

Important Matters Concerning Applying for and Paying Into Student Group Accident and Hospitalization Insurance

1. These announcements are based on Regulations Concerning Ministry of Education Assistance for Colleges and Universities Administering Student Group Insurance, and other related policy.
2. The Insured: Only students who are attending school or who have student status and who have already gone through the insurance application procedures are covered.
3. Insurance Coverage: All insured persons who during the period stated in the insurance contract through illness or through injury encountered through some outside source die, become disabled, or require medical treatment will be covered. Out-patient treatment is not included; the insured must be hospitalized to qualify for coverage. If written proof is submitted for students who die while participating in an official university activity, the Life Insurance Sum will be 2.1 times greater.
4. Period of Insurance or Validity: Period of insurance corresponds to the academic year, and includes summer and winter vacations. Specifically, this period begins at 12 am on August 1st, and ends at 12 am on July 31st. All insured students, including freshmen and students in their graduating year, will be covered from August 1st even though registration occurs after August 1st. Thus, if students encounter illness or injury covered by insurance after August 1st but before registration, they may apply for compensation after they have paid their insurance premiums when registering. However, if students register during the semester, the period of coverage will start the day they pay their insurance fees.
5. Payment of Insurance Premiums: Except in cases where students receive a government supplement, premiums will be paid once a year when registering.
6. Rules Concerning Insurance Premium Exemptions:
 1. Insured persons whose premiums are paid in full by the government will be exempted. Only the following students will be eligible for premium exemptions:
 1. Children of persons with a serious disability.
 2. Children from low-income families.
 3. Aboriginal students.
 2. Students who choose not to take out an insurance policy must sign a Forfeiture of Insurance Pledge. If the student is below the age of 18, a Forfeiture of Insurance Pledge must be signed by parents. However, students who have been exempted from paying premiums or students who have had their fees refunded will not enjoy any of the rights and benefits of the insured.
7. Dealing with Study Leave
 1. Registered students who take study leave within three weeks of the start of the semester may present a Forfeiture of Insurance Pledge to apply for a refund at the Student Advisory Section of Taipei Campus. Refunds are not possible after the third week. Students who have not registered and who do not take Study Leave may take out a policy within three weeks of the start of the semester and still maintain policy benefits. Persons late in re-application, or persons seen to have given up their policies will not be allowed to rejoin their original policies.
 2. Students who take Study Leave without having first registered and who wish to have insurance may rejoin their insurance policy and enjoy all the benefits of other insured persons. They must apply to the Student Advising Section with their within three weeks of the start of the semester after having applied to have their fees refunded through the Controller's Division and the Bursar. It is necessary to present the receipt. Persons late in re-application, or persons seen to have given up their policies will not be allowed to rejoin their original policies.
8. Application Procedures:
 1. Application Forms: Insured persons who meet all the requirements may take an application for compensation from the Student Advising Section. When completing the application form, students should fill in all blanks except for the blank where the university provides its approval, and the blank indicating the sum on the Fee Refund Receipt. Applicants should read all items carefully, fill in each item truthfully, and stamp application with the personal seal of the insured. Applicants should also note the following:

1. If the insured has died, disappeared, or been disabled, the reasons and circumstances surrounding the situation must be clearly written.
 2. In the case that a claim involves more than one accident, application must be made separately according to the time in which the accidents occurred.
2. Documents to be attached with Application Forms
- a. The following must be attached when applying for Death Benefit.
 - a. Death Certificate or Case Report.
 - b. Copy of Student Status Documents.
 - c. Record in the Household Registry showing that the name of the insured has been expunged from or record of that the death of insured has been formally noted, along with Household Registry Transcript of Beneficiary.
 - d. If the beneficiary and the insured belong to different Household Registries, a Household Registry Transcript for the beneficiary's current residence should be included.
 - b. When applying for the Disappearance Benefit the Household Registry Transcript showing that the insured has been missing for more than a year, or documentation showing strong probability of death along with the Disappearance Benefit Pledge. However, if the situation suddenly resolves itself, the beneficiary must voluntarily return the entire Disappearance Benefit along with accrued interest.
 - c. When applying for Disability Benefit, applicant must include a Disability Certificate showing what part of the body the disability has occurred and the severity of the condition.
 - d. When applying for Medical Treatment Benefit, applicant must attach the Proof of Injury and Illness and Statement of Medical Fees, two forms specially created for student Medical Treatment Benefit claims, or a Diagnostic Report and Official Medical Fee Receipt from Military or Public Hospitals.
3. Other important related matters:
- a. When application form has been properly filled out, and all necessary documents have been prepared, the relevant person in the Student Affairs Division should ensure the application has no errors, make record of the check for errors, and stamp the application with the Special Student Group Insurance Stamp. The insured or the beneficiary will then take the application to the relevant unit so the application may be sent to the insurance company.
 - b. The Diagnostic Report and the Official Medical Fee Receipt from Military or Public Hospitals must both be originals.
 - c. After this institution has stamped the application with the Special Student Group Insurance Stamp and returned it to the student, it has no further responsibility regarding student insurance claims. All matters relating to the payment of or receipt of the Insurance Benefit will be arranged by the insurance company and the insured or beneficiary.
9. Payment of Benefits
1. **Benefit for Treatment Received During Hospitalization:** If the insured through illness or through injury encountered through some outside source requires hospitalization, and is hospitalized in a National Health Insurance Contracted Hospital, this company will pay a fixed amount for each day actually spent in hospital. However, this company will pay for no more than 60 days of hospitalization. If during the period of contract the insured requires hospitalization again due to the same illness, injury, or complications of the original illness or injury; and if the period between the day the insured leaves the hospital and enters the hospital again is not greater than 60 days, it will be classified as the same hospitalization.
 2. **Benefit for Major Operations:** If the insured becomes ill or is injured through some outside source, and a doctor from a National Health Insurance Contracted Hospital deems that a major operation is necessary, this company will pay a Benefit for Major Operations.
 3. **Special Cases Involving Supplemental Operation Fees:** When the insured undergoes a major operation due to illness or injury sustained in the previous twelve months and meets the conditions outlined in Article 4 for individuals exempted from paying insurance premiums, he or she may be compensated for

Supplemental Operation Fees. Apart from receiving the benefits that he or she would normally receive, the insured may submit official receipt for treatment received and apply to this company for Supplemental Operation Fees, and receive up to 120,000 NTD.

4. **Deadlines of Compensation:** If the insured dies, becomes disabled, or requires further medical treatment after the insurance contract has expired, but for an injury or illness which has occurred while the contract was still valid, this company will continue to provide full compensation for up to 180 days.
5. **Period of Payment:** As stipulated by Article 23 on the Insurance Certificate, if no application for payment is made within two years of the date when such an application is possible, the rights guaranteed in the insurance contract will be rescinded. Deadline for Application for Insurance Benefit will be calculated from date of application; Deadline for Application for Death Benefit will be calculated from the date of death. Deadline for Application for Disappearance Benefit will be calculated from date that death has been declared. Deadline for Application for Disability Benefit and Medical Treatment Benefit will be calculated from date injury or illness occurred.
10. **Benefit Payment Limits:** Payment in this contract for Death and Disability will be at most 1,000,000 NTD for any given insured person in any given contract.
11. **Applying for Benefits**

When applying for payment of benefits, beneficiaries must submit the following documents:

 1. Application for Payment of Benefit.
 2. Students applying for Death Benefit must submit a Corpse Inspection Certificate and Death Certificate and the Household Registry Transcript showing the name of the insured has been removed. The Beneficiary's Household Registry Transcript should also be submitted.
 3. Students applying for Disappearance Benefit must submit Proof of Disappearance Certificate.
 4. Students applying for Disability benefit must submit a Diagnosis of Level of Disability written by a doctor from a hospital recognized by National Health Insurance.
 5. Those applying for Medical Treatment Benefit must submit a Certificate of Hospitalization written by a doctor from a hospital recognized by National Health Insurance.
 6. Those applying for Special Cases Involving Supplemental Operation Fees Benefit must submit a Certificate of Hospitalization written by a doctor from a hospital recognized by National Health Insurance, Receipt for Medical Fees Paid, and Itemized Statement.
 7. When the Beneficiary applies for benefits on behalf of the Insured, this company has the right to request the insured undergo a physical examination or for the Beneficiary submit personal identification.
12. **Period of Validity**

The rights guaranteed in this contract will no longer be valid if two full years passes after time of application. The Period of Right to Apply for Insurance Benefit is calculated from day Insured dies in the case of Death Benefit, from the day death has been declared in case of Disappearance Benefit, from the day a disability has been certified in the case of Disability Benefit, and from the day of injury or illness in the case of Medical Treatment Benefit.
13. **Other Matters:**
 1. Standards and matters concerning payment of benefits in Student Group Insurance for every academic year are listed in detail on the Student Counseling Division website.
 2. Announcement of any new regulations must occur before changes can be made to the above content.