

※The Insurance Claim Application Form consists of 4 pages. Please complete all sections on page 1&2.  
 ※In accordance with amendments to the Insurance Act, terminology in claim-related documents has been adjusted. The rights under policies effective before these changes are not affected by the terminology adjustments.  
 ※To speed up the processing of your application, please fully complete this application. For information on required documents and instructions for completion, please refer page 3.  
 ※The English version is provided for reference only. The Chinese version shall prevail in case of any discrepancies between the English and Chinese versions.

Information of the Insured	Name	Identification Number																			
	Policyholder Unit (Name of the Institution/College)	<input type="checkbox"/> Group Insurance Policy		Date of Birth	(YYYY)	(MM)	(DD)	Department		Years	Class	Student Number : _____									
Claim Items	<input type="checkbox"/> Medical <input type="checkbox"/> Cancer Treatment <input type="checkbox"/> Critical Illness/Specific Critical Illness <input type="checkbox"/> Premium Waiver <input type="checkbox"/> Various Benefits <input type="checkbox"/> Pre-death Needs <input type="checkbox"/> Death Benefit <input type="checkbox"/> Total Disability <input type="checkbox"/> Partial Disability <input type="checkbox"/> Receipt Balance Payment Certificate <input type="checkbox"/> Lump-Sum Disability Care Assistance Insurance Payment (Calculated with Discount Rate as per Policy Term) <input type="checkbox"/> Long-Term Care Benefit <input type="checkbox"/> Continuing Claim <input type="checkbox"/> Other <input type="checkbox"/> I do not agree to apply for a claim under the group insurance policy this time (If you have a group insurance policy with the Company and this option is not selected, it will be considered as your consent to apply for this policy. Based on our policy services, the Company will inform your policyholder unit about this claim application).																				
Details of the incident	Type of Incidents	<input type="checkbox"/> Illness <input type="checkbox"/> Accident ※If it is an accident, please complete the following:			Job Description		Medical Treatment Status	<input type="checkbox"/> National Health Insurance <input type="checkbox"/> Self-paid													
	Date and Time of Incident	(YYYY)	(MM)	(DD)	Date of Report	/	/	Accident Site													
	Responsible Unit	Branch Police Station			Responsible Police officer			Telephone Number													
Please provide a detailed description of the cause and circumstances of the incident below: (※ If there are any police reports or police documents or media coverage, please provide clippings or relevant information.)																					
Payment Method	<input type="checkbox"/> By check	<input type="checkbox"/> Delivered by the service staff of the submitting department <input type="checkbox"/> Mailed to the insured contact address on this application <input type="checkbox"/> Mailed to another specified address ※If this box is not checked or specified, the details will be sent to the Insured contact most recent address (residence) on file with the company. Delivery Method for Claim Payment Details <input type="checkbox"/> Sent with the check <input type="checkbox"/> No need to send (If this box is not checked, the details will be sent with the check)																			
	<input type="checkbox"/> To the Previous Claim Account <input type="checkbox"/> To the Beneficiary's Account <input type="checkbox"/> To the Legal Representative or Guardian's Account ※It is advisable to use bank transfer to speed up the payment process.																				
	Account Name	Financial Institution	Branch	Account Number																	
	Delivery Method for Claim Payment Details <input type="checkbox"/> Contact address provided on the application form <input type="checkbox"/> No need to send. ※Note: If this box is not checked or specified, the details will be sent to the Insured contact most recent address (residence) on file with the company.																				
1.If the beneficiary of the medical insurance is a minor and the payment amount is NT\$200,000 or less, the payment can be remitted to the account of the legal representative or guardian (who must be the policyholder)2. If the beneficiary of the medical insurance is the same as the policyholder and is a minor, and the payment amount is NT\$200,000 or less, the payment can be remitted to the account of the legal representative or guardian (relationship proof document must be attached).3. If the payment method complies with the abovementioned payment method 1 or 2, it will be considered as payment has been made by the Company to the beneficiary. However, if this leads to any loss or damage to the Company, the beneficiary and payee agree to be jointly responsible for reimbursing the insurance amount without dispute.																					

