li>3. According to the "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if the acc from delays for the claim settlement of a single insurance policy reaches NT320,000, the supplementary insurance premium shall be deducted in accordance However, the supplementary insurance premium may be exempted for the following individuals upon presentation of the following documents of middle-low-income households approved by the social welfare authority.</li> <li>○ Individuals who are not eligible or have lost their eligibility: Photocopy of the passport for non-Taiwanese nationals; household registration certificate is months for Taiwanese nationals with canceled household registration.</li> <li>4. If applying for the death benefit, the undersigned agrees to allow the Company to compare the autopsy report (or death certificate) with relevant aut query matching systems to confirm the accuracy of the documents. If an event and relevant documents used by the beneficiary to apply for claim-settle found to be false, the perpetrator shall assume the legal responsibilities of the Civil Code, the Criminal Code, and other related legal responsibilities.</li> <li>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 his/her family, the beneficiary can make a statement or provide by the insured unit the fields as the employment certificate.</li> <li>7. Required information per the Personal Data Protection Act: Cathay Life Insurance is collecting your personal information for the purpose of conducting solicitation, underwriting, claims, contract preservation, reinsurance, overseas relief, recourse, appeal and dispute resolution, co</li></ul>											ccumu e with ents for issuece uthor element the bere e exect ciary i carriso g custo carriso g custo carriso g custo carriso g custo carriso g custo carriso g custo carriso g custo carriso g custo carriso conservation conserva	lated i regul r the i in the ities' i paym heficial s requ here s s ag, and ical re ener s s ag, and ical re ener s s requ here s ag, and ical re remen on lan ervice our pervice	nterest ations. claim = last 3 instant ent are ry and gency. irred to ney in ervice, d other ecords, d used ted by titioned dilines; e Line)		
Lega (Gua When	<i>Kibo Jr.</i> Il representative ardian) the insured is deceased,	Kibo S	the beneficiary only i	represents benefic	iary or h	is/her	: legal	repr	esent	ative i	n claii	ms aj	pplic	ıtions	s. The	
302004 00009														roup urance	)	

### **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 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 Taiwanrelated 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