南山人壽

保險金申請書

Insurance Claim Application

掃描右方 QR-code，掌握更多訊息。 南山人壽 LINE 南山人壽 APP
Scan the QR-code for more information.
Nan Shan Life LINE Nan Shan Life APP

保單號碼 Policy No.
□原朝陽人壽保單
□Originally a policy of Chaoyang Life

本次申請範圍為□個人保單 □團體保險 □旅平險，並填寫下列相關欄位（若未勾選，視為同意申請所有符合理賠要件且可理賠之保單）
This application includes □personal insurance □group insurance □travel insurance. Please fill in the relevant fields below (if no box is checked, it will be deemed that you agree to apply for all policies meeting the claims requirements and are eligible for claims)

個人保險：Personal insurance：	_____（填寫一張有效保單號碼代表即可） _____(Fill in the number of a valid policy)	旅平險：Travel insurance：	_____（填寫一張有效保單號碼代表即可） _____(Fill in the number of a valid policy)
團體保險：Group insurance：	要保單位名稱：_____ 保戶編號：_____ 保單號碼：_____ Name of applicant:_____ Client Number:_____ Policy No.:_____ 員工（成員）姓名：_____ 員工（成員）工號：_____ Name of employee (member):_____ Employee (member) ID:_____		

與主被保險人／與團體保險員工（成員）關係□本人 □配偶 □子女 □父母 **（家庭型保單請務必填寫該保單號碼並勾選上列關係）**
Relationship with the main insured/ employee (member) of group insurance: □Self □Spouse □Child □Parent **(for family policies, please be sure to fill in the policy number and check the right relationship listed above)**

被保險人姓名 Name of Insured	身分證統一編號 ID No.	出生日期 Date of Birth	聯絡電話 Tel
		中華民國 年 月 日 MM/DD/YY	

聯絡地址：□□□-□□□ 縣市 鄉鎮市區 村里 路街 段 巷 弄 號 樓 之
Address: □□□-□□□ Room , Building No. , No. , Alley , Lane , Section , Street/Road, Village, Township, County, City

領取方式

□同前一次理賠帳戶（匯款銀行：_____） □匯款至受益人帳戶 □保險金信託（請檢附保險金信託帳戶資料）
□匯款至法定代理人帳戶（限未成年之醫療保險金受益人，並於本公司將款項匯入法定代理人帳戶時，視為受益人已承認對其為給付）
□Account of previous claim (remitting bank: _____) □Remittance to beneficiary's account □Insurance trust (please attach information of insurance trust account) □Remittance to legal representative's account (limited to underage medical insurance beneficiaries, and when the company transfers the funds to the account of legal representative, it shall be deemed that the beneficiary has acknowledged the payment)

戶名：
Name of account:
若有多位受益人時，請提供存摺封面影本
For accounts with more than one beneficiaries, please provide a copy of the cover of passbook

□郵局 Post office □銀行／合作社／農會 Bank/Cooperative/Peasant's Union
銀行 合作社 農漁會 Bank Cooperative Peasant and Fishermen's Union 分行 分社 辦事處 Branch Branch office

通匯代碼 SWIFT /BIC □□□ - □□□□ 帳號 Account No □□□□□□□□□□□□□□□□
（銀行代號 Bank code）（分行代號 Branch）
由左而右填寫，不足位者請留空不用補 0，未填寫或帳戶資料不正確，將以禁止背書轉讓支票給付
Fill in the boxes from left to right. Leave spare boxes blank and do not add 0. When the account information is not provided or incorrect, the payment will be made by a non-endorsable check.

□外幣帳戶（僅供外幣保單使用）（上方帳戶是外幣帳戶時，請另提供帳戶之英文姓名，以利匯款）·英文姓名：
□Foreign currency account (only for policies in foreign currency) (If the account provided above is a foreign currency account, please provide the English name of the account to facilitate remittance) English name:

□禁止背書轉讓支票（支票金額超過新臺幣 20 萬元時加劃平行線）
□Non-endorsable check (parallel lines will be added when the amount exceeds NT$200,000)

通知書 Notification

保險金給付通知書請以下列方式擇一送達，同時勾選多項時則優先以簡訊方式送達，若簡訊、E-MAIL 失敗時或未勾選，即以聯絡地址郵寄紙本
Please choose one of the following delivery methods of the insurance benefit payment notice. If more than one options are selected, priority will be given to SMS. When delivery by SMS or E-MAIL fails or is not selected, paper copies will be mailed to the contact address.

