



Student Group Insurance Claim Application Form

Item	Student Group Insurance Type A (GSIA) : <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Living subsidization <input type="checkbox"/> Major Burns <input type="checkbox"/> Medical				Accepted unit	Agent name / Agent code
	Student Group Insurance of Comprehensive health endorsement (GSICH) : <input type="checkbox"/> Cancer Daily hospital indemnity <input type="checkbox"/> First-time cancer indemnity <input type="checkbox"/> Critical Injuries <input type="checkbox"/> Critical Illness <input type="checkbox"/> Subsidize critical surgery plan <input type="checkbox"/> Accident for out-patient					
Types of accident : <input type="checkbox"/> Disease <input type="checkbox"/> Accident (Please specify in "Accident Details" section)				Application No		Tel / Cell phone
Policy no (Insured School ID)		Client code				
Insured Name (Victim/Patient)		Insurance no (Student ID)				
Date of Birth		ID no		Application No		Tel / Cell phone
E-mail address						
Accident Details	Accident date		(YYYY/MM/DD/Time)		Accident location	
	Handled by (Police Station /Prosecutors Office)		Contact name		Tel	
	Cause and description of the accident		※ Please provide news clippings or relevant documents if this accident is reported by the media or to the police.			
Payment Option: Please check one of the following: (Please consider Bank Remittance, which is faster and safer. We will make payment via non-negotiable checks if you do not choose from one of the payment method below)						
Bank Remittance	<input type="checkbox"/> Bank Remittance to the beneficiary's bank account					
	<input type="checkbox"/> Bank Remittance to the bank account of the beneficiary's statutory representative (Applicable only to beneficiary of medical benefits under the age of 20. If you check this option, the payment shall be deemed recognized by the beneficiary upon					
Bank Name :		Account Name		Account Number (please refer to the bankbook and write from left to right)		
Branch :						
check	<input type="checkbox"/> Non-negotiable Check					
	<input type="checkbox"/> Negotiable Check (Please file written application with applicable personal identification documents attached thereto)					

※ To Nan Shan: By filing this Student Group Insurance Claim Application Form, I agree that: this application is filed pursuant to the insurance policy provisions; I confirm and agree to adopt the "Payment Option" checked above; once you issue a check to me or make a bank remittance to the bank account I designated, you have fulfilled your obligation to pay the insurance benefits; and for any errors resulted from the my mis-selection or miswriting, I will bear the full responsibility without any objection raised.

The following fields shall be completed by the insured school
By applying the seals below, the school hereby confirms that the insured is a student thereof and has been enrolled in the student group insurance.

Name of School			
School Address			
Telephone			
Seal of School	Seal of Principal (or his/her deputy)		
Handled by			Extension number

The following fields should be filled out by the applying student / beneficiary / statutory representative

Signature by Accident Victim / Beneficiary	
I.D. No	
Telephone	
Address	
Signature of Statutory Representative / Guardian	
I.D. No	
Telephone	
Date of application	(yyyy/mm/dd)

★Apply for the insurance benefit required to submit documents and Notes

I. Attach the required documents to apply for the insurance benefit

Item	Death		Disability			Major Burns	Medical Treatment					Comprehensive Health Insurance								
	Death from Accident	Death from Disease	Total disability	Partial disability	Living subsidization		Medical Treatment (hospitalized)	Outpatient surgery/ Major surgery/ Inpatient surgery	Fractures (not hospitalized)	Examination Fees	Medication and X Ray	Poisoning In School	Condolence for Collective food	Hospitalized Care for Cancer	Indemnity	First-time Cancer	Critical Injury/Disease	Out-patient Care for Accident Injuries	Critical Disease	Subsidized Major Surgery
Documents to Be Submitted																				
Application Form	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Death Certificate	✓	✓																		
Autopsy Report		✓																		
Household Certificate Transcript on which the Insured is Removed	✓	✓																		
Beneficiary identification / Household Registration Transcript	✓	✓	✓		✓															
Certificate of Diagnosis			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disability Diagnosis			✓	✓																
X-ray Photo									✓											
Receipt										✓									✓	✓
Histopathological Reports / Relevant Examination Reports													✓	✓					✓	
Document Evidencing Accidental Injury		✓				✓			✓		✓						✓			
School Registration Documents	✓	✓	✓	✓																

※If necessary, Nan Shan will notify you to submit “Consent and Authorization for Investigations Form” to clarify relevant facts and protect your rights and interests.