Notice of Personal Data Protection Obligations for Life Insurance : Farglory Life Insurance Inc. (hereinafter referred to as "the Company" ) is providing the following information in accordance with Articles Article 6, Paragraph 2; Article 8, Paragraph 1; and Article 9, Paragraph 1 of the Personal Data Protection Act. We kindly ask that you review this information thoroughly :

1. Purpose of Collection: The collected data will be used for the following reasonable and related purposes: Personal Insurance(001), Marketing (including joint marketing with financial holding companies) (040), Collection, Processing, and Utilization as required by financial services regulations and financial supervision needs (059), Handling of Financial Disputes (060), Financial Supervision, Management, and Inspection (061), Collection, Processing, and Utilization of Personal Data by non-governmental entities in accordance with legal obligations (063), Insurance Regulation (066), Contracts, Similar Agreements, or Other Legal Matters (069), Emergency Assistance for citizens traveling abroad (085), Consumer and Client Management and Services (090), Consumer Protection (091), Accounting and Related Services (129), Online Shopping and Other E-Commerce Services (148), Auxiliary and Logistical Support Management (150), Investigation, Statistics, and Research Analysis (157), Other Financial Management Activities (177), Other Business Activities in accordance with business registration purposes or organizational regulations (181).
2. Categories of Collected Personal Data: 1. Identification Data: (1) Personal Identification: Such as name, job title, address, phone number, email address, Internet Protocol (IP) address, and any other data that can identify the individual. (2) Financial Identification: Such as bank account numbers and names, credit card or debit card numbers, etc. (3) Government Data Identification: Such as personal identification number, business identification number, disability certificate number, license number, passport number, etc. 2. Characteristics Data: (1) Personal Description: Such as age, gender, date of birth, etc. (2) Physical Description: Such as height, weight, etc. (3) Habits: Such as smoking, drinking, etc. 3. Family Situation: Such as marital status, details of family members, etc. 4. Social Situation: Such as the value of movable or immovable property owned or held, details of accidents or other incidents, etc. 5. Education, Examination, Technical, or Other Professional Information: Such as school records, etc. 6. Employment Situation: Such as current employment status, etc. 7. Financial Details: Such as income, earnings, assets and investments, liabilities and expenses, foreign exchange transaction records, credit notes, insurance details, etc. 8. Health and Other Information: Such as medical reports, treatment and diagnosis records, test results, disability certificate information, etc. 9. Other Details: Such as information related to policy applications or contract documents.
3. Sources of Personal Data: 1. Policyholder 2. Legal representatives or assistants of the parties involved 3. Medical institutions 4. Third Parties involved in joint marketing, mutual use of client data, cooperative promotions, or other related activities with the Company, or third parties entrusted by the Company in its various business operations
4. Utilization Period, Recipients, Regions, and Methods of Personal Data: 1. Period: The duration necessary for the execution of business operations and as required by laws and regulations. 2. Recipients: Head office (or branch office) of the Company, the Life Insurance Association of the Republic of China, the Non-Life Insurance Association of the Republic of China, the Taiwan Insurance Institute, the Taiwan Insurance Guaranty Fund, the Financial Ombudsman Institution, the Joint Credit Information Center, the National Credit Card Center of R.O.C., Institute of Financial Law and Crime Prevention, the Taiwan Clearing House, the Financial Information Service Co., Ltd., outsourced service providers, companies with whom the Company has business dealings (such as reinsurance companies, financial institutions, insurance brokers and agents), and authorities or financial regulatory agencies with investigative rights. 3. Regions: The regions where the abovementioned recipients are located. 4. Methods: Utilization methods in accordance with legal regulations.
5. In accordance with Article 3 of the Personal Data Protection Act, you have the following rights regarding your personal data held by the Company: 1. Rights you may be exercised: (1) Request to access, review, or obtain copies of your personal data. (2) Request for supplementation or correction of your personal data. (3) Request to halt the collection, processing, or use of your personal data and to have your data deleted. 2. Methods of exercising your rights: You can exercise these rights by submitting a written request via email, fax, or electronic documents, by visiting any of the Company's service centre, or by calling our toll-free customer service hotline at 0800-083-083.
6. Consequences of failing to provide personal data: If you do not provide the required personal data, the Company may experience delays or be unable to carry out necessary evaluation and processing procedures. As a result, the Company may be unable to offer coverage, delay or unable to provide you with the relevant services or benefits.
  - Consent for collection, processing, and use of medical records, health care and examination data: The undersigned (hereinafter referred to as "I" ) consent to the Company collecting, processing, and using my medical records, healthcare, and health examination data within the scope of the purposes disclosed. This consent is in accordance with the Personal Data Protection Act and the relevant provisions of Article 177-1, Paragraph 2 of the Insurance Act (including the transfer of such data to affiliated reinsurers for reinsurance underwriting or claims processing).
  - Consent and Acknowledgment: 1. The insured/beneficiary agrees that the Company has the right to collect, process, and use the personal data within the scope specified by the Personal Data Protection Act. 2. I consent to appointing the "document handler/insurance agent or broker/service staffs" to handle the claims process on my behalf and agree that the Company may send claim-related documents/information to me through the appointed representative. 3. For claims of death or total disability benefits, if the insurance policy is not submitted as required by the policy terms, it will be considered lost, and the beneficiary acknowledges that the policy is void and does not need to be reissued. 4. In the case of a death benefit claim, to verify the accuracy of the attached autopsy report (or death certificate), I (the beneficiary) consent to the Company comparing the provided data with the death notification system data from relevant agencies.

