

保戶基本資料 Basic Information of the Insured

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| 被保險人 (事故者)資料 Information of the Insured | (*)保單號碼(服務人員填寫) Policy number (filled by service agent) | | 學號 Student ID | | (*)班級科別 Class / Department | |
| | (*)姓名 Name | | (*)身分證字號 ID Card No. / Passport No. | | (*)出生日期 Date of Birth 年(Year) 月(Month) 日(Day) | |
| (*)居住地址 Residential Address | □□□ | | | | | |
| (*)聯絡電話 Telephone | () | 手機 mobile phone | E-mail | | | |
| (*)申請種類 Claim for | <input type="checkbox"/> 非意外事故(疾病)(1) Non-accidental events (illness) <input type="checkbox"/> 意外事故(傷害)(2) Accidents | | | (*)申請日期 Claim Date | 年(Year) 月(Month) 日(Day) | |
| (*)事故原因 Cause of the insured peril | | | | (*)事故日期 Date of the insured peril | 年(Year) 月(Month) 日(Day) | |
| 申請專案補助 (無者免填) Subsidy program (if applicable) | <input type="checkbox"/> 高中以下學生暨幼兒園幼兒，符合保單條款第 11 條補助身分，申請專案補助重大手術保險金(應檢具相關證明文件) Students in senior high school or below and Kindergarten students who meet the subsidy conditions set forth in Article 11 of insurance policy may apply for critical surgery benefit based on subsidy program (please provide related documents). | | | | | |
| (*)理賠類別 Type of Claims | <input type="checkbox"/> 死亡(A) Death <input type="checkbox"/> 失能(B) Disability <input type="checkbox"/> 重大疾病-限大專院校勾選(C) Critical illness(College student only) <input type="checkbox"/> 醫療(E) Hospitalization <input type="checkbox"/> 防癌(G) Cancer <input type="checkbox"/> 生活補助金(N) Living subsidy | | | | | |
| (*)保險金 領取方式 (未勾選時， 一律以票據支票支付) Payment Method | <input type="checkbox"/> 匯撥至受益人帳戶 (匯撥方式請附上存摺影本並加填下方欄位) Remit to the beneficiary's bank account. (please provide bankbook and complete "Account Information" as below.) | | | | | |
| | 戶名 Account Name | | 身分證字號 ID Card No. / Passport No. | | | |
| | 金融機構(分行) Name of the Bank / Branch | | 行庫局號 代號 Branch Code | | 帳號 Account No. | |
| (Cathay Life will pay by non- negotiable check if no other method is chosen) | <input type="checkbox"/> 禁止背書轉讓支票 Non-negotiable check <input type="checkbox"/> 取消禁止背書轉讓支票 Negotiable check <input type="checkbox"/> 現金 Cash | | | | | |
| 受益人身分證字號 Beneficiary's ID Card No. / Passport No. | | Except for beneficiaries who are foreigners or less than 7 years old, cash or negotiable check can only be obtained at our service desk. | | | | |

病歷、醫療及健康檢查等個人資料蒐集、處理及利用同意書(特種個資同意書)

立書人已詳閱並瞭解下欄【個人資料保護法應告知事項】，並同意 貴公司於符合告知事項之目的範圍內，得蒐集、處理及利用立書人之病歷、醫療及健康檢查等個人資料，以及將上開資料轉送與 貴公司有業務往來之再保險公司辦理再保險核保或理賠業務。立書人併此聲明，本同意書係出於立書人自由意願下所為之意思表示。

Consent to the collection, processing, and use of medical records, medical treatment, health examination, and other personal information

The undersigned has read and understood the Required Notification under the Personal Information Protection Act and agrees to allow Cathay Life to collect, process, and use the undersigned's medical records, medical treatment, health examination, and other personal information in accordance with the Required Notification stated above, and to transfer aforementioned information to reinsurance companies that have business relationships with Cathay Life for conducting reinsurance or claim adjustment. The undersigned hereby declares that this consent is made under the undersigned's free will.