1.□以行動電話簡訊通知： □同上聯絡電話 □另填寫行動電話：_____(如勾選並填寫此欄位，受理簡訊將改寄發至此)
□By SMS to mobile phone: □with number same as above □with another number:_____(If this field is checked and number is provided here, SMS for acceptance will be sent to this number)

2.□E-MAIL： @

您亦可掃描右上方 QR code 南山人壽 LINE 官方帳號，加入好友並綁定南山人壽會員，立即享有個人化服務。
You may also scan the QR code on the top right corner to follow the official account of Nan Shan Life LINE , and register as a member of Nan Shan Life to enjoy personalized services.

申請類別 Application Category

□ 疾病 Disease
□ 意外

申請項目 Application

* 配合保險法修正，殘廢用詞調整為失能，被保險人權益不受用詞調整影響。
* The term 'disabled' is revised to 'disability' to align with the revision of Insurance Law, and the rights and interests of the insured are not affected by the revision.

1.□醫療□門診□職業災害 2.□重大疾病□初次罹患癌症□生命末期提前給付
3.□重大燒燙傷□長期照顧□豁免保費 4.□身故□完全／部分失能 5.□差額給付證明□其他

中英文對照

	Accident		1.☐Medical treatment ☐Outpatient service ☐Occupational accident 2.☐Critical illness ☐First cancer patient ☐Early payment at end of life 3.☐Major burns and scalds ☐Long-term care ☐Waiver of premium 4.☐Death ☐Complete/partial disability 5.☐Proof of deficiency payment ☐Other
			* 職業災害要保單位是否已先行給付應付之保險金？ * Has the applicant of occupational accidents paid the insurance benefits payable in advance? ☐是（請提供職業災害補償金墊付證明暨債權讓與同意書及其相關證明文件。） ☐否 ☐Yes (Please provide proof of advance payment for occupational disaster compensation, consent to transfer of creditor's rights and relevant supporting documents.) ☐No

意外事故內容 Accident Information （申請意外理賠時填寫） (Required for application for accident claims)	☐與前次事故相同 ☐Same accident as the previous one	☐新事故發生時間：中華民國 年 月 日 上午 下午 時 分 ☐New accident occurred on: MM/DD/YY am pm
	報案日： 處理單位： 承辦人： 電話： Report date: Processed by: Accepted by: Tel:	
	請詳述保險事故發生地點、原因、經過情形、事故時職業及工作內容 (如有報案或警方證明文件等，請提供相關資料) Please provide a detailed description of the location, cause, circumstances of the accident, and your occupation and job responsibilities at the time of the accident (please provide a case report or police certificate if available)	

壽險業履行個人資料保護法告知義務內容

The Duty of Disclosure of the Life Insurance Industry under the Personal Data Protection Law

南山人壽保險股份有限公司(下稱本公司)依據個人資料保護法(下稱個資法)第八條第一項、第九條第一項及第六條第二項規定，向您告知下列事項，請您詳閱：

一、蒐集之目的：（一）００一人身保險（二）０六九契約、類似契約或其他法律關係事務（三）０九０消費者、客戶管理與服務（四）一八一 其他經營合於營業登記項目或組織章程所定之業務。二、蒐集之個人資料類別：姓名、地址、電話、身分證統一編號、出生年月日、職業、電子郵件、金融機構帳戶及病歷、醫療、健康檢查、及與事故經過相關的查證個人資料等(包含本件保險契約於申請本次理賠前「例如於投保或申請契約變更時」非由您直接提供予本公司之個人資料)，詳如本申請書及應備文件內容所載。三、個人資料之來源：（一）要保人。（二）您或您的法定代理人、輔助人。（三）本公司各項業務內所委託往來之第三人。四、個人資料利用之期間、對象、地區、方式：（一）期間：因執行業務所必須及依法令規定應為保存之期間。（二）對象：本公司、要保單位、中華民國人壽保險商業同業公會、中華民國產物保險商業同業公會、財團法人保險事業發展中心、財團法人金融法制暨犯罪防制中心、財團法人金融消費評議中心或其他受理消費爭議機構、業務委外機構、業務合作機構、與本公司有再保業務往來之公司、依法有調查權機關或金融監理機關。（三）地區：上述對象所在之地區。（四）方式：合於法令規定之利用方式。五、依據個資法第三條規定，您就本公司保有您個人資料得行使之權利及方式：（一）得向本公司行使之權利：1.查詢、請求閱覽或請求製給複製本。2.請求補充或更正。3.請求停止蒐集、處理或利用及請求刪除。（二）行使權利之方式：除以電話查詢個人資料或本公司另有規定外，行使權利之方式以書面為之。如有疑問，您得與本公司客戶服務專線：0800-020-060 聯絡，本公司將協助處理相關請求。六、您不提供個人資料所致權益之影響：您若未能提供相關個人資料時，本公司將可能延後或無法進行必要之審核及處理作業，因此可能遲延或無法提供您相關服務或給付。

