三商美邦人壽保險股份有限公司
Mercuries Life Insurance Co., Ltd.

Application for Group Student Insurance Benefits

This Application Form in English is only for filling reference; please fill all required information into Chinese version Form.

※ To meet the need for computerized operation, please fill out the Application with a ball pen or a steel bead pen※ Acceptance code: □□□□□□□□

Policy number (School code)		Name of Agency office:	Name of Assistant Date chop:	Name of Claim staff Date chop:
Student Identification				
The injured / deceased person	Name		Agent's name:	
	ID Number #	□□□□□□□□□□	Agent's code:	□□□□□□□□□□
	Date of birth	YY □□□ MM □□ DD□□	Cell Phone:	

Category of claim

1 ☐ Death 2 ☐ Total permanent disability 3 ☐ Dread disease 4 ☐ Dismemberment 5 ☐ Medical treatment
6 ☐ Special case subsidiary major operation 7 ☐ Certificate of shortfall payment receipt 8 ☐ Other_____

School system

_____Department; Year _____, Class _____
☐ Daytime school ☐ Night/Supplementary school
☐ Special Education ☐ Other_____

Statement of the Insured School

This hereby declares that the Insured (Insurant) covered in the Application is a student of this School, has been duly insured in the Group Student Insurance. The beneficiary is the Insured (Insurant) himself or herself or his or her legal representative or head of the house as officially recorded in the school files.

Insured school: _____

Phone Number:_____

Address: _____

President/Principal:_____Official stamp
(Or Deputy)
Officer-in-charge: (Signed with seal)

Causes of the incident

1 ☐ Accident (Please be sure to provide details about time, location, and progress of an accident)
2 ☐ Disease
Time of accident: Year □□□Month □□Date□□ Time □□
Details of the accident:
Location of accident: ☐ Inside campus ☐ Outside campus
Name of the policeman in charge:
Phone Number:
Name of the Police office in charge:

Terms of payment

1 ☐ In the event that the beneficiary of medical treatment insurance is a minor below 20 years of age, please change the name of the payee into the beneficiary's legal representative or head of the house as officially recorded in the school files (It is not suitable for death claims.)

2 ☐ Check ◎To prevent identity fraud, the check must be a non-endorsable/non-transferable one, and in case of being over NT$200,000 in amount, it shall be parallels marked.
◎The Agent who applies for transferring of a check over NT$200,000 in amount must additionally fill out the "power of attorney for check transfer". Otherwise the check shall be directly mailed to the payee.

3 Remittance (Choose one)
3.1 ☐ The injured / deceased person. 3.2 ☐ The claimant (the applicant or the beneficiary)
3.3 ☐ Remittance account (Payee): _____ ID Number #: □□□□□□□□□□

Name of financial institution and branch	Code of financial institution and branch	A/C# (In case of a post office account, please fill in the post office code, A/C# and check code in sequence.)
	□□□□□□□	□□□□□□□□□□□□□□□□

Collect,Process and Use the Medical History,Medical Treatment, Health Examination and other personal Information Statement
The applicant (Name) agrees that the Company can collect, process and use my medical history, medical treatment, health examination and other personal information according to"The Personal Information Protection Act"and Paragraph2, Article 177-1 of "the Insurance Act".

The Claimant hereby declares:
1. The Application is hereby duly lodged in accordance with the terms and conditions set forth in the Policy.
2. The Claimant confirms full consent to the contents set forth in the boxes of "terms of payment" and "Personal Information Protection Statement" at page 3.
3. In the event that the insurance benefit payment is not specified or the specified financial institution does not accept wire transfer (T/T) or if remittance fails by any other reason, Mercuries Life will issue a check "payable at sight" instead (If remittance is designated to specified trust account and transfer is not successful, remittance will be made again after reconfirmation).
4. In case of an error in the given information or in case of a legal problem of the beneficiary claim, the Claimant shall solely assume the responsibility in full and shall hold Mercuries Life harmless and uninvolved.
5. **When applying insurance benefit of death, the legislative consent agrees that the Company(Mercuries Life Co., Ltd.) confirms the correctness of Certificate of Death or Certificate of Body Inspection by cross-checking with Death Notification System of related departments.**

Important notes:

1. Please fill out the application boxes in detail, sign, and affix his/her seal hereon. In case of more than one beneficiary in a death insurance benefit, the application shall be filled out, signed and affixed with seal for each beneficiary. In case of a minor, his or her legal representative shall sign and affix seal. This application for insurance claim shall not be acceptable until all the supporting documents specified on the policy are provided in full.
2. In the event that the beneficiary is mentally impaired or of diminished mental capacity and thus unable to handle their daily affairs, his or her guardian shall lodge the application and shall submit the court ruling of declaration of interdiction.
3. In the event that the application involves an accident which took place abroad, please submit the photocopy of the passport and the complete anamnesis of medical treatment service in full set. All such documents shall be duly authenticated by embassy of the Republic of China so as to accelerate the claim process.
4. In the event that the reason of death is "under autopsy process" or unknown, the beneficiary shall extra submit "autopsy examination result report" or the "autopsy certificate" which bears the reason of death.
5. In an extraordinary case which calls for other supporting documents to meet the review process need, the officer-in-charge will serve an extra notice. By then please provide such supplementary documents as promptly as possible to accelerate the claim process.
6. For a question in filling out this application, if any, please feel free to contact us through our toll-free service hotline: 0800-022-258. We are more than pleased to serve all your needs.

