



國泰人壽
Cathay Life Insurance

保單內容變更 申請書填寫範例

-OIU申請書-

目錄

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A 式國泰人壽保險契約內容變更/保單補發申請書(保經代專用)

Cathay Life Insurance Application Form for Change/Replacement Policy (Type A)

保單號碼 Policy Number 9 0 0 0 0 0 0 0 0 1

↑ 填寫保單號碼 縣 County/市 City 鄉 Township/鎮/市 city/區 District

Charge Address ☐ 同一要保人所有保單全部變更(要保人身分證字號:) Change all Policy of the same proposer (Proposer ID Number:) ☐ 一併變更其他下列保單之住(居)所地址 ※請將欲變更之保單號碼填寫於「其他保單號碼或變更事項」。
Change the address of the Policy listed below collectively(※Please fill the Policy Number in Section "Others")

變更項目 Change Option	變更後姓名 Beneficiary (after change)	身分證字號 ID Number	與被保險人 關係 Relationship with the Insured	比例 (%)/順位 Ratio (%)/Order	國籍/設立登 記所在國 Nationality	出生日期 Date of Birth	變更 理由 Reason
<input type="checkbox"/> 生存還本/ 生存保險金 Survival Benefit <input type="checkbox"/> 滿期保險金 Maturity Benefit <input type="checkbox"/> 祝壽保險金 Survival Benefit <input type="checkbox"/> 身故保險金 Death Benefit							

Change of Beneficiary
身故保險金受益人約定為「法定繼承人」時，以被保險人身故時之「法定繼承人」為準，且其順位及應得比例適用民法繼承編相關規定。如欲留存受益人聯絡資訊，請另填寫「受益人聯絡電話、住(居)所地址填寫附件」，未留存時，國泰人壽將於保險事故發生後，以要保人最後留存於國泰人壽之聯絡方式通知保險金受益人。
When the beneficiary of the Death Benefit is agreed as the "Legal Heir", the "Legal Heir" of the insured's death shall prevail, and the order and the proportion of the applicant shall apply the relevant provisions of the civil law inheritance. If you are going to retain the Contact Information of the beneficiary, please fill in "Beneficiary contact telephone number, and address Attachment". If no beneficiary contact detail is attached, Cathay Life will notify the beneficiary with the contact information last provided by the proposer when insured peril occurs.
☐ 保險金分期定期約定 僅僅有約定分期定期給付之「身故保險金」商品始得申請，且須另填附「保險金分期定期給付約定書」。
Premium periodic installments agreement (※Only the "Death Benefit Product" which premium periodic installments payment can apply, and shall fill in the "Premium Periodic installments payment agreement" additionally.)

變更項目 Change Option	變更後姓名 Proposer(after change)	身分證字號 ID Number	與被保險人 關係 Relationship with the Insured	國籍/設立登記 所在國 Nationality	出生年月日 Date of Birth	工作內容/ 職位 Duty Details/ Occupation Title
<input type="checkbox"/> 要保人變更 Change of Proposer	新要保人親自簽名 Signature of New Proposer				年(YY) 月(MM) 日(DD)	
	姓名 Name	身分證字號 ID Number	關係 relationship	國籍 Nation	出生年月日 Date of Birth	要保人變更理由 Reason
法定代理人 Legal Guardian					年(YY) 月(MM) 日(DD)	
					年(YY) 月(MM) 日(DD)	
<input type="checkbox"/> 印鑑變更 Change of Seal <input type="checkbox"/> 生日變更 Change of Birth Date <input type="checkbox"/> 身分證字號 ID Number	<input type="checkbox"/> 要保人 Proposer <input type="checkbox"/> 被保險人 Insured <input type="checkbox"/> 次被保險人 Sub-insured	印鑑 Seal	身分證字號 ID Number	出生年月日 Date of Birth	年 月 日 (YY) (MM) (DD)	

繳費 payment ☐ 繳別變更 Change of Premium Mode: ☐ 月 Monthly ☐ 季 Quarterly ☐ 半年 Half-yearly ☐ 年 Yearly ☐ 躉繳 Lump Sum ☐ 自動墊繳變更 Change of Automatic premium loan: ☐ 同意自動墊繳 Agree ☐ 不同意自動墊繳 Disagree

其他變更事項 Others	<input type="checkbox"/> 繳清 Repay	紅利 Bonus..... <input type="checkbox"/> 領取 To draw <input type="checkbox"/> 不領 Not to draw (※領取紅利須另附「保全給付申請書」，未勾選者視為「不領紅利」。) (You shall provide "Required Payments Application form" if you are going to draw the bonus. Un-check shall be deem as not drawing the bonus) 清償保單借款 Discharge the policy loan <input type="checkbox"/> 以現金 With Cash (※以準備金清償為繳清同時清償，未勾選者視為以準備金清償。) (If paid by the policy value reserve shall apply to lump sum repayment. Un-check shall be deem as paid-up with policy value reserve.) 墊繳本息 premium loan of principal 附約 Riders..... <input type="checkbox"/> 一併終止 Terminate <input type="checkbox"/> 不終止 Not to terminate (※未勾選者視為「附約不終止」，無附加附約者免勾選。) (Uncheck shall be deem as not terminate. No need to check if there is no Collectively rider.)
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↑ 勾選要變更的交易項目，並填寫變更內容

其他變更事項 Others	紅利 Bonus..... <input type="checkbox"/> 領取 To draw <input type="checkbox"/> 不領 Not to draw (※領取紅利須另附「保全給付申請書」，未勾選者視為「不領紅利」。) (You shall provide "Required Payments Application form" if you are going to draw the bonus. Un-check shall be deem as not drawing the bonus)
	<input type="checkbox"/> 展期 Term Extension 清償保單借款 Discharge the policy loan 墊繳本息 premium loan of principal <input type="checkbox"/> 以現金 With Cash <input type="checkbox"/> 以準備金 With policy value reserve (※以準備金清償為繳清同時清償，未勾選者視為以準備金清償。) (If paid by the policy value reserve shall apply to lump sum repayment. Un-check shall be deem as paid-up with policy value reserve.)
	<input type="checkbox"/> 保單補(換)發 Policy Replacement <input type="checkbox"/> 業務員轉送 Transmit by Cathay Life's service person <input type="checkbox"/> 保戶親自領取 pick up in-person (<input type="checkbox"/> 同一要保人所有保單全部申請補發(不包含已失效之保單) Replace all policy of the same proposer (excluding the invalid policy); 要保人身分證字號 ID number of proposer: _____)
	<input type="checkbox"/> 紅利選擇變更 Change of Bonus <input type="checkbox"/> 儲存生息 Deposit for interest <input type="checkbox"/> 抵繳保險費 Deduct premium <input type="checkbox"/> 現金給付 Distribute in cash <input type="checkbox"/> 購買增額繳清保險 to Purchase addition paid-up insurance
	<input type="checkbox"/> 增值回饋分享金給付方式變更 Change of the payment of value-added bonus <input type="checkbox"/> 儲存生息 Deposit for interest <input type="checkbox"/> 購買增額繳清保險 to Purchase addition paid-up insurance
	<input type="checkbox"/> 申請批註 Apply for Endorsement <input type="checkbox"/> 其他保單號碼或變更項目 Other Policy Number or Other item to change

填寫說明 1. 辦理收買地址變更須填寫明確住址(居)所地址，不得填寫郵政信箱；變更不包含已失效之保單。
Fill in the payment address clearly, provided that the following items shall be agreed and signed by the insured collectively.