(*)立書人(即被保險人)/受益人(法定代理人) Signature of the Undersigned (the Insured) / Beneficiary (Guardian) :

受益人與被保險人關係: 本人 父母 祖父母 其他

Relationship between beneficiary and insured: same person parents grandparents others

上開受益人之簽名於被保險人身故時，僅代表受益人或其法定代理人提出理賠申請，並已知悉瞭解上述注意暨聲明事項。When the insured is deceased, the above signature of the beneficiary only represents the beneficiary or his/her guardian. The beneficiary has understood the above Notification and Declaration.

1. 大專院校學生團體保險，除身故保險金受益人為法定繼承人外，其他保險金受益人一律為學生本人。For College Student Group Insurance, beneficiary of death benefit shall be the student's lawful heir, and beneficiary of other insurance benefit shall be the student him/herself.

2. 教育部國民及學前教育署招標高級中等學校以下學生團體保險，受益人為被保險人之法定代理人或其家長。但被保險人已成年者，其醫療保險金或殘廢保險金受益人得為本人。For Senior High School and Lower Student Insurance of tendered by K-12 Education Administration, Ministry of Education's, beneficiary shall be the insured's guardian or parents, but the beneficiary of hospitalization and disability benefit may be the insured him/herself if the insured is an adult.

3. 非屬上述第二項之幼童團體保險，除身故保險金受益人外，其他保險金受益人一律為學生本人，但受益人為未成人時，得選擇匯款至法定代理人帳戶(須另檢附關係證明文件)，並於本公司將款項匯入法定代理人帳戶時，視為已對受益人給付。For Children Group Insurance which does not belong to paragraph 1 and 2 above, except for death benefit, beneficiary of other benefit shall be the student. If the beneficiary is not an adult, payment could be remitted to his/her guardian's bank account, in which case such payment shall be deemed to be made to the beneficiary.

注意事項

1. 【個人資料保護法應告知事項】依據個人資料保護法及保險法第 177 條之 1 暨其相關規定，本公司為辦理人身保險業務之客戶服務、招攬、核保、理賠、契約保全、再保險、海外急難救助、追償、申訴及爭議處理、公司內部控制及稽核業務及符合相關法令規範之需要，而蒐集您的個人資料(包括病歷、醫療及健康檢查等特種個資)。所蒐集之資料除了再保險業務或委外業務執行的需要，會在我國境外被處理及利用外，僅會於前開蒐集目的存續期間及依法令規定期間內，以合於法令規定之利用方式，於我國境內供本公司及因以上目的作業需要之第三方處理及利用。您可以至本公司各服務中心或利用本公司免費客戶服務專線(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，惟本公司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，本公司將可能無法辦理您的理賠申請。
2. 申請死亡保險金且受益人有數人時，限選擇同一領取方式；受益人逾 2 人時，請另填附件(一)。
3. 因匯款帳戶錯誤、變更、撤銷等原因致無法完成轉帳者，本公司得改以禁止背書轉讓支票給付。
4. 依保險契約條款約定，受益人申請各項保險金時，本公司得請求被保險人或受益人提供被保險人病歷調查同意書，其費用由本公司負擔。
5. 各項理賠給付所需申請文件詳見後頁，惟給付項目仍以保險契約條款之約定為準。
6. 依「全民健康保險扣取及繳納補充保險費辦法」，單張保單給付理賠延滯息達新臺幣兩萬元者，應按規定之補充保險費率扣取補充保險費，但屬下列兩種身分者，於理賠申請時檢附下列文件可免扣取補充保險費：(1)低收入戶者：檢附社政機關核定有效期限內之中低收入戶證明文件；(2)未具投保資格或喪失投保資格者：非本國入者檢附護照影本、已除籍之本國入者檢附最近 3 個月內戶籍證明。
7. 申請身故保險金者，立書人同意本公司得將相驗屍體證明書(或死亡證明書)與相關單位之即時查詢比對系統進行資料比對，以確認其正確性。受益人申請理賠之保險事故及其相關文件如有虛偽不實者，行為人須依法負民、刑事及其他相關法律責任。
8. 受益人申領之保險金債權遭法院等執行機關扣押時，如該保險金係維持自己及共同生活親屬之生活所必需者，受益人得依強制執行法第 122 條規定，向該執行機關聲請或聲明異議。