Consent by (Claimant): _____ Seal
(The applicant or the beneficiary)

Legal representative: _____ Seal
(If the Insured (Insurant) is a minor, this blank should be filled with the legal representative or head of the house as recorded in the school files.)

ID Number #: □□□□□□□□□□

ID Number #: □□□□□□□□□□

Address:□□□-□□_____City/County_____Township /City/District_____

Contact Number/Mobile Phone :_____/ _____ Date : YY MM DD Barcode CL1044

★★ Supporting documents accompanying the Insurance Benefit Application (As extracted below. Please refer to the Policy for details in full.)

Supporting documents \ Application Item of insurance benefit	Hospitalization for disease or injury	Outpatient service for injury	Bone fracture without hospitalization	Death of disease	Death of an accident	Total Dismemberment resulting from disease or accident	Partial disablement	Critical burn	Dread disease	Death/total Dismemberment resulting from cancer	Cancer/medical treatment service for the first time	Cancer/medical treatment service compensation	Project subsidy(Only in case of a student who is exempted from insurance premium)	Living subsidy for the disabled	Medical treatment service and X-ray examination	Collective food poisoning at school
Application for insurance benefit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Certificate of diagnosis	✓	✓	✓					✓	✓	✓	✓	✓	✓			
Original medical treatment fee receipt(s), along with itemized statements	✓	✓											✓			
Certificate of social insurance medical treatment service (*1)	✓	✓														
X-ray photography			✓												✓	
Disablement diagnosis certificate						✓	✓									
Death certificate or autopsy certificate				✓	✓					✓						
Household registration transcript of the Insured (Insurant) verifying deleted household				✓	✓					✓						
Household registration transcript or living proof of the insured(Insurant)												✓		✓		
Household registration transcript or identity certificate of the beneficiary				✓	✓					✓						
Supporting documents verifying death in accident (*2)	✓	✓	✓		✓	✓	✓	✓								✓
Pathological section or relevant examination reports (*3)									✓	✓	✓	✓			✓	

*1: In case of the insured/insurant is in the category of social insurance, please submit supporting certificate(s) verifying social insurance medical treatment service. Such certificate may be exempted if the certificate of diagnosis or medical treatment service invoice indicates the status of social insurance.

*2: Required in the case of an application for accident injury insurance benefit or collective food poisoning at school.

*3: Required in the case of an application for insurance benefit for cancer or dread disease for the first time.

Personal Information Protection Statement

一、Considering the characteristics of the Company engaged in Life Insurance business and other applicable business prescribed in the Category Code or Articles of Incorporation, the Company will collect, process, and use your personal information for specific purposes.

二、Classification code of personal information coellcted by the Company is such as: Code Types of identification C001~C003;Code Types of characteristic C011~C013;Family C021;C023; Social conditionsC031~C033;C035;C037~；C038;C040~C041;Education or other profession C051~C052; Details concerning finance C081~C082；C084;C086;C088~C089; Health C111。More information, please see“the specific purpose and the classification of personal information of the Personal Information Protection Act”issued by the Ministry of Justice.

三、The resources of Personal Information：A proposer; The guardian and the assistant; Medical facilities; the Company will engage in co-selling activities, cross make use of clients personal information, cooperate to popularize the products with third party or any organizations entrusted by the Company for the purpose of dealing with its matters.

四、Time period, area, target and way of the use of personal information：1.Period：The period to preserve the personal information shall be determined upon the business performance of the Company and relevant laws and regulations. 2 Subject：the Company, including the branches and the overseas subsidiaries of the Company、The Life Insurance Association of the Republic of China、Taiwan Insurance Institute、Taiwan Insurance Guaranty Fund、The Financial Ombudsman Institution、Joint Credit Information Center、National Credit Card Center of R.O.C、Insurance Anti-Fraud Institute、The Taiwan Payments Clearing System Development Foundation、The Financial Information Service Co., LTD.、The organizations entrusted by The Company for the purpose of dealing with its matters.、The reinsurance company which does business with the Company、Legally authorized organizations or financial supervisory authorities. 3.Area： Any domestic and overseas locations where the "Subject" are situated. 4.Ways of use of personal information：Personal information shall be used/processed in compliance with the relevant laws and regulations.

五、According to Article 3 of the Personal Information Protection Act, you may exercise following rights which is made in writing with regard to your personal information collected by The Company：You may inquire and request to review or make duplications of your personal information. You may request to supplement or correct your personal information. You may request The Company to delete, discontinue processing or using your personal information.

六、If you choose not to provide relevant personal information, the Company will not be able to proceed with the necessary examination or procedure on time or may not be able to accept your application of insurance or provide relevant services.