Nan Shan Life Insurance Co., Ltd. (the Company) hereby discloses to you the following items in accordance with Paragraph 1, Article 8, Paragraph 1, Article 9 and Paragraph 2, Article 6 of the Personal Data Protection Law (the Personal Data Law). Please read in detail:

I. Purpose of collection: (I) 001 Personal insurance; (II) 069 Contract, similar contract or other legal affairs; (III) 090 Consumer and client management and service; (IV) 181 Other business operations in accordance with the business registration items or articles of association of the organization. II. Types of personal data to be collected include name, address, phone number, ID number, date of birth, occupation, email address, financial institution account and medical records, medical and health examinations, and verified personal data related to accident process (including personal data that was not directly provided by you to the Company before applying for this insurance claim, such as when applying for insurance or contract changes), as detailed in this application and the required documents. III. Source of personal data: (I) Applicant. (II) You or your legal representative or assistant. (III) Third parties entrusted by the Company to handle transactions. IV. The period, object, region and method of personal data utilization: (I) Period: The retention period required for the provision of service and required by laws and regulations. (II) Object: The Company, the applicant, the Life Insurance Association of the Republic of China, the Non-life Insurance Association of the Republic of China, Taiwan Insurance Institute, Institute of Financial Law and Crime Prevention, Financial Ombudsman Institution or other institutions processing consumption disputes, business outsourcing institutions, business cooperation institutions, companies with reinsurance dealings with the Company, authorities with investigation authority or financial supervision authorities pursuant to law. (III) Region: The regions where the above-mentioned objects are located. (IV) Method: Utilization in compliance with legal regulations. V. According to Article 3 of the Personal Data Law, the rights and methods that you may exercise regarding the retention of your personal data by the Company are as follows: (I) The rights that you may exercise against the Company include: 1. The right to inquire, request viewing or copying. 2. The right to request for supplementation or correction. 3. The right to request to stop collecting, processing or utilizing, and deletion of your personal data. (II) The method of exercising rights: Unless otherwise specified by the Company or by telephone inquiry of personal data, the request for exercising rights shall be in writing. For any questions, please contact our client service hotline at 0800-020-060, and the Company will provide assistance in your requests. VI. The impact of your failure to provide personal data on your rights: If you fail to provide relevant personal data, the Company may delay or be unable to conduct necessary audits and processing operations, which may result in delays or inability to provide you with related services or payments.

病歷、醫療及健康檢查等個人資料蒐集、處理及利用同意事項

Consent for the collection, processing and utilization of personal data such as medical records, and medical and health examinations

本人（被保險人）同意 貴公司得蒐集、處理及利用本人相關之病歷、醫療及健康檢查等個人資料。

I (the insured) agree with your collection, processing and utilization of my personal data related to my medical records, and my medical and health examinations.

本人同意 貴公司將本次理賠申請所檢附的相驗屍體證明書（或死亡證明書）與相關單位之死亡通報系統資料進行比對，以確認內容的正確性。

I agree that your company will compare the autopsy certificate (or death certificate) attached to this claim application with the death notification system information of related organizations to confirm the correctness of the content.