1. the Required Notification under the Personal Information Protection Act
According to the Personal Information Protection Act and Article 177-1 of the Insurance Act, Cathay Life will collect your personal information(including medical records, medical treatment and health examination, and other sensitive personal information) for the purpose of conducting customer service, solicitation, underwriting, claim adjustment, contract maintenance, reinsurance, overseas emergency relief, recovery, complaint and dispute handling, internal control, audit, and other needs that are in accordance with relevant regulations. All collected information will be processed or used in Taiwan, within the time period of the purposes stated above and within the period stipulated by relevant regulations. By Cathay Life or the third parties that require the information to conduct relevant services for the purposes stated above, but the information required for reinsurance or outsourcing will also be processed and used abroad. You can visit Cathay Life's service centers or use Cathay Life's toll-free customer service hot-line (0800-036-599) to inquire, request to review, make duplications, correct, supplement, or discontinue collection/processing/use of your personal information, or to delete your personal information. However, Cathay Life may refuse your request if permitted by relevant laws or such information is necessary for the performance of Cathay Life's obligation. If you refuse to provide your personal information, Cathay Life would not be able to handle your claim
2. If there are multiple beneficiaries for death benefit, you may only choose one payment method. Please fill out Appendix 1 when there are more than two beneficiaries.
3. If Cathay Life can't remit successfully due to incomplete/ incorrect information provided by you, or the account designated by you is a disabled account or canceled account, Cathay Life may pay by non-negotiable check.
4. According to the terms of the insurance policies, Cathay Life is entitled to require the insured or the beneficiary to provide an Authorization to Medical Record Investigation and the expense so incurred shall be borne by Cathay Life.
5. Required documents for each claim type are shown on next page, but the available claim payment shall be based on the terms of the insurance policies.
6. According to "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium of the National Health Insurance", if Cathay Life make a single payment of deferred interest which reaches NT\$20,000, Cathay Life shall deduct the supplementary insurance premium. The following are exempted from the deduction of the supplementary insurance premium set forth in the preceding paragraph : (1) Low-income family: Valid supporting documents of middle-low-income households approved by the social welfare authority. (2) Individuals who are not eligible for or have lost their eligibility to National Health Insurance: If you are a foreigner, please provide a photocopy of your passport; if you are an R.O.C. notional who has been removed from the household register, please provide your household registration certificate valid for the latest three months.
7. If you are claiming for death benefit, you agree to allow Cathay Life to compare the autopsy report (or death certificate) with online government records to confirm the accuracy of the documents. If the insured perils or the relevant documents used by the beneficiary to claim for the policy benefit are found to be false, civil liability, criminal responsibility and other related legal responsibilities shall be borne by the perpetrator.
8. When beneficiary's claim for insurance benefit is attached by court and other executive agencies, if the insurance benefit is necessary to maintain the beneficiary's own life or that of the beneficiary's household members, the beneficiary may raise an objection according to Article 122 of Compulsory Enforcement Act.

(*)投保學校證明欄 Certification of School (Proposer)

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| 投保學校 School (Proposer) | | | 關防/學保專用章 School Stamp |
| 學校代號 School Code | | | <p>可以具完整學校名稱字樣之橡皮章代替學校印信(關防或學保專用章)</p> |
| 校址 School Address | <input type="checkbox"/> | <input type="checkbox"/> | |
| 電話 Telephone | | | |
| 校(園、所)長或職務代理人 Principal/Substitute Principal | | | |
| 經辦人員 Officer | | | |
| | | | 職章 Stamp 簽章 Signature/Stamp |

本申請書所載被保險人確係本校學生並已參加學生團體保險，特此聲明。
Insured filled on this claim form is confirmed as our school's student and included in the Student Group Insurance.

(*)服務人員(送件人)基本資料 Basic information of the Service Agent (case officer)

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|-----------------------------------|-------------------|---------------------------|
| 送件人姓名 Name of the case officer | 單位代號 Unit code | 送件人 ID Case officer ID |
| 連絡電話 Telephone | 市話：() | 分機 |
| | | 手機 Mobile Phone |