↑ 勾選要變更的交易項目 並填寫變更內容

- Instructions and Notices
- 辦理收買地址變更須填寫明確住址(居)所地址，不得填寫郵政信箱；變更不包含已失效之保單。
Fill in the payment address clearly, provided that the following items shall be agreed and signed by the insured collectively.
 - 變更人變更 change of proposer; 被保險人變更 change of the insured; 受益人變更 change of the beneficiary
 - 僅申請要保人變更者，應單獨填寫本申請書；如同時申請其他項目變更者，應於變更項目勾選處註明申請之先後順序，俾國泰人壽進行作業並確保要保人之權益。
If only applying for the change of proposer, shall fill in this application form. If applying for other items jointly, shall note the time sequence in the check box in order to expedite the process and ensured the right of the proposer.
 - 辦理要保人變更者，如新要保人或被保險人為未滿 20 歲且未婚者，法定代理人除應於簽名欄位簽名外，另需提供其身分證字號、出生日期及國籍等資料。
 - 具美國籍(含居住於美國)身分者，不得為投資型商品之要保人或受益人。
The person with US citizenship status (including living in the United States) shall not be the proposer or the beneficiary of the investment-linked product.
 - 申請改名、譯名者，須另填附「基本資料內容變更申請書」。
The person who applies for the change of name or transcription error shall fill in "Application Form for the change of Basic Information" additionally.
 - 變更保險給付之「受益人」者，應確實填寫本申請書第 3 頁要(被)保人之聯絡資料。如依保險契約約定並無該項保險給付項目時，該項受益人變更不生效力。
For person changing the beneficiary of insurance benefits shall fill in the contact information of the proposer/ insured in this application form clearly. If there is no insurance benefits according to the policy, such change shall not take effect.
 - 繳納變更月繳費後，僅限以金融機構轉帳、信用卡或自行繳費方式繳款。
After changing to monthly payment can only pay via ATM/ credit card or in person.
 - 提醒您再次確認已充分考慮並瞭解下列保戶權益說明內容：
Please reminded that you have double-checked, confirmed and fully understand the explanation of the right of the insured listed below.
 - 保險契約辦理展期、繳清後，保險保障是否足夠？
Is the insurance covers sufficient after applying for term extension and pay-up?
 - 辦理展期後或辦理繳清且終止有效附約後，本保單內各項有效附約將一併終止，亦即失去原來所提供之保障。
After applying for term extension or termination of the valid rider when pay-up, each valid item in the policy will be terminated collectively.
 - 辦理繳清且勾選「附約不終止」者，如在繳清生效前仍有欠繳之附約保險費應補繳，且後續限以金融機構轉帳、信用卡或自行繳費方式繳款。
The person who apply for pay-up and has checked "not terminate the rider", shall pay-up the unpaid premium of the rider before become effective, and can only pay via ATM/ credit card or in person.
 - 若再投保新險時，將承擔保險費率相對提高、重新計算 2 年除斥期間或健康險重新計算等待期等損失。
Please note that if you terminate an insurance policy and enter into a new one, you will bear the following disadvantage: a higher insurance rate, the contestable period in which the Insurer may cancel the policy for the Proposer's non-performance of disclosure duty will start from the effective date of new policy, the observation period for health insurance policies will start from the effective date of new policy.
 - 若再投保投資型商品，並非保證獲利，保戶需自行承擔投資組合的損失風險。
The investment-linked product does not guarantee profits, the insured who insured the investment-link product shall bear their own risk.
 - 辦理展期後或辦理繳清後，可能會有保障低於所繳保險費之情形。
After applying for term extension or pay-up, the insurance death benefit might be lower than the paid premium.
 - 保單補(換)發公司將酌收工本費每本新臺幣 100 元整；保單補(換)發後尋得原保單者，原保單作廢，以補(換)發之保單為準。
Cathay Life will charge a fee of 100 NT dollars for each policy replacement. The replaced policy shall prevail the original policy.
 - 辦理「增值回饋分享金給付方式變更」者：a. 本申請書約定如與保單條款抵觸時，概依保單條款約定為準。b. 增值回饋分享金給付方式變更之生效日，依保單條款約定辦理。c. 欲約定/終止自動匯撥帳戶者，須另附「給付款匯撥帳戶申請書」。
The person who applies for "Change of the payment of value-added bonus"; a. if there is any inconsistency between this application form and the contract policy terms and conditions, the latter shall prevail; b. the effective date will be according to the contract policy terms and conditions; c. if you are going to apply/ terminate the automatic remit function, shall provide "payment remit application form" additionally.
 - 變更項目非本申請書所列事項者，請填寫於「其他保單號碼或變更事項」。
If the item you are going to change is not listed in this application form, please stated in "Other Policy Number or Other item to change".
 - 受益人或要保人申領之保險金債權遭法院(或執行機關)扣押時，倘為維持一己及共同生活親屬之生活所必需者，得依強制執行法第 12 條規定，向法院(或執行機關)聲請或聲明異議。
If the premium distrained by court or regulatory contains the necessities of life, the beneficiary or the proposer may refer to Section 12 of the Compulsory Enforcement Act to raise an objection.