Signature of the Signatory (The Insured/Beneficiary): \_\_\_\_\_

(For medical insurance benefits, the beneficiary must be the insured.)

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

(To be completed if the beneficiary is a minor or a person under guardianship or assistance declaration)

Mobile Phone: \_\_\_\_\_ Contact Phone:( ) \_\_\_\_\_

*\* The Company will notify the claim progress via SMS. Please ensure that the mobile phone number is clear and accurate to facilitate the receipt of relevant notifications. \**

Address:  Same as "the latest address (residence) of the insured on file with the company"

(This option is not applicable for travel accident insurance applicants. Please provide the full address)

County Township Village Road Section Alley Number

□□□□

City District Neighborhood Street Number

@yahoo.com.tw @hotmail.com @gmail.com

E-mail: \_\_\_\_\_ @fglife.com.tw Other@\_\_\_\_\_

Date of application: (YYYY) (MM) (DD)

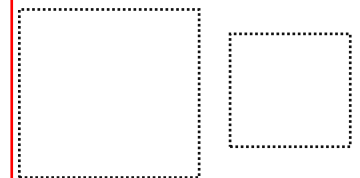
(※If the date is not filled, the date of application will be considered as the date on which the Company acknowledges the application.)

Signature/ Seal of the Service Staff/Trustee:	Registration Number:	Submitting Department/Code/ Signature or Seal of the Insurance Broker or Agent	Administrative Assistant/ Group Insurance Department Acknowledgement Seal
E-mail:	Mobile phone:		

Submit the group insurance claim application with the official seal.

The full set of seals (both large and small) of the policyholder unit.

Seal of the Policyholder Unit Seal of the Person in Charge



# List of documents required for insurance claims applications



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(✓: Applicable to both individual and group insurance ◎: Applicable to individual insurance only △: Applicable to group insurance only ★: Applicable to student insurance)

Application Items Documents Required	Medical			Disability		Death			Long-Term Care		Major Illness	Major Illness and Injury	Specified Illness	Premium Waiver	Disability Support Benefit (Total Disability)	Earning Capacity	Maternity Allowance	Family Funeral Allowance	Fractures	Pre-Death Needs Advance Payment	Advance Hospitalization Comfort Benefit
	Daily Medical Benefit	Reimbursement Type	Cancer Treatment	Partial Disability	Total Disability	Death due to Illness	Death due to Cancer	Death due to Accident	Lump Sum Benefit	Long-Term Care Assistance Benefit	Major Illness/Specified Illness										
Insurance Claim Application Form	✓	✓	✓	✓	✓	✓	✓	✓	◎	◎	✓	✓	✓	✓	✓	✓	◎	✓	✓	✓	
Diagnosis Certificate	✓	✓	✓	✓	✓				◎	◎	✓	✓	✓	✓	✓	✓	◎		✓	✓	
Barthwell Index, Clinical dementia Rating Scale, or other professional assessment scales									◎	◎											
Summary of medical records related to long-term care status									◎	◎											
Original copy of major illness or injury certificate issued by the National Health Insurance												◎									
Original receipts and expenses statement		✓																			
X-rays (or disk)																			✓		
Birth Certificate and Household Registration Transcript																	◎				
Death Certificate						✓	✓	✓													
Household Registration Transcript of The Deceased						✓	✓	✓										✓			
Beneficiary's Identification (such as a copy of the identification card or household registration transcript)	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	◎	✓	✓	✓	
Legal Heir Declaration and Consent Form	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	◎	✓	✓	✓	
Relevant test or pathology report			✓				✓				✓		✓	✓							
Proof of foreign currency deposit account (for foreign currency policies)					◎	◎	◎	◎													
Insurance Claim Application Form for Hospitalization Comfort Benefit under the Kiangsu Medical Health Insurance (designated use)																					◎
Diagnosis Certificate and medical record issued by hospitals at or above "Regional Hospital" level (applicable for Bayan Kang Major Illness and Injury Annual Term Health Insurance)												◎									
Hospitalization certification (such as hospitalization diagnosis certificate, bedside card with personal information, or image of patient wristband)																					◎
Proof of occupational accident and Labor Insurance benefit receipt copy				△	△	△	△	△							△	△					
Proof of student's registration record (with official school seals and responsible staff's seal)						★	★	★													
Insurance Policy					◎	◎	◎	◎	◎		◎	◎	◎		◎						