要保單位 / 保經代簽章 Signature of insured /insurance agent	本人同意上述事項，並同意 貴公司得將理賠申請相關文件 / 資訊由右列送件人轉知予本人。 I agree to the above items and agree that your company may transfer the relevant documents/information of the claim application to me via the delivery approach listed on the right.	送件人通路 Delivery Approach	收件單位 受 理 欄 For acceptance of Recipient
	請務必親自簽名 Please sign in **立書人(即被保險人)/受益人簽名：** **Signature of applicant (i.e. insured)/** 申請外幣保單，請填寫中英文姓名 To apply for a foreign currency policy, please fill in your name in both Chinese and English 受益人(為法人)□是□否可發行無記名股票（勾否者，無須填下題） 受益人(為法人)□是□否已發行無記名股票 受益人非中華民國國籍者請註明國籍 Whether the beneficiary (legal person) can issue bearer shares Yes No (If you check No, please ignore the following questions) Has the beneficiary (legal person) issued bearer shares Yes No If the beneficiary is not a citizen of the Republic of China, please indicate his/her nationality **法定代理人/監護人/輔助人簽名：** 受益人為未成年或受監護宣告、輔助宣告者時，請填寫。 倘法定代理人非要保人請另檢附關係證明文件。（如戶口名簿影本等）	☐業務員 / 業務員代碼： ☐ Salesperson/Code of salesperson: ☐保經代 ☐Insurance agent 銀行代碼： Bank code: 分行名稱： Branch name: 分行單位代碼： Branch code: 登錄證號碼： Login ID:	

中文對照

	Signature of legal representative /guardian/assistant: Please fill in the blank if the beneficiary is a minor or a person declared to be under guardianship or assistance. If the legal representative is not the applicant, please provide additional documents to prove the relationship (such as a copy of the household registration book, etc.).	聯絡電話： Tel:	其他送件管道 Other delivery channels □本人 □In person □親友 □Family or friend □郵寄 □Mailing
	申請日期：中華民國　　年　　月　　日 Date of application: MM/DD/YY	送件人簽名 Submitted by (Signature)	

中英文對照

★申請各項保險金所需檢附文件及注意事項 Documents Required for Applying for Insurance Benefits and Attentions

一、申請各項保險金所需檢附文件一覽表 List of documents required for applying for insurance benefits

申請項目 Applying for / 具備文件 Documents required	身故. Death			失能 Disability		重大疾病 Critical Illness				豁免保費 Waiver of Premium						醫療 Medical Treatment				跛	職業災害 Occupational Accident		
	一般疾病身故 Death due to	癌症身故 Death due to	意外身故 Accidental death	完全失能 Total disability	部分失能/重大燒燙傷 Partial	長期照顧保險金/完全失能生活扶助	生活保險金 Insurance benefits for	重大疾病/首次罹患癌症	生命末期提前給付 Early	罹患癌症生活補助保險金	被保險人 The insured	疾病身故 Death due to	意外身故 Accidental death	第一至六級失能(含)以後投保) 第一至三級失能 Level 1 to Level 6	重大疾病 critical illness	重大燒燙傷 Major burns	傷害醫療/住院醫療/癌症醫療	創傷縫合處置保險金 手術醫療/出院療養/ Surgical operation/rehabilitation	緊急醫療運送保險金	骨折津貼(PBB/DHI)	失蹤/意外失蹤	死亡給付 Death benefit	失能給付 Disability benefit	傷病給付(醫療期間不能工作之工資補償) Injury and illness benefit (wage
保險金申請書 Insurance claim application	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
死亡證明書 Death certificate	✓	✓										✓									✓	✓		
相驗屍體證明書 Autopsy certificate			✓										✓											
被保險人之除戶戶籍謄本 Transcript of cancellation of household registration of the insured	✓	✓	✓																		✓			
受益人身分證明 Proof of beneficiary's identity	✓	✓	✓	✓		✓	✓	✓				✓	✓	✓	✓	✓					✓	✓	✓	
診斷證明書/失能診斷書 Diagnosis/diagnosis of disability				✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓			✓	✓
收據和費用明細表(註) Receipts and detail list of expenses (note)																	✓	✓(團險) (group insurance)						
病理組織切片報告/相關檢驗報告 Pathological tissue section reports/ related test reports		✓				✓	✓	✓		✓	✓				✓									
意外傷害事故證明文件(如X光片) Certificate of accidental injury (such as X-ray films)			✓	✓	✓								✓	✓		✓	✓			✓	✓			
救護車緊急醫療運送之證明文件 Proof of emergency medical evacuation by ambulance																			✓					
被保險人之生存證明文件 Proof of survival of the insured						✓	✓			✓														
勞工保險給付收據影本 Copy of payment receipt of labor insurance																						✓	✓	✓
巴氏量表(Barthel Index)或臨床失智評分量表(CDR)或簡易智能測驗(MMSE)或其他專業評量表 Barthel Index, CDR, MMSE or other professional assessment scales						✓																		

