



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

Acceptance code:

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.