

**Student Group Insurance Claim**

Acceptance Code:

**Application Form**

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 Designated for  
 College/University Student  
 Group Insurance

Policy Number (School Code)		G0010000xx03		通訊處： 助理 受理人員 日期章： 日期章：		
Insured Person	Name	WANG, XX		登錄字號		
	ID Number	12345678				
	Date of Birth	1993/06/12		業務員姓名		
	Nationality	<input checked="" type="checkbox"/> ROC <input type="checkbox"/> Others _____		行動電話		
Student ID	A12XX567		School Type / Program Type	Department/Program. _____ Year, Class _____ <input type="checkbox"/> Day School <input type="checkbox"/> Evening/Supplementary School <input type="checkbox"/> Special Education <input type="checkbox"/> Other		
Claim Type	1 <input checked="" type="checkbox"/> Medical      4 <input type="checkbox"/> Disability / Major Burns      7 <input type="checkbox"/> Death      8 <input type="checkbox"/> Disability Living Allowance (DLA) 1 <input type="checkbox"/> Major Surgery Insurance Benefit under the Special Subsidy Program (Please submit identification documents required for the insurance premium subsidy) 10 <input type="checkbox"/> Original Receipt Retained / Balance Certificate      11 <input type="checkbox"/> Others _____					
Cause of Accident	1 <input checked="" type="checkbox"/> Accident      2 <input type="checkbox"/> Disease (If applying for "Accident", please be sure to provide detailed information such as the time, location, and circumstances of the incident)		投保學校證明欄 Section for School's Insurance Certification			
	Date and Time of Incident: 2025/06/16 08:00 am  Incident Description: traffic collision  Accident Area / Region: Shitan Rd. <input type="checkbox"/> On-campus <input checked="" type="checkbox"/> Off-campus  Police Officer Name: CHEN, XX Contact Number: 02-2345xx11 Police Division in Charge: XX Police Station		本申請書所載被保險人係本校學生，且已參加學生團體保險，特此聲明。It is hereby certified that the insured stated herein is a student of this School and is enrolled in the student group insurance.  投保學校： _____  電 話： _____  校 址： _____  校 長： _____ 職章 (或職務代理人)  經 辦 人： _____ 簽章			
Beneficiary Payment Method and Contact Information	Account Name	WANG, XX <input type="checkbox"/> Same as "Insured/Claimant"		ID Number	12345678	
	Bank and Branch Names	Bank and Branch Codes		Account Number (For postal accounts, please follow the order: post office code, check digit, account number, check digit)		
	First Commercial Bank OO Branch		007xx01		001234xx789	
	Contact Address	114-057 Taipei City/County Neihu Village/Township/City/District No. x, Shitan Road,				
	Mobile Phone Number	0912xxx789		Home Telephone Number	02-2345xx11	
Email Address	0123LaZarus @gmail.com				Note: The number 0 may be marked as Ø; the letter I may be marked as i; l may be marked as L; Z may be marked as Z	
※If the "Contact Address" is left unchecked or not provided, all claims-related correspondence/notifications will be mailed to the policy's "Billing Address" or the insured's "Domicile Address". ※If a mobile phone number, email address, or e-Form service has been provided, this Company will send the Electronic Insurance Benefit Payment Notice to the specified mobile phone number or email address after the case is closed.						

**Consent to Collect, Process, and Use Medical and Health Data**

I, the applicant, hereby consent to the collection, processing, and use of my medical records, health information, and examination data by the Company, in accordance with the Personal Data Protection Act and the purposes and extent specified under Paragraph 2, Article 177-1 of the Insurance Act.

**Applicant/Beneficiary Declarations and Consent:**

1. Apply for insurance benefits in accordance with the provisions of the insurance policy.
2. The above "Method of Payment" section and the "Notice on the Collection, Processing, and Use of Personal Data" on page 3.
3. In the event that no payment method is specified, or if the designated financial institution does not accept wire transfers, or if the transfer cannot be completed for any reason, the Company shall process the payment by issuing a cashier's check (for payments designated to a trust account, should the transfer fail, the Company shall reconfirm and attempt the transfer again).
4. I shall be solely responsible for any loss or liability arising from incorrect or inaccurate information provided herein, including any legal claims related to the beneficiary's entitlement, and the Company shall bear no responsibility.
5. For claims applied under the "Death Benefit," I consent to the Company verifying the accuracy of the submitted post-mortem report or death certificate by cross-checking the information with the relevant death reporting system.

Applicant (i.e., the Insured) / Beneficiary:           WANG, XX          

Legal Representative / Guardian / Assistant: \_\_\_\_\_

ID Number: **12345678**

ID Number:

Date **YYYY/MM/DD**

★ Documents Required for Submission of Insurance Claims (Summary Only; Refer to the Policy Provisions for Full Details)

Insurance Claim Items	Required Documents													
	Hospitalization due to Illness or Injury	Outpatient Treatment for Injury	Non-hospitalized Fracture	Death due to Illness	Accidental Death	Partial Disability	Major Burns	Critical Illness	First Diagnosis of Cancer / Medical Treatment	Cancer Medical Reimbursement	Project Grant (Limited to Students Exempt from Premium Payments)	Disability Living Allowance (DLA)	Medical Treatment and X-ray Tests	Mass Food Poisoning Incident on Campus
Insurance Claim Application Form	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Certificate	✓	✓	✓				✓	✓	✓	✓	✓			
Medical Expense Receipt and Itemized Billing Statement	✓	✓									✓			
National Health Insurance Medical Certification Documents (Note 1)	✓	✓												
X-ray Film			✓										✓	
Disability Certificate						✓								
Death Certificate or Forensic Autopsy Examination Certificate				✓	✓									
Household Registration Transcript Showing Deregistration of the Insured				✓	✓									
Household Registration Transcript of the Insured or Proof of Survival										✓		✓		
Household Registration Transcript or Identification Document of the Beneficiary				✓	✓									
Proof of Accident (Note 2)	✓	✓	✓		✓	✓	✓							✓
Pathology specimens or relevant laboratory/test reports (Note 3)								✓	✓	✓			✓	

Note 1: For the insured under the National Health Insurance (NHI) applying for related medical insurance, please provide the NHI medical treatment certificate. If the relevant diagnosis or medical documents indicate that treatment was received under NHI status, submission of the certificate is not required.