中英文對照

註：申請住院醫療實支實付險種，倘需正本收據然未檢附，又該險種得以日額給付且符合契約條款約定者，將先以日額方式給付。

Note: If the original receipt is not attached when applying for inpatient medical out of pocket insurance, and the payment of insurance benefit can be made on a daily basis and meets the contractual terms, it will be paid on a daily basis first.

二、注意事項

II. Attentions

1.本申請書須詳填各項欄位並由受益人簽名，有關受益人定義說明如下：

This beneficiary shall fill in all fields in detail and sign the application. The beneficiary refers to:

(1)申請醫療、重大疾病或失能保險金，受益人為事故人本人。The accident victim himself/herself when applying for insurance benefits for medical treatment, critical illness or disability.

(2)申請身故保險金，受益人係指保險單所載之身故受益人，身故受益人不只一人時，均須簽名或各填寫一份。The beneficiary listed in the insurance policy when applying for death benefits. Where there are more than one beneficiaries, all the beneficiaries shall sign the application, or submit one copy respectively.

※受益人為未滿七足歲之未成年人，由其法定代理人代為簽名及法定代理人簽名。When the beneficiary is a minor under the age of seven, the application shall be signed by his/her legal representative on his/her behalf, and the legal representative himself/herself.

※受益人為七歲(含)以上未成年之限制行為能力者，由受益人及其法定代理人簽名。When the beneficiary is a minor with limited capacity of action aged seven or above, the application shall be signed by the beneficiary and his/her legal representative.

※受益人如為受監護宣告者，由其監護人代為簽名，及監護人簽名。受益人如為受輔助宣告者，由受益人及輔助人共同簽名。When the beneficiary is a person declared to be under guardianship, the application shall be signed by the guardian on his/her behalf and the guardian himself/herself. When the beneficiary is a person declared to be under assistance, the application shall be jointly signed by the beneficiary and the assistant.

※倘因視障、不識字、或其他因素致無法簽名者之被保險人或要保人可蓋手印代替簽名(須註明左手或右手第幾指)，但須經兩位見證人簽名，並於簽名處註明〝見證人〞字樣以避免混淆，另外須於見證人旁加註見證人身分證字號，無須再提供身分證影本資料。The insured or policyholder who is unable to sign the application due to visual impairment, illiteracy or any other factors may replace his/her signature with a fingerprint (indicating which finger of left or right hand) under the testimony of two witnesses, who shall sign the application, and indicate the word "witness" next to their signatures to avoid confusion. The witnesses shall also indicate their ID numbers next to their names, so as to spare from the provision of a copy of ID card.

※應簽名者為雙手截肢可以蓋章代替，亦須二位見證人同時簽名。 When the person who is required to sign the application has both hands amputated, he/she may replace signature with a seal under the testimony of two witnesses with their signatures.

※倘身故受益人指定為法人機構、宗教團體、公益機構、社會福利機構者，依照「保險法」第44條之規定，得基於利害關係人之身分，向保險人請求保險契約之謄本。又，依照「申請戶籍謄本及閱覽戶籍登記資料處理原則」，前揭機構或團體亦得基於利害關係人(即受益人)之身分，向戶政單位取得除戶戶籍謄本及死亡證明文件，惟得否確實調取，仍以各戶政單位辦理為準。According to Article 44 of the *Insurance Law*, when a legal entity, religious group, public welfare institution or social welfare institution is designated as the beneficiary of death benefit, it may request a copy of the insurance contract from the insurer based on its status as an interested party. In addition, according to the *Processing Principles for Application*

for Transcripts of Household Registration and Reading Household Registration Data, the aforementioned institutions or organizations may also obtain transcripts of cancellation of household registration and death certificates from the household administration authorities based on its status as an interested party (i.e. the beneficiary). However, their obtaining of the transcripts of cancellation of household registration and death certificates shall be subject to the procedures of the household administration authorities.