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A式申請書

填寫說明及注意事項 Completion Instructions and Notices	<p>※除「受益人變更」之申請係自送達國泰人壽時生效及「繳別變更、展期、繳清」之申請自下次應繳日生效者外，本次變更申請之生效日，應自國泰人壽受理單位蓋章日期之翌日零時起生效。</p> <p>Except application regarding "change of Beneficiary" becomes effective from the moment the notification is served upon Cathay Life, and application regarding "Change of Premium, term extension and reduced paid-up" shall become effective upon next payment dates, other applications of any change shall go into effect upon 12 AM of the day following Cathay Life's acceptance stamp date.</p> <p>※同一要保人，如多件保單同時申請繳別變更、自動墊繳變更、保單補發、紅利選擇、申請批註等項目時，請將其他保單號碼填寫於「其他保單號碼或變更事項」欄位。</p> <p>If the same proposer is going to apply for replacement, bonus selection, automatic premium loan, endorsement, premium mode for multiple policies at the same time, please fill the other policy numbers in "Other Policy Number or Other item to change".</p> <p>※如需繳納款項，「切勿」匯入業務員之私人帳戶，並請當場向業務員索取收據正本作為憑證，妥為保管。</p> <p>Remember "NOT TO" remit the payment into any personal account of the service person. Moreover, do not forget to obtain the reserved copy of receipt from the service person when making the payment.</p>
聲明事項 Declaration	<p>1. 申請變更保險契約內容、健康告知書及聲明事項均經本人確認，如有虛偽、不實或不盡之情事者，概由本人負責。</p> <p>The Client has confirmed the changed-contract policy, health declaration, and Declaration here stated. If any false or inaccurate, the Client will take full responsibility.</p> <p>2. 本人知悉並瞭解如辦理要保人變更，新要保人無條件承受本保單變更前之權利義務，且如辦理特定商品(如：富利多變額壽險)之要保人變更(含改名、誤名更正、身分證字號變更)，應一併確認是否已指定該保險商品貨幣之匯撥帳戶，如未指定匯撥帳戶者，該投資標的之收益將依保單條款約定配置於配息停泊標的(詳請參閱保單條款內容)。</p> <p>The Client understands that when applying for changing the proposer, the new proposer shall unconditional bear all the rights and obligations of the policy. For certain insurance policies, the change of proposer shall be accompanied by designating a remittance currency bank account. If not, Cathay Life shall invest the Distribution Payment Amount into Parking Fund. (Please refer to the contract policy terms and conditions)</p> <p>3. 國泰人壽對本人以要保人身分向國泰人壽投保之其他保險契約所發送之通知，概依本次變更後之住(居)所為準。</p> <p>The notice send from Cathay Life concerning other policy contract to the Client, as the proposer, shall be delivered to the residential address as changed in this application form.</p> <p>4. 本人(即被保險人、要保人)同意國泰人壽將本申請書上所載個人資料轉送產、壽險公會建立電腦連線，以作為其會員公司受理本人投保時之核保參考，但各該公司仍應依其本身之核保標準決定是否承保，不得僅以前開資料作為承保與否之依據。</p> <p>The Client (namely insured, and/or proposer) consents that Cathay Life can transmit client's personal information set forth on the application form to the Non-Life Insurance Association of the R.O.C, and the Life Insurance Association of the R.O.C to set up network connection for each member company's reference in deciding whether to commit to insure the client, provided however each company shall decide whether to underwrite according to its own criteria rather than only based on the preceding information.</p> <p>5. 本人已審閱並瞭解本申請書填寫說明及注意事項，下列個人資料保護法應告知事項。</p> <p>The Client has read and understood the Completion Instructions, Notices and the Required Notification under the Personal Information Protection Act stated below.</p> <p>6. 本人同意國泰人壽得將批註書等資料寄送至本人於電子單據/行動服務所留存之最新 E-mail；如未申辦前述服務者，國泰人壽得逕由業務員或其他約定方式交付相關資料。</p> <p>The Client agrees that Cathay Life may send the endorsements and other relevant information to the e-mail the client provides when he/she applies for the Internet and electronic document service. If the client has not applied for the service and doesn't provide his/her e-mail in this application form, Cathay Life may send the hard copies of the endorsements and other relevant information to the client.</p>

個人資料保護法應告知事項

國泰人壽係為人身保險相關服務及執行、辦理申訴及爭議處理、公司內部控制及稽核業務之需要而蒐集您的個人資料(包括但不限於姓名、身分證統一編號、地址、病歷、醫療及健康檢查等資料)。所蒐集之資料僅會於前開蒐集目的存續期間及依法令規定要求期間內，以合於法令規定之利用方式，於我國境內供予國泰人壽及因以上目的作業需要之第三方處理及利用。您可以至國泰人壽各服務中心或利用國泰人壽免費客服專線(0800-036-599)查詢、請求閱覽、製給複製本、更正、補充、停止蒐集、處理、利用或刪除您的個人資料，惟國泰人壽依法令規定或執行業務所必須，得不依您的請求處理。若您未能提供相關個人資料時，基於健全人身保險業務之執行，國泰人壽將無法提供您完善的服務。

Required Notification under the Personal Information Protection Act

Cathay Life will collect your personal data for the purposes of life insurance business, complaint handling, dispute settlement, internal control and audit. Collected data will be used only within the period of retention by Cathay Life and/or the third party service requiring such data, and within the period of retention required by applicable laws and regulations, and the requirement of applicable laws and regulations to make inquiries of, request a copy of or, correct, supplement, stop collection, processing, use or deletion of your personal information, provided that Cathay Life is required to do so by law or in the course of business as required. If you fail to provide relevant personal information, Cathay Life may not be able to provide you with satisfactory service.

本人聲明係委任後開業務員代為送交本申請書予國泰人壽。 The Client, hereby declares that I have appointed the service personnel to hand this Application Form to Cathay Life on my behalf.		要保人 proposer	
(原)要保人簽名(Original) Signature of Porposer: <u>Jack Li</u> (主被保險人)(Main insured) (註1)		住宅(H): (02) 2222-3333	
法定代理人/監護人/輔助人簽名 Signature of Legal representative. Guardian or assistant: _____ (註2)		公司(O): () 分機 手機(必填): 0912345678 <input type="checkbox"/> 未使用	
被保險人簽名 Signature of insured: _____ (註1) (次被保險人)(sub insured) (若要、被保險人為同一人時，可免簽)		被保險人 Insured	
法定代理人/監護人/輔助人簽名 Signature of Legal representative. Guardian or assistant: _____ (註2)		住宅(H): () 公司(O): () 分機	
(新)要保人簽名: _____ (註1)		手機:	
法定代理人/監護人/輔助人簽名 Signature of Legal representative. Guardian or assistant: _____ (註2)		新要保人	
註1: 如要保人、被保險人為未滿 7 歲或受監護宣告者，應由法定代理人/監護人代簽。 註2: 如要保人、被保險人為未滿 20 歲且未婚/有監護人或輔助人者，則法定代理人/監護人/輔助人須簽名。		住宅(H): () 公司(O): () 分機	
要保人方便電訪時間 Available time for Telephone Interview: <input checked="" type="checkbox"/> 全天 All Day <input type="checkbox"/> 上午 Morning <input type="checkbox"/> 下午 Afternoon		手機:	
申請日期 Application Date: 中華民國 1 0 9 年 5 月 2 0 日			

若有退費請保戶填寫以下欄位 Please fill the below column for refund

匯撥明細
Remittance information

☐匯撥至已指定之匯撥帳戶 remitted to a designated account (免填下列帳戶) do not need to fill in the below account

行庫名稱 Bank: 國泰世華分(支) 行名稱 Branch: 仁愛分行

帳號 account: 200000000001

補收金額限以「匯款」方式繳納。
Collection amount shall be paid by remittance.
外幣保單給付款一律以「匯款」方式給付之，且外幣存款帳戶以國泰人壽公告或通知之指定銀行所開立者為限。
Foreign currency Policy shall all be paid by remittance, and the foreign currency deposit account shall limited to the bank designated by

※ Please note that the English version of this claim form is for reference purpose only. Cathay Life does not take any responsibility for the translated English version. To the extent there is any inconsistency between the Chinese and English versions, the Chinese version shall always prevail.

