



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.

Declaration of Investigation Authorization

I, the Undersigned Claimant, in the need to apply to Mercuries Life Insurance Co., Ltd. for the insurance benefit for the Insured (Insurant) _____ (i.e., the party who suffers from the subject incident was born on _____ of Year _____ with ID Number _____), hereby in the capacity of the beneficiary (The Insured (Insurant)/ legal representative), consent that, as the hospital, Bureau of National Health Insurance, District Prosecutors office, Police bureau, fire authority, insurance company may provide whole medical history, computerized data, or the incident related

Prosecutors' office, Police Bureau, fire authority, insurance company may provide whole medical history, computerized data, or the incident related deposition, reports to the personnel assigned by Mercuries Life Insurance Co. Ltd. for investigating, transcribing, copying, photocopying as exhibits

This Declaration authorizes **Mercuries Life Insurance Co., Ltd.** to photocopy such information into use it bears the validity equivalent to the originals. In

In addition to the oral consent reached, I hereby further

come to this Declaration to verify the firm consent in black and white.

Attn.: _____

The hospital, Bureau of National Health Insurance, District Prosecutors office, Police bureau, fire authority, insurance company concerned.

※ The Application is hereby duly lodged in accordance with the terms and conditions set forth in the Policy. The Claimant confirms full consent to

the contents set forth in the boxes of "terms of payment" and "Declaration of Investigation Authorization". Attn.: Mercuries Life Co., Ltd.

Guangzhou (Guangdong) Seal

Consent by (Claimant): Legal representative:

(The applicant or the beneficiary) (If the Insured (Insurant) is a minor, this blank should be filled with the legal representation in behalf of the minor recorded in the school files.)

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 CL 1023

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

Application Item of insurance benefit													
Supporting documents													
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.

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. The "Declaration of Investigation Authorization" is needed for investigating by a hospital and by a relevant unit. To accelerate the insurance claim process, please fill out details of the Insured (Insurant) (the injured/the deceased person) which shall be signed and affixed seal by the Insured (Insurant) (by the beneficiary in case of death). In the event that the Insured (Insurant) (beneficiary of a death case) is a minor, his or her legal representative shall sign and affix his/her seal and submit supporting certificate(s) verifying the relationship (the photocopy of certificate of each registered residence).
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.