2.見證人身份須符合以下規範：The witnesses must meet the following standards for their identity:

(1)二位見證人皆不可為本件招攬或送件業務員或經辦人員。Neither witness shall be the collector or courier or processing personnel of this application.

(2)二位見證人中，最多可指定一人為保單關係人（要保人／被保險人／受益人），另一人則須非保單關係人，且非保單關係人須為親戚或朋友，或為社福機構人員。亦可二位見證人皆非保單關　係人，且至少有一人須為親戚或朋友，或為社福機構人員。A maximum of one witness may be designated as the interested party of the policy (applicant/insured/beneficiary), while the other must be a party without interest in the policy and being a relative or friend of the policyholder, or a member of a social welfare organization. Or neither witness is a party with interest in the policy, and at least one of them is a relative or friend of the policyholder, or a member of a social welfare organization.

※倘因視障、不識字或其他因素致無法簽名，可以按捺手指印方式代替簽名(須註明左手或右手第幾指)，惟須經兩名具行為能力之見證人簽名，並於簽名處註明『見證人』字樣同時加註身分證字號以避免混淆。Signatory who is unable to sign the application due to visual impairment, illiteracy or any other factors may replace his/her signature with a fingerprint (indicating which finger of left or right hand) under the testimony of two witnesses with legal capacity, who shall indicate the word "witness" and their ID numbers next to their signatures to avoid confusion.

3.身故件之死亡原因為「解剖鑑定中」者，受益人應補「解剖結果報告」或載明確定死亡原因之「相驗屍體證明書」。When the cause of death of the deceased is under autopsy, the beneficiary shall provide an autopsy report, or an autopsy certificate stating the established cause of death.

4.申請完全失能之被保險人如為精神障礙或心智缺陷致不能為意思表示或受意思表示、不能辨識其意思表示之效果、或上開能力顯有不足者，請附法院宣告監護或宣告輔助之裁定。When the insured who applies for total disability suffers from mental disorders or deficiencies that prevent them from expressing or receiving intentions, recognizing the effects of their intentions, or is obviously deficient in the above abilities, please attach the court's ruling declaring guardianship or assistance.

5.申請團體保險健康門診手術實支實付保險金需檢附收據及明細；子女或配偶或團體險之身故／完全失能保險金不需檢附保險單。To apply for insurance benefits of group insurance for payment for health clinic and surgery, receipts and expense details must be attached. The death/total disability benefits for children, spouses or groups do not require the submission of an insurance policy.

6.豁免保費：Waiver of premium:

(1)被保險人發生豁免保費事故，由被保險人提出申請，除上表所列須檢附文件外，倘因重大疾病（含癌症）申請者須另附病理組織切片報告／相關檢驗報告。In the event of a WP accident, the insured shall submit an application. In addition to the required documents listed in the above table, applicants suffering from a critical illness (including cancer) shall also provide a pathological tissue section report/relevant physical examination report.

(2)要保人投保「南山人壽要保人豁免保險費附約」、「南山人壽要保人豁免保險費批註條款」（WPP）及「南山人壽愛家保要保人豁免保險費附約」（WOP），要保人發生豁免保費事故時：When the applicant purchases WP, WPP and WOP, in the event of a WP accident:

①要保人身故：由該保單主契約被保險人檢具要保人身故之相關文件（含除戶戶籍謄本）提出申請，受益人身分證明為主契約被保險人的身分證明。Death of applicant: the insured of the master policy shall submit the application with documents related to the death of the applicant (including the transcript of cancellation of household registration), and the certificates proving the identity of the beneficiary as the insured of master policy.

②要保人罹患重大疾病或致成第一至三級失能：由要保人依上表所列檢具相關文件提出申請，受益人身分證明為要保人的身分證明。Critical illness or level 1 to level 3 disability of applicant: the applicant shall submit an application with the relevant documents listed in the above table, and the certificates proving the identity of the beneficiary as the applicant.

③95 年 10 月 1 日以後購買之保單，要保人罹患重大疾病或致成第一至六級失能、重大燒燙傷：由要保人依上表所列檢具相關文件提出申請，受益人身分證明為要保人的身分證明。For policyholders of policies purchased after October 1, 2006 suffering from a critical illness or level 1 to level 6 disability or major burns or scalds, the applicant shall submit an application with the relevant documents listed in the above table, and the certificates proving the identity of the beneficiary as the applicant.