↑ 退費方式限以『匯撥』壽作業欄位，保戶無須填寫 To be filled by Cathay Life-----

國泰人壽作業欄位				經核對身分、確係要(被)保人親自簽章所填無誤 Identity verified. Genuine signature of Applicant confirmed.				
電訪日期：		電訪時間：		電話：		業務員簽名	銀行/分行	
							單位代號	
							聯絡電話	
							登錄證字號	
※受理人員請注意該作業項目是否須列印「試算表」。								
審核單位審核	審核單位經辦	經確實核對要(被)保人資料無誤						
		收件時間：__月__日__時__分						
		覆核人員		客服人員				

(保經代簽署人章)



2000S4



10821 版

國泰人壽保險契約 復效 申請書

Cathay Life Insurance Contract Reinstatement Application Form

保單號碼 Policy Number	9	0	0	0	0	0	0	0	0	1		補發次數 Replacement times	
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<input checked="" type="checkbox"/> 傳統型商品復效 Conventional Insurance Products Reinstatement	復效清償方式（請擇一勾選）： Reinstatement by repayment (check one) :
	<input checked="" type="checkbox"/> 最低清償 Minimum repayment 僅清償超過「可借金額上限」部分（抵充順序：墊繳保險費利息→墊繳保險費本金→保單借款利息→保單借款本金）。 Repay the amount exceeding Maximum Loan Amount. (priority of discharge : interest of premium loans→ principal of premium loans →interest of policy loan →principal of policy loan)
	<input type="checkbox"/> 部分清償 Partial repayment 清償全部墊繳保險費本息，但如保險單借款本息已逾「可借金額上限」者，尚須償還超過「可借金額上限」部分。 Repay full principal and interest of premium. If principal and interest of policy loans exceed the Maximum Loan Amount, premium withholders shall reimburse the exceeding amount.
	<input type="checkbox"/> 全部清償 Full reimbursement 清償全部墊繳保險費本息及保單借款本息。 Reimburse full principal and interest of premium and policy loans.
註一：「可借金額上限」，係指申請復效時，該保險單年度之保險單借款可借金額上限。 Note1 : Maximum Loan Amount means the maximum policy loan amount applicable for the year of reinstatement . 註二：復效後如仍有未清償之墊繳保險費本息，仍將依保險契約自動墊繳之約定繼續墊繳。 Note2 : If principal and interest of premium remain unpaid, Cathay Life will still apply policy loan to pay for any due and payable premium.	
<input type="checkbox"/> 投資型商品復效 Investment-Oriented Insurance Products Reinstatement	本保險契約復效申請書請親送或以掛號郵寄至本公司服務中心（郵寄地址如下）。且要保人須自本公司同意復效之日起五日內向本公司繳納復效所應補繳之保險費，逾期未繳納者，復效申請不生效力。 Please deliver reinstatement form in person or by registered mail to service center of Cathay Life Insurance Co., Ltd.(The“Company”) (mailing address as follows : 保代服務中心 Bancassurance service center 106 臺北市大安區敦化南路一段 245 號 9 樓 B 室 Rm. b, No.245-9, Sec. 1, Dunhua S. Rd., Da'an Dist., Taipei City 106, Taiwan (R.O.C.)). Besides, applicant shall submit insurance premium within five days starting from the Company's approval to reinstate the insurance contract, or the application of reinstatement will be revoked. 是否已購買其他各壽險公司之實支實付型傷害險、實支實付型醫療險： Purchased injury expense insurance or hospitalization expense insurance of other life insurance companies? <input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO 若勾選是，請詳填於右 Please provide policy details if “Yes”is checked :

↑ 填寫保單號碼、選擇復效商品種類及清償方式



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10601 版

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復效申請書

聲明事項

1. 本保險契約復效申請書均經本人確認，如有虛偽、不實或不盡之情事者，概由本人負責。
The applicant guarantee that he/she has carefully read, fully understood the form, and the information provided herein is complete and real.
2. 就本保險契約之復效申請（含附約復效），被保險人（含配偶、子女）於停效期間內所發生之任何保險事故，貴公司不負給付保險金之責任。本人同意如有於 貴公司核准復效前進行繳付欠繳保險費者，其繳付不生復效效力，本人並同意 貴公司得將催繳通知書銷毀，免予保存，嗣後本人絕不以 貴公司未能提示催繳通知書而主張未受催繳。
The Company is not liable of any insurance payment for any event occurred in the period of suspension. The applicant agrees that (i) the insurance contract reinstatement will be subject to approval of Company, (ii) the applicant confirms to have received reminder notice letter for any previous unpaid premium, and (iii) the Company may destroy any copy of reminder notice letter for any previous unpaid premium.
3. 本人（被保險人）同意 貴公司得調查本人、配偶及子女相關之醫療紀錄及病歷資料。
The Insured agrees that the Company may investigate and review his/her medical record and relative treatment records.
4. 本人（被保險人、要保人）同意 貴公司將本申請書上所載本人資料轉送產、壽險公會建立電腦連線，以作為其會員公司受理本人投保時之核保參考，但各該公司仍應依其本身之核保標準決定是否承保，不得僅以前開資料作為承保與否之依據。
The Insured and the Proposer agree that the Company may transfer the information of this Form to the Non-Life Insurance Association of the R.O.C. and the Life Insurance Association of the R.O.C. as reference for underwriting by members. But the information of this Form shall not be the only foundation of underwriting, and each member insurance company shall underwrite based on its own standard.
5. 實支實付型傷害醫療保險及實支實付型醫療保險受益人，申請給付時須提供收據正本；惟被保險人於投保時已通知本公司有投保其他商業實支實付型醫療保險，而本公司仍承保者，本公司對同一保險事故仍依各該險別條款約定給付責任。如有重複投保而未通知本公司者，本公司對同一保險事故中已獲得全民健康保險或其他人身保險契約給付的部分不負給付責任，惟須退還該年度被保險人附加此實支實付型醫療保險已繳之保險費或於該險別條款約定以「日額」方式給付之標準。另以全民健康保險身分投保實支實付型醫療保險者，若未提出以此身分就診之證明時，本公司將按各該險別條款約定之方式給付保險金。
The beneficiary should attach original medical expense receipts for claims. The Company shall comply with insurance contract for claim payment if the insured who holds other injury and hospitalization expense insurance contracts has notified the Company to such effect prior to the Company's underwriting. In double insurance, if proposer did not notify the Company of the names of the other insurers and the amounts insured thereby, the Company may refuse to pay any amount already covered by other insurance contract (including the National Health Insurance), but the Company should refund relevant premium. If the insured has entered into a medical insurance contract as a National Health Insurance covered person, but fails to provide evidence of obtaining medical service as a NHI covered person, the Company may determine the insurance payment amount pursuant to the relevant insurance contract.
6. 個人資料保護法應告知事項：國泰人壽係為人身保險相關服務及執行、辦理申訴及爭議處理、公司內部控制及稽核業務之需要而蒐集您的個人資料。所蒐集之資料僅會於前開蒐集目的存續期間及依法令規定要求期間內，以合於法令規定之利用方式，於我國境內供予國泰人壽及因以上目的作業需要之第三方處理及利用。您可以至國泰人壽各服務中心或利用國泰人壽免費客戶服務專線（0800-036-599）查詢、請求閱覽、製給複製本、更正、補充、停止蒐集處理利用或刪除您的個人資料，惟國泰人壽依法令規定或因執行業務所必須，得不依您的請求處理。若您未能提供相關個人資料時，基於健全人身保險業務之執行，國泰人壽將無法提供您完善的服務。
Personal Information Protection Act Notification : Cathay Life Insurance collects your personal information for the purposes of life insurance related services and enforcement, handling complaints and disputes, and internal control and audit. Information thus collected is used only during the existence of the above purposes of collection and periods prescribed by laws and regulations, in the manner that conforms to laws and regulations, for provision to Cathay Life Insurance, and to third persons due to the requirements of said purposes, for processing and use. You may visit any service center of Cathay Life Insurance or call Cathay Life Insurance's toll-free customer service number (0800-036-599) to request to peruse, make copies of, correct, supplement, discontinue the collection, processing or use, or delete your personal information. Notwithstanding, Cathay Life Insurance may, according to laws and regulations or as required by business execution, refuse to handle such request. Your inability to furnish the relevant personal information will prevent Cathay Life Insurance from offering comprehensive services to you in view of the soundness of life insurance business execution.

