

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											補發次數 Replacement times	
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<input 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 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據點 (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: 保代服務據點 Bancassurance customer service 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.

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據點 (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。
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 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?
 是 YES 否 NO 若勾選是, 請詳填於右 Please provide policy details if “Yes”is checked:



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聲明事項
Representations

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 貴公司核准復效前逕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，申請給付時須提具收據正本；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負給付責任。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各該險別條款約定以「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(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據點或利用國泰人壽客服專線，市話請撥打免費專線：0800036599，手機請改撥付費電話：02-21626201 或網路電話(路徑：國壽官網首頁>聯絡我們)>(專線服務)客服專線>網路電話)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 will collect your personal data for the purposes of life insurance business, complaint handling, dispute settlement, internal control and audit. Collected personal data will be used processed in accordance with related laws and regulations by Cathay Life and/or the third party service requiring such collected personal data within Taiwan for a period of time determined by forgoing collecting purposes and the requirement of applicable regulations. You may contact our customer service or dial our customer service hotline (For local call, please call the toll-free number at 0800036599. For cell phone, please call the charged service number at 02-21626201, or contact us through Internet Phone Service <Access: Cathay Life Insurance Website>Contact US>Service Line>Internet Phone Service>) to make inquiries of, request a copy of or request to correct, supplement, or to terminate collecting, processing, and using, or to delete, your personal information; provided that Cathay Life may decline your request if the laws or our course of business so require. If you fail to provide relevant personal information, Cathay Life may not be able to provide you with satisfactory service.

應注意事項
Notice

復效 Reinstatement
1. 停效六個月內申請復效者，不須檢附【健康告知書】；停效六個月至二年內申請復效者，除須檢附【健康告知書】外，一律須體檢。
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.

<p>要保人簽名 (主被保險人) Signature of Applicant (Main Insured)</p> <p>身分證字號 ID No.</p> <p>住宅電話 Home</p> <p>公司電話 Office</p> <p>手機 Mobile</p> <p>E-mail</p> <p>被保險人簽名 Signature of Insured</p> <p>(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)</p>	<p>法定代理人簽名：_____ 關係：_____</p> <p>Signature of Legal Representative Relationship</p> <p>/監護人或輔助人簽名：_____ 關係：_____</p> <p>Signature of Guardian or Assistant Relationship</p> <p>(申請人為未成年且未婚/為受監護或輔助宣告之人者) (If the Applicant is under guardianship/assistantship.)</p> <p>配偶簽名：_____</p> <p>Signature of spouse</p> <p>子女(1)：_____</p> <p>Signature of child(1)</p> <p>子女(2)：_____</p> <p>Signature of child(2)</p> <p>子女(3)：_____</p> <p>Signature of child(2)</p>	<p>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.</p>
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申請日期：中華民國 _____ 年 _____ 月 _____ 日
Date: (YYYY / MM / DD)



試算表列印處

復效案件協助服務人員聯繫表 (請詳細填寫下表之各欄位資料)

Reinstatement Application Record Form (To be filled in detail by the Company's employee)

要保人姓名 Name of Applicant	
服務人員 (業務同仁) 姓名 Name of Service (sales) representative	
登錄證字號/ID Registration No./ID (保代件請填寫登錄證字號) (Agent shall fill in Registration No.)	
單位名稱 Department	
收費代號 Charge code	
手機號碼 (或其他電話號碼) Mobile No.(or other telephone No.)	

- 註1. 本單由本公司服務人員填寫，僅供本公司作為內部聯繫之用，不得作為其他證明之用。
 Staff use only. Invalid for identification.
- 註2. 服務人員須於復效核定通知後，始得向保戶收取保費，不得於復效核定前預收保險費。
 Premium should only be collected after the Company's approval of reinstatement.