7.申請骨折津貼或傷害醫療保險金者，可附「X 光片」以確定傷害部位或程度（X 光片可以傳統 X 光片（膠片）或影像光碟片方式擇一提供）。Applicants applying for fracture allowance or insurance benefits for injury medical treatment shall attach X-ray images for the determination of the location or degree of injury (X-ray images may be provided in the form of traditional X-rays images or CD).

8.請求「南山人壽安祥健康保險附約」（FIH）之返國住院保險金者，另具護照影本或機票影本或足以證明之文件亦可。Applicants applying for insurance benefits for hospitalization in Taiwan under FIH may also provide a copy of passport or flight ticket, or sufficient proof.

9.失蹤：Disappearance:

(1)一般失蹤件應附「法院死亡宣告」判決（代替死亡證明）和「受益人同意書」。For general disappearance cases, a court decision declaring death (to replace the death certificate) and a letter of authorization from the beneficiary shall be provided.

(2)意外失蹤件應另附「意外傷害事故證明文件」和登記失蹤之戶籍謄本（代替除戶戶籍謄本）和「受益人同意書」。For accidental disappearance cases, the certificate of accidental injury, transcript of household registration recording the disappearance (to replace the transcript of cancellation of household registration) and a letter of authorization from the beneficiary shall be provided.

10.受益人每領取「罹患癌症生活補助保險金」達十二個月者，於本公司給付下一個月「罹患癌症生活補助保險金」前，應檢送可資證明被保險人生存之文件。（如：三十天內之戶籍謄本或診斷證明書）Beneficiaries receiving the living subsidy for cancer patients for 12 months shall submit documents that can prove the insured's survival before the company pays the living subsidy for cancer patients for the next month (e.g. the transcript household registration or a diagnosis within 30 days).

11.依南山人壽附約延續附加條款約定：因主契約累計給付之各項保險金總額已達給付上限而終止，或主契約被保險人於主契約有效期間內，因被保險人身故、致成主契約條款附表所列失能、罹患重大疾病、特定重大疾病、特定重大傷病、癌症疾病、長期照顧狀態、主契約因地方法院民事執行處或法務部行政執行署執行命令而終止且本附約無保單價值準備金者、主契約因地方法院民事執行處或法務部行政執行署執行命令而終止且本附約雖有保單價值準備金，惟主契約終止時已足以清償前述執行命令所列債務者等情形，致生主契約終止時，本附約得依本附加條款之約定延續其效力。如要保人與主契約被保險人為同一人，而已身故者，其延續之附約，以各該附約之被保險人為該附約之要保人，有關各附約要保人權利義務之行使，應由各附約要保人或其法定代理人中，書面委任一人為受任人代為行使。但各附約要保人得經受任人以書面向本公司申請終止其延續之附約。（詳保單條款內容）According to the additional clauses of Nan Shan Life Insurance Supplementary Agreement, when the total amount of insurance benefits paid under the master contract has reached the payment limit and is terminated, or the insured under the master contract dies, suffers from a critical illness, specific critical illness, specific major injury or cancer, or requires long-term care, or the master contract is terminated due to the execution order of the Civil Enforcement Department of the local court or the Administrative Enforcement Office of the Ministry of Justice, and there is no policy value reserve in this Supplementary Agreement, or the master contract is terminated due to the execution order of the Civil Enforcement Department of the local court or the Administrative Enforcement Office of the Ministry of Justice, and although this Supplementary Agreement has a policy value reserve, or debts listed in the aforementioned execution order can be repaid after the termination of the master contract, this Supplementary Agreement may be continued in accordance with the provisions of this additional clauses after termination of the master contract. If the applicant and the insured under the master contract are the same person but dead, the continued Supplementary Agreement shall be made by the insured of each Supplementary Agreement as the applicant of the Supplementary Agreement. The exercise of the rights and obligations of applicant of each Supplementary Agreement shall be delegated in writing by any of the applicants or their legal representative to act on their behalf. However, each applicant of the Supplementary Agreement may apply in writing to the Company to terminate its continued Supplementary Agreement through the delegated person. (Refer to policy terms and conditions for details)

12.金融機構匯款：Remittance via financial institutions:

(1)**申請外幣保單時，須填寫與外幣帳戶相同的英文姓名。When applying for a foreign currency policy, the same English name as that of the foreign currency account must be provided.**

(2)如因不可歸責於本公司之因素致本公司無法匯款時，本公司將於該因素消失後辦理匯款，惟不負延遲責任。When the Company is unable to remit due to factors not attributable to itself, the Company will process the remittance after the factor disappears, but will not be responsible for any delay.