↓須和原投保要保書或其他保全變更書簽名一致

注意事項
Reinstate within six months from the date of suspension. Health notification is not required. Reinstate within six months to two years from the date of suspension, Health notification and health examination are required.
2. 申請人應於本公司核定復效起五日內，以現金或即期支票向本公司繳納應補繳之保險費，契約效力自保險費繳納日之翌日上午零時起恢復。
A suspended insurance contract shall be reinstated at zero hours on the morning of the day after applicant paid the premium, the interest stipulated in the insurance contract, and other expenses by cash or check payable on demand after the company approved the reinstatement application. Such payment shall be made within five days from the approval.

要保人簽名 (主被保險人) Signature of Applicant (Main Insured)	Jack Li	法定代理人簽名：_____關係：_____	_____
身分證字號 ID No.	_____	Signature of Legal Representative	Relationship
住宅電話 Home	(02) 2222-3333	/監護人或輔助人簽名：_____關係：_____	_____
公司電話 Office	() _____分機 ext _____	Signature of Guardian or Assistant	Relationship
手機 Mobile	0912345678	(申請人為未成年且未婚/為受監護或補助宣告之人者) (If the Applicant is under guardianship/assitantship.)	
E-mail	_____	配偶簽名：_____	_____
被保險人簽名 Signature of Insured	_____	Signature of spouse	
(次被保險人) (Secend Insured) (若要被保人為同一人時，可免簽) (Only for separate applicant and insured)	_____	子女(1)：_____	_____
		Signature of child(1)	
		子女(2)：_____	_____
		Signature of child(2)	
		子女(3)：_____	_____
		Signature of child(2)	
		申請日期：中華民國109年 5 月 20 日	
		Date: (YYYY / MM / DD)	

未滿7歲之未成年子女，請由法定代理人代簽。
The legal representative shall sign on behalf of minors who has not reached their seventh year of age.

↓ 填寫保單號碼及要、被保人職業內容等資料

國人壽健康告知書 - 復效專用

Cathay Life Health Notification Form For Reinstatement Only

保單號碼 Policy Number	9	0	0	0	0	0	0	0	0	1	補發次數 Replacement times	
要保人職業 Occupation of Applicant	行業別 industry		職位 title		工作內容 Scope of work		生日 date of birth	年 月 日 (YYYY / MM / DD)	身分證字號 ID No.		職業分類第 <input type="checkbox"/> 類 Industrial classification No. <input type="checkbox"/>	
	兼副業 sideline	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No			工作內容 Scope of work		服務單位 Company					
被保險人職業 Occupation of Insured	行業別 industry		職位 title		工作內容 Scope of work		生日 date of birth	年 月 日 (YYYY / MM / DD)	身分證字號 ID No.		職業分類第 <input type="checkbox"/> 類 Industrial classification No. <input type="checkbox"/>	
	兼副業 sideline	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No			工作內容 Scope of work		服務單位 Company					
被保險人配偶職業 Occupation of Insured's spouse	工作內容 Scope of work			職業分類第 <input type="checkbox"/> 類 Industrial classification No. <input type="checkbox"/>	被保險人子女職業 Occupation of Insured's child	工作內容 Scope of work			職業分類第 <input type="checkbox"/> 類 Industrial classification No. <input type="checkbox"/>			

※下面各欄內請由要保人及被保險人親自以「✓」表示告知

Proposer and Insured shall notify by 「✓」 as follows

要保人 Proposer	身高 <input type="text"/> <input type="text"/> <input type="text"/> 公分，體重 <input type="text"/> <input type="text"/> <input type="text"/> 公斤 Height <input type="text"/> <input type="text"/> <input type="text"/> cm, Weight <input type="text"/> <input type="text"/> <input type="text"/> kg	投保健康險者，依保險法第一百二十七條：「保險契約訂立時，被保險人已患有疾病或妊娠情況中者，保險人對是項疾病或分娩，不負給付保險金額之責任」。 According to Insurance Act Article 127: 「If, at the time an insurance contract is entered into, the insured is already sick or pregnant, the insurer is not obligated to pay the insured amount for the sickness or pregnancy.」	是否 Yes/No
主被保險人 Main Insured	身高 <input type="text"/> <input type="text"/> <input type="text"/> 公分，體重 <input type="text"/> <input type="text"/> <input type="text"/> 公斤 Height <input type="text"/> <input type="text"/> <input type="text"/> cm, Weight <input type="text"/> <input type="text"/> <input type="text"/> kg		
次被保險人 Second Insured (投保親子教育) (For education)	身高 <input type="text"/> <input type="text"/> <input type="text"/> 公分，體重 <input type="text"/> <input type="text"/> <input type="text"/> 公斤 Height <input type="text"/> <input type="text"/> <input type="text"/> cm, Weight <input type="text"/> <input type="text"/> <input type="text"/> kg		
1. 最近二個月內是否曾因受傷或生病接受醫師治療、診療或用藥？ Have you ever taken any medical treatment, therapy, or medicine due to injury or disease in the past two months?			<input type="checkbox"/> <input type="checkbox"/>
2. 過去二年內是否曾因接受健康檢查有異常情形而被建議接受其他檢查或治療？(亦可提供檢查報告代替回答)。 Have you ever been advised to have further medical investigation or treatment due to abnormal findings in health check in the past 2 years?			<input type="checkbox"/> <input type="checkbox"/>
3. 過去一年內是否曾因患有下列疾病，而接受醫師治療、診療或用藥？ Have you ever taken any medical treatment, therapy, or medicine due to the following diseases in the past one year? (1) 酒精或藥物濫用成癮、眩暈症。 Alcohol or drug abuse, vertigo? (2) 食道、胃、十二指腸潰瘍或出血、潰瘍性大腸炎、胰臟炎。 Ulcer or bleeding of esophagus, stomach, duodenum, ulcerative colitis, pancreatitis? (3) 肝炎病毒帶原、肝膿瘍、黃疸。 Hepatitis virus carrier, liver abscess, jaundice? (4) 慢性支氣管炎、氣喘、肺膿瘍、肺栓塞。 Chronic bronchitis, asthma, pulmonary abscess, pulmonary embolism? (5) 痛風、高血脂症。 Gout, hyperlipidemia? (6) 青光眼、白內障。 Glaucoma, cataract?			<input type="checkbox"/> <input type="checkbox"/>
4. 過去五年內是否曾因受傷或生病住院治療七日以上？ Have you ever been hospitalized for more than 7 days due to injury or disease in the past five years?			<input type="checkbox"/> <input type="checkbox"/>
5. 過去五年內是否曾因患有下列疾病，而接受醫師治療、診療或用藥？ Have you ever taken any medical treatment, therapy, or medicine due to the following diseases in the past five years? (1) 高血壓症(指收縮壓 140mmHG 舒張壓 90mmHG 以上)、狹心症、心肌梗塞、心肌梗厚、心內膜炎、風濕性心臟病、先天性心臟病、主動脈血管瘤。 Hypertension (i.e. systolic blood pressure over 140mmHg or diastolic blood pressure over 90mmHg), angina pectoris, myocardial infarction, myocardial hypertrophy, endocarditis, rheumatic heart disease, congenital heart disease, aortic aneurysm? (2) 腦中風(腦出血、腦梗塞)、腦瘤、腦動脈血管瘤、腦動脈硬化症、癲癇、肌肉萎縮症、重症肌無力、智能障礙(外表無法明顯判斷者)、巴金森氏症、精神病。 Stroke (cerebral hemorrhage, cerebral infarction), brain tumor, cerebral aneurysm, cerebral arteriosclerosis, epilepsy, muscular dystrophy, myasthenia gravis, mental disorder (not visible in appearance), Parkinson's, psychosis? (3) 肺氣腫、支氣管擴張症、塵肺症、肺結核。 Pulmonary emphysema, bronchiectasis, pneumoconiosis, pulmonary tuberculosis? (4) 肝炎、肝內結石、肝硬化、肝功能異常(GPT、GOT 值檢驗值有異常情形者)。 Hepatitis, intrahepatic duct stone, liver cirrhosis, abnormal liver function tests (elevated GOT/AST, GPT/ALT)? (5) 腎臟炎、腎病症候群、腎機能不全、尿毒、腎囊胞。 Nephritis, nephrotic syndrome, renal insufficiency, uremia, cystic disease of kidney? (6) 視網膜剝離或出血、視神經病變。 Retinal detachment or hemorrhage, optic neuropathy? (7) 癌症(惡性腫瘤)。 Cancer (malignant tumor)? (8) 血友病、白血病、貧血(再生不良性貧血、地中海型貧血)、紫斑症。 Hemophilia, leukemia, anemia (aplastic anemia, thalassemia), purpura? (9) 糖尿病、類風濕性關節炎、肢端肥大症、腦下垂體機能亢進或低下、甲狀腺或副甲狀腺功能亢進或低下。 Diabetes Mellitus, rheumatoid arthritis, acromegaly, hyperpituitarism, hypopituitarism, hyperthyroidism, hypothyroidism, hyperparathyroidism, hypoparathyroidism? (10) 紅斑性狼瘡、膠原症。 Systemic lupus erythematosus, collagen disease? (11) 愛滋病或愛滋病毒帶原。 AIDS or HIV carrier?			<input type="checkbox"/> <input type="checkbox"/>

