

Can copy to use		Nan Shan Life Insurance Co., Ltd. University and College Student Group Insurance Insurance Benefit Application Form		<input type="checkbox"/> New applications <input type="checkbox"/> Supplementary documents <input type="checkbox"/> 2nd applications _____ (YYYY/MM/DD) (Previous date of application)	
※ Please submit your application within ten days upon the occurrence of the insurance accident; please refer to the back page and applicable notifications for relevant documents to be provided in terms of the benefits you claimed. Date of filling: _____ (YYYY/MM/DD)					
Applying Item		<input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Serious burns and scalds <input type="checkbox"/> Serious injury <input type="checkbox"/> Outpatient operation <input type="checkbox"/> Accident outpatient <input type="checkbox"/> Be in hospital because of cancer <input type="checkbox"/> Suffer from cancer for the first time <input type="checkbox"/> In-hospital medical treatment <input type="checkbox"/> Subsistence allowance <input type="checkbox"/> Special case subsidiary major operation <input type="checkbox"/> Specific serious disease <input type="checkbox"/> Collective food poisoning in school <input type="checkbox"/> Fracture not hospitalization allowance <input type="checkbox"/> Fracture not hospitalization insurance benefit			
Types of accident: <input type="checkbox"/> Disease <input type="checkbox"/> Accident (please specify in "Accident Details" section)		Accepted unit		Agent name / Agent code (the appointee)	
Policy no (insured School ID)		Insured Name (Victim/Patient)			
Client code		Date of birth			
Insurance no (Student ID)		ID no		Application No	
E-MAIL address				Tel / Cell phone	
Accident Details		Accident date (YYYY/MM/DD/Time)		Case reporting date	
		Accident location		(No need to fill in if not available)	
		Handled by (Police station / Prosecutors office) / Contact name/ Tel		(No need to fill in if not available)	
		Cause and description of the accident		※ Please provide news clippings or relevant documents if this accident is reported by the media or to the police.	
Payment Option: Please check one of the following (Please consider Bank Remittance, which is faster and safer. We will make payment via non-negotiable checks if you do not choose from one of the payment method below.)					
Remittance Bank		<input type="checkbox"/> Same as the last account for claims <input type="checkbox"/> Bank Remittance to the bank account of the beneficiary's statutory representative (Applicable only to beneficiary of medical benefits under the age of 20. If you check this option, the payment shall be deemed recognized by the beneficiary upon transferred into the account of his/her legal representative.)			
		Account information (if there are more than one beneficiary, please attach the copy of passbook cover or fill in the application otherwise)		Account Name	
		Bank Name : Branch :		Account Number (please refer to the bankbook and write from left to right)	
Check		<input type="checkbox"/> Non-negotiable Check (the check shall be a cross check if the amount exceeds NT\$200,000)			
		<input type="checkbox"/> Negotiable Check (if beneficiary above 7 years old intends to cancel non-negotiable check, please attach power of attorney on application and personal identification documents.)			
※ Information required to be provided in performance of the obligation to inform pursuant to the Personal Data Protection Act: I (beneficiary / legal representative / guardian / assisting person / insuring unit handling personnel) have carefully read the contents of obligation to inform as required pursuant to Paragraph 1, Article 8 of the Personal Data Protection Act printed at the back of this application form by your company.					
The following column to be filled in by the insuring school We hereby declare that the assured stated in this application form is a student of the school and has participated in student group insurance.		The following column to be filled in by applying student / beneficiary / legal representative If the legal representative is not the applicant, supporting document (such as a copy of household registration) on his/her relationship with the beneficiary shall be otherwise attached. I hereby agree to appoint [Courier] (the appointee) to handle my application for insurance benefits with full powers, and agree that your company may direct relevant documents / information to me through the aforesaid appointee.			
Name of School				Accident Victim/ Beneficiary (The appointee) (Signature)	
School Address				Statutory Representative (Guardian) (Signature)	
Telephone				Telephone	
Seal of School		Seal of Principal (or his/her deputy)		Cell phone	
Handled by		Extension number		Contact address	

Please fill in all of the above columns to your best knowledge. All of the field to be signed on this document shall be signed by the party personally as indicated. The address / telephone number and other information are contacting the insured/death beneficiary for claim application purposes.

Pursuant to Paragraph 1, Article 8 of the Personal Data Protection Act, Nan Shan Life Insurance Co., Ltd. (hereinafter referred to as "The Company") hereby inform you the following matters, please read carefully:

- I. Purpose of Collection: 001 personal insurance; 069 agreement, similar agreement or other legal relation affairs; 090 consumer, customer management and service.
- II. Categories of personal data to be collectioned : name, uniform ID number, telephone number, contact address, email address, relationship between the beneficiary and the insured, account number in financial institution, contents of accident (including personal data not directly provided by you to The Company before this application [e.g. when applying for enrollment or for change of terms and conditions] in this insurance agreement), please refer to Insurance Benefit Application for University and College Student Group Insurance Benefits for details.
- III. Period, object, region, means of personal data usage:
 - (1) Period: period necessary for conducting business and as prescribed in relevant laws and regulations.
 - (2) Object: The Company, the insured unit, Life Insurance Association of the R.O.C., Non-life Insurance Association of the R.O.C., Taiwan Insurance Institute, Insurance Anti-fraud Institute of the R.O.C., Financial Ombudsman Institution or other institutions handling consumer disputes, organizations accepting outsourced businesses, companies having reinsurance business relationship with the Company, inspection authorities or financial supervision authorities.
 - (3) Region: where the abovementioned objects located.
 - (4) Means: conforming to applicable laws and regulations.
- IV. Pursuant to Article 3 of the Personal Data Protection Act, you may, in terms of your personal data preserved by the Company, exercise following rights through following means:
 - (1) You have the rights to: 1. Inquire, request for access or request for providing duplicate copies; 2. Request for supplement or correction; 3. Request for stopping collection, handling or using and request for deletion.
 - (2) Means of request: in written form.
- V. Effect on your rights and interests if you do not provide personal data: your failure or refusal of provide relevant personal data may cause the Company to delay or unable to proceed with necessary reviewing and handling processes. As a result, your services or benefits requested may be delayed or unable to be provided.