Note 2: To be submitted when applying for Accidental Injury Insurance Benefits or Campus Mass Food Poisoning Insurance Benefits.

Note 3: To be submitted when applying for cancer, critical illness, or congenital major defect insurance benefits for the first time.

## Important Notes:

1. In accordance with amendments to certain provisions of the Insurance Act, terminology such as “Disability” and “Impairment” has been revised since June 15, 2018. Policyholder rights are not affected. For details, please refer to the Legal Announcement section on our website ([www.mli.com.tw](http://www.mli.com.tw)).
2. This form must be fully completed and signed (or sealed). **In case of multiple death beneficiaries, all must provide signatures (or seals) and beneficiary information. Claims will be processed only after all required documents under the policy are submitted.**
3. If the beneficiary is a minor, in addition to the beneficiary’s own signature (seal), the signature (seal) of the legal guardian is also required. Beneficiaries under seven years old require signature (or seal) by the legal guardian.
4. For beneficiaries under guardianship/assistance, please submit the court ruling and household registration of the guardian/assistant, who must sign (or seal).
5. If the beneficiary is unable to sign and substitutes a seal, fingerprint, cross mark, or other symbol, two witnesses are required (at least one must be a relative or social welfare worker). Witnesses shall provide their ID number, relationship to the beneficiary, and signature.
6. For insurance events abroad, please submit a copy of passport/entry-exit records, English ambulance records, and full medical records. All documents must be certified by the relevant overseas diplomatic office to protect the beneficiary’s rights and expedite claim processing.
7. If the cause of death is “under autopsy” or “unknown,” the beneficiary shall submit an autopsy report or forensic autopsy examination certificate confirming the cause of death.
8. If the insurance proceeds claimed by the beneficiary are seized by a court or other enforcement agency, and such insurance proceeds fall under Paragraph 2, Article 122 of the Compulsory Enforcement Act (“necessary for maintaining the living of the debtor and his/her relatives living with him/her”), the beneficiary may file an objection or application with the enforcement agency pursuant to the Compulsory Enforcement Act.
9. According to the “Regulations Governing the Deduction and Payment of Supplementary Insurance Premium of National Health Insurance”, if the delayed interest on a single claim payment reaches NT\$20,000, supplementary insurance premiums shall be deducted at the prescribed rate. However, the following individuals may submit the corresponding documents with the claim to be exempted from deduction:
  - (1) Low-income or middle-low-income households: shall provide valid certification issued by the social affairs authority.
  - (2) Individuals not qualified for NHI or who have lost NHI eligibility: non-citizens shall provide a copy of their passport; former citizens shall provide a household registration certificate issued within the past three months.
10. **No additional fees are charged for claim processing. To protect your rights, do not trust unauthorized agents. For inquiries regarding insurance claims, completing this application, or reissuing an “Insurance Claim Notification”, please contact the Customer Service Hotline at 0800-022-258 or visit our website ([www.mli.com.tw](http://www.mli.com.tw)) to avoid being defrauded.**

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### Notification on Collection, Processing, and Use of Personal Data

1. This Company collects, processes, and uses your personal data for life insurance services (001) and other business operations in accordance with its business registration or articles of association (181).
2. The categories of personal data collected by the Company include Identification (C001–C003); Characteristics (C011–C013); Family Status (C021, C023); Social Conditions (C031–C033, C035, C037–C038, C040–C041); Education and Professional Qualifications (C051–C052); Financial Details (C081–C082, C084, C086, C088–C089); and Health (C111). For further information, please refer to the Ministry of Justice announcement titled “Specific Purposes and Categories of Personal Data under the Personal Data Protection Act”.
3. Your personal data may be indirectly collected by the Company through the following means or parties: the policyholder; your legal representative or assistant; medical institutions; partners engaged in joint marketing, data sharing, or collaborative promotion with this Company; or third parties entrusted or engaged by the Company for various businesses.
4. Use of your personal data: (1)Period: The retention period necessary for the Company to perform its business operations and as required by applicable laws and regulations. (2)Recipients: The Company (and branches), the Company’s overseas branch divisions, LIAROC (Taiwan), and the foundations or institutions (Taiwan Insurance Institute, Insurance Guaranty Fund, Financial Ombudsman Institution, National Credit Card Center of R.O.C. and the Institute of Financial Law and Crime Prevention); Taiwan Clearing House; Financial Information Service Co., LTD.; outsourced service providers; reinsurers; authorities with statutory investigative powers; or financial supervisory authorities. (3)Territory: The locations where the above recipients are situated. (4)Methods: Any methods of use permitted under applicable laws and regulations.
5. In accordance with Article 3 of the Personal Data Protection Act, you may submit a written request to the Company to inquire about, review, obtain a copy of, supplement or correct, request the cessation of the collection, processing, or use of, or request the deletion of your personal data.
6. If you are unable to provide the relevant personal data, the Company may be delayed or unable to conduct necessary review and processing, as such decline underwriting, delay, or be unable to provide you with related services or benefits.