(3)受益人可附身分證明文件及存摺封面影本，以協助本公司核對匯款作業及確保受益人權益。The beneficiary may attach a copy of his/her identification document and the cover of passbook to facilitate the verification of remittance by the Company, and ensure the beneficiary's rights.

13.倘保險契約遭強制執行，且受益人（即債務人）申請之保險金屬於強制執行法第 122 條第 2 項規定所稱之「係維持債務人及其共同生活之親屬生活所必需者」，債務人得依強制執行法第 12 條規定向法院聲請或聲明異議。 In the event that the insurance contract is enforced, and the beneficiary (i.e. the debtor) applies for insurance benefits that is "necessary to maintain the life of the debtor and his relatives living together" as referred to in Paragraph 2, Article 122 of the Enforcement Act, the debtor may apply to the court or raise an objection in accordance with Article 12 of the Enforcement Act.

14.倘理賠調查作業需查詢或調閱相關資料（例如：病歷、電腦檔案或本案事故資料）時，服務人員將請客戶提供相關授權同意書。In the event that the claims investigation requires reviewing or accessing relevant data (such as medical records, computer files or accident data of the case), the service personnel will ask the client to provide a letter of authorization.

15.依「全民健康保險扣取及繳納補充保險費辦法」規定，單次給付理賠延滯息，應按規定扣取補充保險費，但具下列身分之一者，於理賠申請時應主動檢附下列文件，可免扣取補充保險費： According to the *Measures for Deducting and Paying Supplementary Insurance Premiums for National Health Insurance*, for a single payment of deferred interest on a claim, the supplementary insurance premium shall be deducted in accordance with the regulations. However, those with one of the following identities shall submit the following documents when applying for a claim to be exempted from deduction:

(1)低收入戶：檢附社政機關核定有效期限內之低收入戶證明文件。（利息所得） Low income residents: Provide proof of low income within the valid period approved by the social security agency (interest income).

(2)未投保健保者：非本國人者檢附護照影本、已除籍之本國人者檢附最近 3 個月內戶籍證明文件。（利息所得） Those without health insurance: For those who are not nationals, provide a copy of passport, and for those who have been de-registered as nationals, provide a certificate of household registration within the last three months (interest income).

(3)中低收入戶成員：檢附社政機關核定有效期限內之中低收入戶證明文件（給付日期於 104 年 1 月 1 日起且單次給付未達基本工資之利息所得） Members of low and middle income households: Provide proof of low or middle income household status within the valid period approved by the social security agency (interest income from a single payment not reaching the

中英文對照

basic salary, with the payment date starting from January 1, 2015).

(4)中低收入老人、接受生活扶助之弱勢兒童與少年、領取身心障礙生活補助費者、特殊境遇家庭之受扶助者、符合全民健康保險法第一百條所定之經濟困難者：檢附社政機關核定有效期限內之證明文件。（給付日期於 104 年 1 月 1 日起且單次給付未達基本工資之利息所得） Middle and low income elderly, disadvantaged children and adolescents receiving living support, recipients of living allowances due yo physical or mental disabilities, recipients of support from families in special circumstances, and those with economic difficulties defined in Article 100 of the *National Health Insurance Act*. Provide proofs within the valid period approved by the social security agency (interest income from a single payment not reaching the basic salary, with the payment date starting from January 1, 2015).

16.如有保險金給付或填寫本申請書相關問題，請電洽客戶服務專線：0800-020-060（海外諮詢專線：886-2-8752-2111）或至本公司網站（www.nanshanlife.com.tw）查詢。For any questions regarding payment for insurance benefits or the preparation of this application, please contact our client service hotline at 0800-020-060 (overseas consultation hotline: 886-2-8752-2111), or visit our company website (www.nanshanlife.com.tw) for inquiries.

中英文對照