★Documents need to be attached in applying each kind of insurance benefit and matters need attention:

I. List of documents need to be attached in applying each kind of insurance benefit:

Documents needed	Death		Disability			Serious burns and scalds	Medical treatment					Comprehensive health insurance					
	Disease death	Accident death	Total disability	Partial disability	Subsistence allowance		In-hospital medical treatment	Outpatient operation/ Major operation/ In-hospital operation	Fracture not hospitalization allowance	Medicine and X-ray examination expenses	Collective food poisoning in school	Be in hospital because of cancer	Suffer from cancer for the first time	Serious injury	Accident injury outpatient	Serious illness / Specific serious disease	Special case subsidiary major operation
Insurance benefit application	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Certificate of death	✓	✓															
Certificate of body inspection		✓															
Removal household register of the assured	✓	✓															
Beneficiary's certificate of identity / household register	✓	✓	✓		✓												
Certificate of diagnosis			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Certificate of disability			✓	✓													

X-ray plate									✓								
Receipt and schedule of expenses								✓		✓						✓	✓
Histopathologic slide report /relevant examination report												✓	✓				✓
Accidental injury accident supporting document		✓				✓			✓		✓					✓	
Information of student records	✓	✓	✓	✓													

If necessary in the case, the company will otherwise inform you to provide [Power of Attorney on Agreeing Inquiry] for understanding, so as to ensure your rights and interests.

II. Matters need attention

1. Each column of this application shall be filled in in detailed and signed by the beneficiary, relevant descriptions on the definition of beneficiary are as follows:
 - (1) When applying insurance benefit for medical treatment, serious illness or disability, the beneficiary is the person (student) who suffered from the accident.
 - (2) When applying insurance benefit for death, the beneficiary refers to the death beneficiary stated in the policy, when there are more than one death beneficiaries, all beneficiaries shall sign or fill in one copy of application respectively.
 - (3) Household registration information shall be able to certify the relationship between the beneficiary and the assured.
 - ※ If the beneficiary is the juveniles less than seven years old, his or her legal representative shall sign on his or her behalf and the legal representative shall also sign.
 - ※ If the beneficiary is the person limited in disposing capacity between seven and twenty years old, the beneficiary and his or her legal representative shall sign.
 - ※ If the beneficiary is under guardianship declaration, his or her guardian shall sign on his or her behalf and the guardian shall also sign. If the beneficiary is under assistance declaration, the beneficiary and the assisting person shall sign jointly.
 - ※ If the due signer is illiterate, with serious injury in hands or blind, the signature can be replaced by handprint, but two witnesses shall sign at the same time.
 - ※ If the due signer is with two hands amputated, the signature can be replaced by seal, but two witnesses shall sign at the same time.
2. If the cause of death in death accident is [under anatomy identification], the beneficiary shall supplement [Autopsy Report] or [Certificate of Body Inspection] that specifies confirmed cause of death.
3. If the assured applying for total disability is in mental disorder or in mental deficiency that cannot conduct declaration of intention or be under declaration of intention, cannot identify the effect of his or her declaration of intention, or the abovementioned capability is inadequate obviously, please attach the court’s judgment on guardianship declaration or assistance declaration.
4. Missing:
 - (1) For general missing case, the judgment of [Death Declaration by Court] (instead of Death Certificate) and [Beneficiary Letter of Consent] shall be attached.
 - (2) For accidental missing case, [Accidental Injury Accident Supporting Document] and missing registration household register (instead of removal household register) and [Beneficiary Letter of Consent] shall be otherwise attached.
5. Financial institution’s remittance:
 - (1) If The Company cannot remit due to the factors not attributable to The Company, The Company will conduct remittance after the elimination of such factors and shall not be liable for the delay payment.
 - (2) The beneficiary can attach the document of identification and copy of passbook cover to assist The Company to verify remittance operation to ensure the beneficiary’s rights and interests.
6. Regulations pursuant to National Health Insurance Act and Rules on Detection and Supplementary Payment of National Health Insurance Premium:
 - (1) If the responsible insurer fails to pay the premium within 15 days, the interest in arrears derived therefrom is the interest income provided in Income Tax Act, and it is within the deduction scope of supplementary premium.
 - (2) If the payment of interest in arrears for a single time is between NTD five thousand to ten thousand, supplementary premium shall be deducted in accordance with supplementary premium rate.
7. Claim procedure: prepare all of the abovementioned documents and send them to the school’s handling personnel for acceptance → the insuring school makes a copy → Nan Shan will assign personnel to the school to take such documents → remit after Nan Shan has finished the acceptance (the check will be delivered by Nan Shan service personnel) → the receipt of check signature will be handed to Nan Shan service personnel.

III. As for relevant contents of policy articles, please log in the website of Nan Shan (Website: <http://www.nanshanlife.com.tw>, click [Product Information] → [Insurance Product] → [Group Insurance Product]) for inquiry.