↑ 若停效超過半年，請填寫健康告知書

6. 目前身體機能是否有失明、聾啞及言語、咀嚼、四肢機能障害。 Do you have any blindness, deaf-mutism, speech function disorder, mastication disorder, limbs function disorder?	<input type="checkbox"/> <input type="checkbox"/>
7. 女性被保險人回答： For female to answer (1) 過去一年內是否曾因患有乳腺炎、乳漏症、子宮內膜異位症、陰道異常出血而接受醫師治療、診療或用藥？ Have you ever taken any medical treatment, therapy, or medicine due to mastitis, galactorrhea, endometriosis, vaginal hemorrhage in the past one year? (2) 是否已確知懷孕？如是，已經幾週？ Are you pregnant? If yes, how many weeks have you been pregnant?	<input type="checkbox"/> <input type="checkbox"/>
8. 有投保健康險者，請回答下列問題： People who also apply for health insurance should also answer the following questions in addition to the above questions: (1) 現在是否仍患有上述 1-7 項所列疾病？ Are you still suffering from any diseases mentioned in the above question 1~7? (2) 現在是否仍患有下列疾病： Are you still suffering from any diseases mentioned below ? A. 飛蚊症、中耳炎、內耳炎、乳突炎、外耳炎、坐骨神經痛、脊椎彎曲、脊椎骨脫出症、骨折、蜂窩組織炎、史帝芬一強生症候群、骨質疏鬆症、肌無力、進行性肌萎縮、運動神經原疾病、硬皮症、股骨頭壞死、椎間板脫出、關節脫臼、骨髓炎、骨髓炎、關節炎。 Floaters, otitis media, otitis interna, mastoiditis, otitis externa, sciatica, spine curvature disorders, spondylolisthesis, fracture, cellulitis, Stevens-Johnson syndrome, osteoporosis, myasthenia, progressive muscular dystrophy, motor neuron disease, systemic sclerosis, osteonecrosis of the femoral head, herniated intervertebral disc, joint dislocation, periostitis, osteomyelitis, arthritis B. 腎上腺機能亢進或低下、染色體異常、良性腫瘤、良惡性不明腫瘤、原位癌、抹片異常、膿瘍、息肉、結節、痛風、酒精或藥物濫用成癮 Hyperadrenalism, hypoadrenalism, chromosomal abnormalities, benign tumor, unclear tumor between benign or malignant, carcinoma in situ, abnormal cervical pap smear, abscess, cyst, nodule, gout, alcohol or drug abuse C. 結核病、腦膜炎、梅毒、腦炎、水腦症。 Tuberculosis, meningitis, syphilis, encephalitis, hydrocephalus D. 智能障礙、神經炎、神經痛、腦性麻痺、多發性硬化症、舞蹈症、癱瘓症、精神官能症、憂鬱症。 Mental retardation, neuritis, neuralgia, cerebral palsy, multiple sclerosis, Huntington's chorea, dementia, neurosis, depression E. 肺水腫、肺炎、胸膜炎、鼻中隔彎曲、鼻竇炎、慢性鼻炎、氣胸、慢性阻塞性肺部疾病、肺充血症、肺積膿、肋膜積水。 Pulmonary edema, pneumonia, pleurisy, deviated nasal septum, nasosinusitis, chronic rhinitis, pneumothorax, chronic obstructive pulmonary disease, lung deposition disease, lung abscess, pleural effusion F. 心絞痛、動脈瘤、心臟瓣膜疾病、動靜脈栓塞及血栓症、食道靜脈曲張、血液凝固缺陷、紅血球過多症、貧血、高血壓症(指收縮壓 140mmHG 舒張壓 90mmHG 以上)。 Angina, aneurysm, heart valve disease, arterial and venous thrombosis, cerebral thrombosis, esophageal varices, coagulation defects, polycythemia, anemia, arterial hypertension (over 140mmHg for systolic and 90mmHg for diastolic) G. 肝腫大、消化性潰瘍或出血、慢性胃炎、肝膽結石、腸阻塞。 Hepatomegaly-liver enlargement, peptic ulcer or bleeding, chronic gastritis, gallstones, intestinal obstruction H. 腎炎、腎水腫、泌尿系統結石、血尿、膀胱炎、尿道炎、輸卵管炎、卵巢炎、骨盆腔膜炎、前列腺肥大或發炎、子宮頸糜爛、子宮脫出。 Nephritis, hydronephrosis, urinary stone, hematuria, urinary c, stitis, urethritis, salpingitis, ovaritis, pelvic peritonitis, prostatic hypertrophy or prostitis, cervical erosion, uterine prolapse	<input type="checkbox"/> <input type="checkbox"/>
9. 有投保傷害險者，請回答下列問題，目前身體機能是否有下列障害： People who also apply for injury insurance should also answer the following questions s: Are you now still suffering from any diseases as follows? (1) 失明。 Blindness (2) 是否曾因眼科疾病或傷害接受眼科專科醫師治療、診療或用藥，且一目視力經矯正後，最佳矯正視力在萬國視力表 0.3 以下。 Have you ever taken any medical treatment, therapy, or medicine due to eyes injury or disease, and have under 0.3 eyesight after treatment? (3) 聾。 Deaf (4) 是否曾因耳部疾病或傷害接受耳鼻喉科專科醫師治療、診療或用藥，且單耳聽力喪失程度在 50 分貝(dB)以上。 Have you ever taken any medical treatment, therapy, or medicine due to aural region injury or disease, and hearing over 50(db) after treatment? (5) 啞。 Dumb (6) 咀嚼、吞嚥或言語機能障害。 Injury of chew, swallow and speaking function. (7) 四肢（含手指、足趾）缺損或畸形。 Four limbs defects or deformity.	<input type="checkbox"/> <input type="checkbox"/>
10. 配偶、子女申請附加健康險或傷害險者，請回答： Applicant's spouse or child who also apply for health insurance or personal injury insurance should also answer the following questions : 現在或過去是否曾患有上述 1-8 項(申請附加傷害險者為 1-9 項)疾病？(若回答是者，請續填下方*欄) Are you now still suffering or have been suffered from any diseases mentioned in the above question 1~8(applicate for injury insurance are question 1~9)?(If the answer is "Yes", please continue to answer as follows:*)	<input type="checkbox"/> <input type="checkbox"/>
11. 要保人申請附加豁免者，請回答：現在或過去是否曾患有上述 1-9 項(若回答是者，請續填下方*欄) People who applicate additional extended waiver of premium should also answer the following questions: Are you now still suffering or have been suffered from any diseases mentioned in the above question 1~9?(If the answer is "Yes", please continue to answer as follows:*)	<input type="checkbox"/> <input type="checkbox"/>
※被保險人若有上列 1-9 項所述的情況，請詳填： ●姓名●病名（外傷者，含受傷部位）●就診醫院●大約就診期間●診療過程（門診或住院）●有無手術●治療結果及目前狀況。 ※If Insured have any diseases mentioned in the above question 1~9, please continue to answer as follows : ●Name ●Diagnosis of a disease name (include trauma parts) ●Visiting hospital ●Treatment time ●Treatment process (outpatient or hospitalized) ●Surgery(Y/N) ●Therapeutic outcome and current situation	