本公司授權核定欄 Approval		收(退)費欄 Premium receive or refunds	
本人配偶子女索引紀錄 Survey record	<input type="checkbox"/> 無紀錄 None records <input type="checkbox"/> 有特殊紀錄 Special records <input type="checkbox"/> 累計保額 Accumulative sum insured	收(退)費日期 Date	年 月 日 (YYYY / MM / DD)
		補(退)金額 Amount	
		送金單號碼 Receipt No.	No
		支票到期日 expiry date of check	年 月 日 (YYYY / MM / DD)
1. 合計補收保費 _____ 元，限 _____ 年 _____ 月 _____ 日前收妥 Total collectable Premium _____, to be collected before _____ (YYYY/MM/DD)		匯撥明細 Remittance details	
2. 合計應退保費 _____ 元，已於 _____ 年 _____ 月 _____ 日前退還 Total Refundable Premium _____, refunded on _____ (YYYY/MM/DD)		行庫名稱： _____ 分(支)行名稱： Bank Code (Office Code) 帳號： Account No.	
補收金額限以現金或即期支票繳納，如以即期支票繳納而支票未獲兌現時，本單位負責追收現金，否則通知作業科註銷。 Premium shall be paid by cash or check, if check returned, service center will notify the center of administration to cancel the registration.			
審核單位審核 Review by	審核單位經辦 Staff of service center	服務據點覆核 Approve by	服務據點經辦 Staff of service center
			服務據點代號： Service center code :



國泰人壽健康告知書__復效專用

Cathay Life Health Notification Form__For Reinstatement Only

保單號碼 Policy Number										補發次數 Replacement times	
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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.	
	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		職業分類第□類 Industrial classification No.□	
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.	
	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		職業分類第□類 Industrial classification No.□	
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□類 Industrial classification No.□	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□類 Industrial classification No.□	

※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□□□公分，體重□□□公斤 Height□□□cm, Weight□□□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，被保險人已在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 127I: 「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□□□公分，體重□□□公斤 Height□□□cm, Weight□□□kg		
次被保險人 Second Insured (投保親子教育) (For education)	身高□□□公分，體重□□□公斤 Height□□□cm, Weight□□□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、心肌肥厚、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) 愛滋病或愛滋病帶原。 AIDS or HIV carrier?			<input type="checkbox"/> <input type="checkbox"/>



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<p>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?</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>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?</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>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、骨膜炎、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、癡呆症、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、肺沉著症、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 cystitis, urethritis, salpingitis, ovaritis, pelvic peritonitis, prostatic hypertrophy or prostaticitis, cervical erosion, uterine prolapse</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>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※)</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>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※)</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>※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</p>	



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(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，於國境內提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據點或利用國泰人壽客服專線，市話請撥打免付費專線：0800036599，手機請改撥付費電話：02-21626201 或網路電話(路徑：國壽官網首頁>聯絡我們>專線服務)客服專線>網路電話)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 will collect your personal data for the purposes of life insurance business, complaint handling, dispute settlement, internal control and audit. Collected personal data will be used processed in accordance with related laws and regulations by Cathay Life and/or the third party service requiring such collected personal data within Taiwan for a period of time determined by forgoing collecting purposes and the requirement of applicable regulations. You may contact our customer service or dial our customer service hotline (For local call, please call the toll-free number at 0800036599. For cell phone, please call the charged service number at 02-21626201, or contact us through Internet Phone Service <Access: Cathay Life Insurance Website>Contact US>Service Line> Internet Phone Service>) to make inquiries of, request a copy of or request to correct, supplement, or to terminate collecting, processing, and using, or to delete, your personal information; provided that Cathay Life may decline your request if the laws or our course of business so require. If you fail to provide relevant personal information, Cathay Life may not be able to provide you with satisfactory service.

- 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.

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；或本人於投保時已告知同一保險事故中已獲得其他商業健康保險之實支實付金額，而貴公司仍承保者，同意 貴公司對同一保險事故中應負給付責任，但 貴公司應以「日額」方式給付。」

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；或本人於投保時已告知同一保險事故中已獲得其他商業健康保險之實支實付金額，而貴公司仍承保者，同意 貴公司對同一保險事故中應負給付責任，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：_____

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

配偶簽名：_____

Signature of spouse

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)

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.

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.)

申請日期：中華民國 _____ 年 _____ 月 _____ 日

Date: (YYYY / MM / DD)



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