## ● Important Notes

- For all insurance benefit claims, in addition to submitting the required documents listed above, the claim documentation must comply with the terms stipulated in the policy. If additional documents are needed for claim review, the responsible staff will provide further notification.
- Documents issued abroad must be notarized and authenticated according to relevant legal regulations before they can be used. For further details, please refer to the Bureau of Consular Affairs, Ministry of Foreign Affairs website ([www.boca.gov.tw](http://www.boca.gov.tw)).
- If the cause of death is listed as "Under Autopsy Examination", please provide the "Autopsy Report" or a "Postmortem Examination Certificate" that states the confirmed cause of death.

4. When claiming accident medical insurance or disability benefits due to a "fracture", please provide X-rays to confirm the injured area and the degree of the fracture (complete, incomplete, or crack) in addition to the medical certificate.
5. When claiming accidental death or total disability, please submit "proof of accidental injury" (such as a police report) to expedite the claims process.
6. To facilitate the claims investigation process, the responsible staff may request for additional documents such as the "Authorization for Inquiry and Declaration Statement" and the "National Health Insurance Insurer Data Application Form" from relevant agencies (hospitals). If the signatory is the legal representative, guardian, or assistant of the insured /deceased beneficiary, please also provide proof of relationship (such as a copy of the household registration or a court ruling).
7. If the insured applying for total disability benefits has been declared under guardianship and the declaration has not been revoked, a court ruling on the declaration of guardianship or assistance must be provided.
8. Please provide the cancer pathology slides or related examination reports when claiming benefits related to "cancer" (such as major illness, cancer treatment, cancer-related death, or premium waiver).
9. For cesarean section benefits due to medical reasons, no medical records are required for regional hospital level or higher. However, obstetrics and gynecology clinics must submit photocopies of medical records or labor record.
10. Beneficiary identity documents refer to the beneficiary's household registration transcript or a photocopy of both sides of the beneficiary's identification card. (If the beneficiary is designated as an heir at law, in addition to a photocopy of the identification card, the full household registration transcript and an "Heir Declaration and Consent Form" must be submitted to confirm the number of beneficiaries and the distribution of the benefit amount.)
11. Applicants for "Disability Support Benefit (Total Disability)" must submit documents, such as a household registration transcript, to prove the insured is alive when claiming benefits each year. When the beneficiary applies for Disability Support Benefit (Total Disability), the Company may conduct a medical checkup of the insured and, with the beneficiary's consent, review the insured's medical records if necessary. All costs will be covered by the Company, however, this will not extend the time frame in which the Company is obligated to pay benefits according to the policy terms.
12. If a claim is filed by someone other than the insured, a letter of authorization must be provided.
13. According to the National Health Insurance Act and the Regulations Governing the Withholding and Payment of Supplemental Insurance Premiums :
  - 13.1 Interest accrued from delayed payment of insurance benefits, which results from the insurer's failure to pay within 15 days, is considered interest income under the Income Tax Act and is subject to supplemental insurance premium withholding.
  - 13.2 If the interest from late payments reaches NT\$20,000 or more in one payment, the Company will deduct the supplemental insurance premium as required by regulations.
14. If the insured's death benefit involves policies like high-risk, elderly, single premium, short-term, debt-financed, large-sum, or intensive policies, or if the insurance payout is the same as or less than the premiums paid, and there's an attempt to avoid estate taxes, the tax authorities may still enforce tax rules based on the actual situation.
15. **When the insured passes away, becomes totally disabled, or the total insurance amount reaches its limit, or the main policy is terminated due to a non-death-related insurance event, if you do not wish to continue the rider insurance, you can contact FarGlory Life Insurance's Policyholder Service Department to terminate the rider insurance.**

✳For those who submit their Insurance Claim Application Form by mail, kindly send them to the head office or the following branch office.

✳Taipei Head office : 27th Floor, No. 1, Songgao Road,  
Xinyi District, Taipei City 11073, Claims Department

Phone : 02-2758-3099  
Fax: 02-8789-2484

✳Taichung Branch Office : No. 635, Section 2, Taiwan  
Boulevard, Xitun District, Taichung City 40759, Claims  
Section

Phone : 04-2329-5550 Fax :  
04-2329-1060

✳Kaohsiung Branch Office : 1st Floor, No. 112, Sanduo 4th  
Road, Lingya District, Kaohsiung City 80247, Claims Sec-  
tion

Phone : 07-330-9523 Fax :  
07-535-4066

- Toll-Free Customer Service Phone : 0800-083-083