

保戶基本資料 Basic Information of the Insured

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	
					410801000		化學二	
	(*)姓名 Name				(*)身分證字號 ID Card No. / Passport No.		(*)出生日期 Date of Birth	
甄平安				X100000000		89年(Year) 9月(Month) 9日(Day)		
(*)居住地址 Residential Address	100 台北市士林區000路00號							
(*)聯絡電話 Telephone	(02) 000001		手機 mobile phone	0900123456		E-mail	xxxx@gms.ndhu.edu.tw	
(*)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 需勾選				(*)申請日期 Claim Date		109年(Year) 9月(Month) 21日(Day)	
(*)事故原因 Cause of the insured peril	校園內騎腳踏車自摔				(*)事故日期 Date of the insured peril		109年(Year) 8月(Month) 21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 需勾選							
(*)保險金 領取方式 (未勾填給付方式， 一律以支票支付) 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		甄平安		身分證字號 ID Card No. / Passport No.		X100000000	
	金融機構(分行) Name of the Bank / Branch		OO銀行oo分行		行庫局號 代號	012	帳號 Account No.	686123456789
(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.				X100000000				
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) :

甄平安 甄幸福 (未滿20歲，須法定代理人簽名)

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.

- 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.
- 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.
- 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.