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要、被保險人聲明事項

- 一、本人(被保險人)同意 貴公司查閱本人相關之醫療紀錄及病歷資料。
I (Insured) agree company can investigate and review my medical record and relative treatment records.
- 二、個人資料保護法應告知事項：國泰人壽係為人身保險相關服務及執行、辦理申訴及爭議處理、公司內部控制及稽核業務之需要而蒐集您的個人資料。所蒐集之資料僅會於前開蒐集目的存續期間及依法令規定要求期間內，以合於法令規定之利用方式，於我國境內供予國泰人壽及因以上目的作業需要之第三方處理及利用。您可以至國泰人壽各服務中心或利用國泰人壽免費客戶服務專線(0800-036-599)查詢、請求閱覽、製給複製本、更正、補充、停止蒐集處理利用或刪除您的個人資料，惟國泰人壽依法令規定或因執行業務所必須，得不依您的請求處理。若您未能提供相關個人資料時，基於健全人身保險業務之執行，國泰人壽將無法提供您完善的服務。
Personal Information Protection Act Notification : Cathay Life Insurance collects your personal information for the purposes of life insurance related services and enforcement, handling complaints and disputes, and internal control and audit. Information thus collected is used only during the existence of the above purposes of collection and periods prescribed by laws and regulations, in the manner that conforms to laws and regulations, for provision to Cathay Life Insurance, and to third persons due to the requirements of said purposes, for processing and use. You may visit any service center of Cathay Life Insurance or call Cathay Life Insurance's toll-free customer service number (0800-036-599) to request to peruse, make copies of, correct, supplement, discontinue the collection, processing or use, or delete your personal information. Notwithstanding, Cathay Life Insurance may, according to laws and regulations or as required by business execution, refuse to handle such request. Your inability to furnish the relevant personal information will prevent Cathay Life Insurance from offering comprehensive services to you in view of the soundness of life insurance business execution.
- 三、本人(被保險人、要保人)同意 貴公司將本健康告知書上所載本人資料轉送產、壽險公會建立電腦連線，以作為其會員公司受理本人投保時之核保參考，但各該公司仍應依其本身之核保標準決定是否承保，不得僅以前開資料作為承保與否之依據。
I (Insured and Applicant) agree company can transfer the information of this Form to the Non-Life Insurance Association of the R.O.C. and the Life Insurance Association of the R.O.C. for the reference of underwriting of memberships. But the information of this Form can't be the only foundation of underwriting.
- 四、1. 實支實付型傷害醫療保險適用：
本人(被保險人、要保人)已知悉並明瞭實支實付型傷害醫療保險或實支實付型醫療保險之受益人，申領保險金給付時須檢具醫療費用收據正本。但若被保險人已投保 貴公司二張以上之商業實支實付型傷害醫療保險或實支實付型醫療保險，而 貴公司仍承保者， 貴公司對同一保險事故仍應依各該險別條款約定給付責任。如實支實付型醫療保險，而 貴公司仍承保者， 貴公司對同一保險事故中已獲得全民健康保險或其他人身保險契約給付的部分不負給付責任。」
Apply for injury and hospitalization expense insurance :
I (Insured and Applicant) have known and understands the beneficiary should attach original medical expense receipts for claims. Company shall comply with insurance contract to claim while insured have company's other injury and hospitalization expense insurance contracts; or had been notified company this situation when underwriting. In double insurance, if proposer didn't notify company of the names of the other insurers and the amounts insured thereby, company have right to refuse the application of claims.
2. 實支實付型醫療保險適用：
本人(被保險人、要保人)已知悉並明瞭實支實付型傷害醫療保險或實支實付型醫療保險之受益人，申領保險金給付時須檢具醫療費用收據正本。但若被保險人已投保 貴公司二張以上之商業實支實付型傷害醫療保險或實支實付型醫療保險，而 貴公司仍承保者， 貴公司對同一保險事故仍應依各該險別條款約定給付責任。如實支實付型醫療保險，而 貴公司仍承保者， 貴公司對同一保險事故中已獲得全民健康保險或其他人身保險契約給付的部分不負給付責任，但 貴公司應以「日額」方式給付。」
Apply for hospitalization expense insurance :
I (Insured and Applicant) have known and understands the beneficiary should attach original medical expense receipts for claims. Company shall comply with insurance contract to claim while insured have company's other injury and hospitalization expense insurance contracts; or had been notified company this situation when underwriting. In double insurance, if proposer didn't notify company of the names of the other insurers and the amounts insured thereby, company have right to refuse the application of claims, but company should claim by daily

要保人簽名：Jack Li

Signature of Applicant
(主被保險人)
(Main Insured)

被保險人簽名：

Signature of Insured

(次被保險人)

(Secend Insured)

(若要被保人為同一人時，可免簽)

(Only for separate applicant and insured)

法定代理人簽名：關係：

Signature of Legal Representative

Relationship

/ 監護人或輔助人簽名：關係：

Signature of Guardian or Assistant

Relationship

(申請人為未成年且未婚/為受監護或輔助宣告之人者)

(All applicants must be aged 20 or above and not be subject to any order of the commencement of guardianship or assistance.)

