



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: |
| The injured / deceased person | Name | | | |
| | ID Number # | Agent's code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| | Date of birth | Agent's name: | | |
| | Nationality | Cell Phone: | | |
| Student Identification | | School system | Department; Year _____, Class _____ <input type="checkbox"/> Daytime school <input type="checkbox"/> Night/Supplementary school <input type="checkbox"/> Special Education <input type="checkbox"/> Other _____ | |
| Category of claim | | 1 <input type="checkbox"/> Death 2 <input type="checkbox"/> Disability 3 <input type="checkbox"/> Medical Treatment 4 <input type="checkbox"/> Disability Living Allowance 5 <input type="checkbox"/> Project Subsidy Major Surgery Insurance 6 <input type="checkbox"/> Certificate of Shortfall Payment Receipt 7 <input type="checkbox"/> Other Fact : _____ | | |
| Cause of the incident | 1 <input type="checkbox"/> Accident (Please be sure to provide details about time, location, and progress of an accident) | | Statement of the Insured School | |
| | 2 <input type="checkbox"/> Disease | | 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. | |
| | Time of accident: Year <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> Time <input type="text"/> <input type="text"/> | | Insured school: _____ | |
| | Details of the accident: Location of accident: <input type="checkbox"/> Inside campus <input type="checkbox"/> Outside campus | | Phone Number: _____ | |
| | Name of the policeman in charge: Phone Number: Name of the Police office in charge: | | Address: _____ President/Principal: _____ Official stamp (Or Deputy) Officer-in-charge: _____ (Signed with seal) | |
| 1 Remittance (Choose one) | 1.1 <input type="checkbox"/> The injured / deceased person. | | | |
| | 1.2 <input type="checkbox"/> Remittance account (Payee): _____ ID Number #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| 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.) | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Agreement of Collection, Processing, and Use of Personal Information Relating to Medical History, Records and Health Checks | | | | |
| Applicant has agreed Mercuries Life Co., Ltd. to collect, process and use of personal information relating to medical history, records and health checks in accordance with Personal Data Protection Act and Article 177-1 of Insurance Act and its authorized stipulations. | | | | |
| 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 Data Protection Act". | | | | |
| 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 applicant agree 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. | | | | |

Applicant(Insured)/Beneficiary: _____
(The applicant or the beneficiary)

Legal representative/Guardian/Assistant: _____
(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 CL1047

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

| Application Item of insurance benefit Supporting documents | 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 national health 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 national health insurance, please submit supporting certificate(s) verifying national health 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.

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.

Personal Information Protection Notification

The following items should be informed precisely to the Applicant by Mercuries Life Insurance Co., Ltd. (hereinafter referred to as "The Company"), in accordance with Paragraph 1 of Article 8 of Personal Information Protection Act (herein after referred to as The Act), and Non-automatic measures referred to Paragraph 1 of Article 9 of The Act. Please read carefully.

一、Purpose of collecting Personal Information :

According to "The specific purpose and the classification of personal information of the Personal Information Protection Act" issued by Ministry of Justice and considering the characteristics of the Company engaged in Life Insurance business and other applicable business prescribed in the Category Code or organization Prospectus, The Company will collect, process, and use your personal information for specific purposes.

二、Classification of Personal Information Collected :

1. Code Types of identification : (C001)Type for identifying individuals ; (C002)Type for identifying finance ; (C003)Type for identifying in government data ◦
2. Code Types of characteristic : (C011) Individual description ; (C012) Physical description ; (C013) Habit ◦
3. Family : (C021) Family ; (C023) Details about other family member ◦
4. Social conditions : (C031) Residence and facilities ; (C032) Properties ; (C033) Immigration ; (C035) Recreational activities and interests ; (C037) Membership of charities or other associations ; (C038) Occupation ; (C040) Accidents or other mishaps and relevant situation ; (C041) Courts, the Public Prosecutor's Office or other trial-related departments and procedures ◦
5. Education, examination, technique or other profession : (C051) Schools record ; (C052) Qualification or technique ◦
6. Details concerning finance : (C081) Earning, income, property and investment ; (C082) Liabilities and expenditure ; (C084) Loans ; (C086) Credit of note ; (C088) Details concerning insurance ; (C089) Social insurance benefits, veterans care benefits or any other retirement benefits ◦
7. Code Health and other : (C111) Record of health ◦

All classifications above shall follow the definitions of "The specific purpose and the classification of personal information of the Personal Information Protection Act" ◦

三、The resources of Personal Information (The circumstance of Non-automatic measures) :

- (一) A proposer
- (二) The guardian and the assistant.
- (三) Medical facilities.
- (四) The third party who will engaged in co-selling activities 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 :

- (一) Period : The period to preserve the personal information shall be determined upon the business performance of The Company and relevant laws and regulations.
- (二) 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、Legally authorized organizations or financial supervisory authorities.
- (三) Area : Any domestic and overseas locations where the "Subject" that may use the personal information described in the above paragraph are situated.
- (四) Ways of use of personal information : Personal information shall be used/processed in compliance with the relevant Personal Information Protection laws and regulations.

五、According to Article 3 of the Act, you may exercise following rights with regard to your personal information collected by The Company :

- (一) You may exercise following rights :
 1. You may inquire and request to review or make duplications of your personal information.
 2. You may request to supplement or correct your personal information.
 3. You may request The Company to delete, discontinue processing or using your personal information when the specific purpose no longer exists or time period expires. ◦
- (二) Ways to exercise your rights : The rights shall be made in writing.

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.

This English translation is for reference only. In the event of any discrepancy between the Chinese and English texts hereof and thereof, the Chinese version shall govern.