II. Notice

- Please fill all applicable fields with your best knowledge and have this document signed by the beneficiary, who is defined as follows :
 - In terms of application for medical, critical disease or disability insurance benefits, the beneficiary shall be the victim/patient (student)
 - In terms of application for death benefits, the beneficiary shall be the designated beneficiary on the insurance contract. If there is more than one beneficiary, each beneficiary shall sign and fill out a copy of this application form.
 - The household registration data should be able to prove the relationship between the beneficiary and the insured.
 - ※ For a beneficiary below the age of 7, signatures shall be made jointly by his/her statutory representative on his/her behalf and by his/her statutory representative.
 - ※ For a beneficiary between the of age 7 and 20 (limited capacity), signatures shall be made jointly the beneficiary and his/her statutory representative.
 - ※ For a beneficiary declared under guardianship, the signatures shall be made jointly by his/her guardian on his/her behalf and by his/her guardian.. For a beneficiary under assistance, signatures shall be made jointly by the beneficiary and his/her assistant.
 - ※ If the signatory is illiterate, seriously injured in hand or blind, his/her fingerprint may be used instead. However, documents singed this way shall be co-signed by two witnesses.
 - ※ If the signatory has both hands amputated, his/her personal seal can be used instead. However, documents singed this way shall be co-signed by two witnesses.
- If the cause of death is still under “anatomical examinations,” the beneficiary should submit a copy of autopsy report or a copy of death certificate issued by the prosecutor with cause of death stated thereon when such documents are available.
- If the insured applying for total disability is unable to make declaration of intention, receive declare of intention, or lacks the ability to discern the outcome of declaration of intention due to mental disorder or disability.
- Missing person
 - If the insured is absent due to general reasons, please attach a copy of the “court declaration of death” (in place of the death certificate) and the beneficiary’s statement of consent.
 - If the insured has gone missing in an accident, please attach a copy of documents evidencing the accident and the Household Certificate Transcript on which the insured’s status is marked “absent” (Replace the Household Certificate Transcript on which the insured is removed) and the beneficiary’s statement of consent.
- Claims process : Please prepare the above documents and send to the person in charge at school ->apply school seal ->Nan Shan collect the documents from school -> Nan Shan complete processing and transfer the benefits applied (delivered by Nan Shan’s service representative if “check” is chosen on this application form) -> sign the check receipt and return Nan Shan’s service representative.

III. Payment methods :

- Check: Payable at sight to the beneficiary (the check shall be non-transferable, and shall be a cross check if the amount exceeds NT\$200,000)
- Bank Remittance:
 - If more than one beneficiary chooses bank remittance, each beneficiary shall fill out a copy of this application form.
 - If Nan Shan fails to remit the benefits due to reasons not attributable to Nan Shan, Nan Shan will resume the bank remittance process upon the elimination of such reason. However, Nan Shan shall not be held accountable for such delay.
 - To facilitate Nan Shan’s in bank remittance verification process and ensure his/her rights and interests, the beneficiary should provide his/her personal identification document and photocopy of the cover page of the bankbook of his/her designated account.
 - For post office accounts, please fill out the 14-digit post office savings account numbers that includes 7-digit post office code and 7-digit account number (including a verification number).

IV. For related information regarding policy terms and conditions, please visit Nan Shan’s official site (<http://www.nanshanlife.com.tw>, select “Product Information,” “Insurance Products,” then “Group Insurance Products.”)