配偶簽名：

Signature of spouse

子女(1)：

Signature of child(1)

子女(2)：

Signature of child(2)

子女(3)：

Signature of child(2)

未滿7歲之未成年子女，請由法定代理人代簽。
The legal representative shall sign on behalf of minors who has not reached their seventh year of age.

申請日期：中華民國 109 年 5 月 20 日

Date: (YYYY / MM / DD)

↑ 須和原投保要保書或其他保全變更書簽名一致

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國泰人壽保險契約線上服務申請書

Cathay Life Insurance Contract Online-Service Application Form

壹、申請種類 Type of Application

- ☐ 新申請 New Application
- ☐ 變更(「全部或部分」服務項目之新增申請或終止)
Amendment (new application for or termination of "all or part" of the services)
- ☐ 終止 Termination

貳、申請服務項目 Services Requested

一、網路服務：(有關網路投保、保單資料變更及後續之新增變更/交易/服務項目等)

Internet services: (Internet insurance purchases, policy amendments, additional amendments / transactions / services etc.)

☐ 申請 Application

☐ 同時申請成為國泰人壽網站會員 Cathay Life Insurance e-membership

☐ 同時申請網路投保資格 Internet insurance eligibility

☐ 終止 Termination ☐ 網路服務 Internet services ☐ 網路投保 Internet insurance purchase

☐ 進階投保資格(增加投保額度) Quality insurance eligibility (additional sum insured)

二、電子單據服務：(有關申請人所有有效壽險保單之投資型對帳單、繳費通知、非人工收取之續期保險費送金單等單據)

Electronic document services: (investment reconciliation statements, notices of payment, receipts for non-manual payment of policy renewal premium etc. in respect of all of the applicant's valid life insurance policies)

☐ 申請【申請後相關單據及通知將全面以電子郵件(E-mail)方式通知】

Application【all documents and notices will be sent by e-mail after application】

☐ 終止 Termination

三、行動服務：(有關行動投保、行動理賠、保單資料變更及後續新增之變更/交易/服務項目等)

Mobile services: (mobile insurance purchases, mobile claims, policy amendments, additional amendments / transactions / services etc.)

☐ 申請 Application

☐ 終止 Termination

※ 除電子單據服務之申辦外，申請人限年滿 20 歲且未受監護/輔助宣告。

All applicants except electronic document services applicants must be aged 20 or above and not be subject to any order of the commencement of guardianship or assistance.

※ 申請終止網路服務或網路投保資格，均不生當然終止國泰人壽網站會員身分之效力。

An application for termination of Internet services or Internet insurance eligibility does not terminate the applicant's Cathay Life Insurance e-membership ipso facto.

參、變更申請人資料 Amendment of Applicant Particulars

☐ 姓名/生日(須附證明文件) Name / date of birth (supporting documents required)

☐ E-mail/電話 telephone ☐ 匯款帳號 Remittance account no. ☐ 密碼補發 Replacement password

※「匯款帳號」及「密碼補發」僅適用於已申請「網路服務或電話服務」者

"Remittance account no." and "Replacement password" are applicable to applicants of "Internet services or telephone services" only.

肆、申請人基本資料(請以正楷填寫) Applicant Particulars (please print)

(勾選「新申請」或變更申請人資料時，始須填寫)(required only when "New application" or "Amendment of applicant particulars" is checked)

姓名 Name	身分證字號 ID No.		生日 Date of Birth	年 (YYYY)	月 (MM)	日 (DD)
聯絡電話 Telephone	公：() Office	分機 ext.	宅：() Home	手機： Mobile		
電子信箱 E-mail	※ 線上服務及會員密碼將透過手機或 E-mail 傳遞，請詳實填寫，勿與他人共用。 An online services and member password will be sent to your mobile phone or e-mail. Please fill in your e-mail address correctly and do not share e-mail address with others.					

伍、匯款帳號：(申辦「網路服務」、「電話服務」或變更「匯款帳號」之申請人始須填寫)

Remittance Account : (required for applicants of "Internet services," "telephone services" or amendment of "remittance account no." only)

匯款 帳號 Account No.	<input type="checkbox"/> 已指定之匯撥帳號(已指定之新臺幣及外幣帳號均包括) Designated (including both NTD and USD accounts designated)
	<input type="checkbox"/> 行庫代號(局號)：新臺幣帳號： Bank Code (Office Code) NTD Account No.

※限申請人本人之帳戶，並僅作為「使用網路或電話服務」匯款作業之匯款帳號。

Accounts entered in this section must be the applicant's own accounts used for Internet or telephone remittances only.

※如本次同時申請指定匯撥帳號者，須先填寫「指定匯撥帳號申請書」並完成受理。

The applicant must first fill in Remittance Account Designation Form and complete the application procedure concerned if wishes to designate a remittance

↑ 勾選申請種類、申請服務項目

如欲變更申請人資料，請勾選第參項-變更申請人資料之項目

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聲明事項 Representations	1. 申請人聲明已詳閱並充分瞭解本申請書及其背面「線上服務約定條款」相關約定，並同意遵守之；申請網路服務者，已詳閱並充分瞭解「國泰人壽網站會員權益約定書」之相關約定，並同意遵守之。 The applicant represents that he/she has carefully read, fully understands and agrees to comply with the relevant terms of this application form and the Agreed Terms of Online Services attached hereto. The Internet service applicant has also carefully read, fully understands and agrees to comply with the relevant terms of the Cathay Life Insurance e-Membership Rights Agreement.
	2. 申請人確已審閱並瞭解本申請書後所載之「個人資料保護法」應告知事項。 The applicant has reviewed and understands the notification under the Personal Information Protection Act attached hereto.
	3. 申請人同意貴公司得將本人上開資料用於線上服務，但貴公司應盡善良管理人責任，非經本人同意，不得任意洩漏予第三人，並應確保電子訊息/簡訊安全。 The applicant agrees that Cathay may use the applicant's information above for online-service purposes, provided Cathay shall exercise due care, may not disclose such information to a third person absent the applicant's consent, and shall ensure the safety of electronic messages and texts.
	4. 申請人若有多次線上服務申請時，概以最後一次之「線上服務申請書」之內容及其相關約定辦理。 In the event of multiple online-service applications by the applicant, the contents and relevant terms of the latest "online-service application form" shall prevail.

※ 申請人之簽名即表示已詳閱並同意上述聲明事項。

The applicant's signature below indicates he/she has carefully read and agrees to the above representations.

申請人 Applicant：_____（親自簽名 signed personally）

身分證字號 ID No.：_____

申請日期 Date：_____ 年(YYYY) _____ 月(MM) _____ 日(DD)

核定欄(申請人免填)			
↑ 須和原投保要保書或其他保全變更書簽名一致			
The particulars of the applicant (insured)		服務(推薦)人員	
are confirmed correct		審核事項 Verification:	
覆核人員 Review by	Customer Service 客服人員	<input type="checkbox"/> 雙證件正、反面影本。 Photocopies of the front and back of each of two identification documents	姓名 Name
		<input type="checkbox"/> 存摺封面影本（勾選「已指定之匯摺帳號」者免附）。 Photocopy of the front of the passbook (not required if "Designated" is checked in the "Account no." section.)	ID：
		轄區代號 Area Code	電話 Telephone
		手機 Mobile	



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