



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.

※ To meet the need for computerized operation, please fill out the Application with a ball pen or a steel bead pen※

Acceptance code:

Policy number (School code)		Name of Agency office:	Name of Assistant Date chop:	Name of Claim staff Date chop:
Student Identification				
The injured / deceased person	Name	Agent's name:		
	ID Number # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Agent's code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Date of birth YY <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/>	Cell Phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Category of claim		Other fact : 1 <input type="checkbox"/> Certificate of shortfall payment receipt		
1 <input type="checkbox"/> Death 2 <input type="checkbox"/> Total permanent disability 3 <input type="checkbox"/> Dread disease 4 <input type="checkbox"/> Dismemberment 5 <input type="checkbox"/> Medical treatment				
School system		Statement of the Insured School		
Department; Year <input type="text"/> , Class <input type="text"/> <input type="checkbox"/> Daytime school <input type="checkbox"/> Night/Supplementary school <input type="checkbox"/> Special Education <input type="checkbox"/> Other <input type="text"/>		This hereby declares that the Insured (Insurant) covered in the Application is a student of this School, has been duly insured in the Group Student Insurance. The beneficiary is the Insured (Insurant) himself or herself or his or her legal representative or head of the house as officially recorded in the school files. Insured school: <input type="text"/> Phone Number: <input type="text"/> Address: <input type="text"/> President/Principal: <input type="text"/> Official stamp (Or Deputy) Officer-in-charge: <input type="text"/> (Signed with seal)		
Causes of the incident	1 <input type="checkbox"/> Accident (Please be sure to provide details about time, location, and progress of an accident) 2 <input type="checkbox"/> Disease Time of accident: Year <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> Time <input type="text"/> <input type="text"/> Details of the accident: Location of accident: <input type="checkbox"/> Inside campus <input type="checkbox"/> Outside campus Name of the policeman in charge: <input type="text"/> Phone Number: <input type="text"/> Name of the Police office in charge: <input type="text"/>			
Terms of payment	1 <input type="checkbox"/> In the event that the beneficiary of medical treatment insurance is a minor below 20 years of age, please change the name of the payee into the beneficiary's legal representative or head of the house as officially recorded in the school files (It is not suitable for death claims.)			
	2 <input type="checkbox"/> Check <input type="checkbox"/> To prevent identity fraud, the check must be a non-endorsable/non-transferable one, and in case of being over NT\$200,000 in amount, it shall be parallels marked. <input type="checkbox"/> The Agent who applies for transferring of a check over NT\$200,000 in amount must additionally fill out the "power of attorney for check transfer". Otherwise the check shall be directly mailed to the payee.			
	3 Remittance (Choose one) 3.1 <input type="checkbox"/> The injured / deceased person. 3.2 <input type="checkbox"/> The claimant (the applicant or the beneficiary) 3.3 <input type="checkbox"/> Remittance account (Payee): <input type="text"/> ID Number #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Name of financial institution and branch		Code of financial institution and branch <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A/C# (In case of a post office account, please fill in the post office code, A/C# and check code in sequence.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
The Claimant hereby declares: 1. In the event that the insurance benefit payment is not specified or the specified financial institution does not accept wire transfer (T/T) or if remittance fails by any other reason, Mercuries Life will issue a check "payable at sight" instead (If remittance is designated to specified trust account and transfer is not successful, remittance will be made again after reconfirmation). 2. In case of an error in the given information or in case of a legal problem of the beneficiary claim, the Claimant shall solely assume the responsibility in full and shall hold Mercuries Life harmless and uninvolved.				

[CHECK] ☐ I agree that the Company in accordance with the Personal Information Protection Act collects, processes and uses to perform follow-up services other than claims and together in the business of personal insurance business registration project; but without my consent shall not provide a third party use.

※ 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 "Personal Data Protection Act".
Attn.: Mercuries Life Co., Ltd.