Dear customer, when you apply for insurance, the salesperson will present you with a sales qualification certificate, sample policy terms, policyholder instructions, and instructions for filling out the application form. This service will introduce you to the "Instructions for the Application Form."

1.What is the " Application Form "?

The application form is a written document that the applicant should fill out when applying for insurance with an insurance company. The main contents include: 1) the name, date of birth, ID number, occupation, address and telephone number of the applicant and the insured; 2) the name of the beneficiary; 3) the contents of the insurance application; 4) matters to be disclosed and declarations; and 5) the signatures of the applicant and the insured.

2. What is a "A solicitor registration certificate"?

It is a registration document issued by the insurance company to which the salesperson belongs, in accordance with the " Regulations Governing the Supervision of Insurance Solicitors," which the salesperson must present when soliciting insurance.

3. Who should fill out the application form?

The application form must be filled out and signed by the applicant and the insured in person. Insurance brokers, agents, and business personnel may not fill out or sign the form on behalf of the parties to the contract without their consent or authorization. If the applicant or the insured is a minor, the consent of their legal guardian is required, and the guardian must sign the application form.

4. What is the "applicant"?

An insurer is a person who has an insurable interest in the insured object, applies to an insurance company to enter into an insurance contract, and is obligated to pay the insurance premium. Their rights include designating the beneficiary of the insurance proceeds and applying for contract modification and termination. Their obligations include the obligation to disclose information, pay the insurance premium, notify the insured of changes in occupation or position, and notify the occurrence of an insured event.

5. What is the "insured"?

This refers to the person who has the right to claim compensation for the damages suffered when an insured event occurs.

6. What relationship must exist between the applicant and the insured?

An insurance contract can only be established if there is an insurable interest between the proposer and the insured.

According to Article 16 of the Insurance Act, a proposer is considered to have an insurable interest in:

1. The proposer or the proposer's family members.
2. Persons upon whom the proposer depends for living expenses or educational expenses.
3. The proposer's obligors.
4. Persons who manage the proposer's assets or interests on the proposer's behalf.

7. What is the "beneficiary"?

A beneficiary is a person who, as agreed upon by the policyholder or the insured, has the right to claim compensation. In addition to claiming insurance benefits, the beneficiary can also pay the insurance premiums on behalf of the insured as an interested party. The beneficiary should notify the insurance company within ten days of becoming aware of the insured event.

8. How should the beneficiary be designated?

The beneficiary is designated by the policyholder and agreed to by the insured. There is no limit to the number of beneficiaries, and they can be changed midway through the term, with no limit on the number of times.

9. What kind of "address" should be filled in on the guarantee form? What is its importance?

"Residential Address" is the address used to send various notices and related documents, as stipulated in the contract. If the policyholder's residential address changes, they should immediately notify the insurance company to process the change. If the policyholder fails to notify the insurance company of the change, all notices and demands from the insurance company will be deemed served upon the last known residential address.

"Payment/Correspondence Address" refers to the address used to send various notices, payment slips, policy contract amendments, and related documents from the insurance company. Any changes should be immediately reported to the insurance company for processing.

10. How is the "age" on the insurance policy calculated?

The insured's age is calculated in full years. If the remainder of the insured is less than one year old and the remainder is more than six months old, an additional year is added. When applying for insurance, the applicant should clearly fill in the insured's true date of birth on the application form.

11. What is the "main contract"?

Insurance products that can be purchased separately by the insured from the insurance company.

12. What is an "additional contract"?

Supplementary contracts refer to insurance products that are attached to the main contract to cover specific events. Supplementary contracts cannot be purchased separately.

13. What are the different ways to pay insurance premiums?

There are two ways to pay insurance premiums: lump sum payment and installment payment. The method of paying all premiums in one lump sum is called "lump sum payment". The installment payment method is divided into annual payment, semi-annual payment, quarterly payment and monthly payment. Policyholders can choose according to their personal insurance needs and financial situation when purchasing insurance, and can still apply for changes after purchasing insurance.

14. What are "policy bonuses" (applicable to participating policies)? What are the ways to receive them?

Policy bonuses refer to the surplus generated when an insurance company collects funds from policyholders based on predetermined rates and the actual amount paid out. This surplus is then distributed to policyholders based on factors such as the type of insurance, the duration of the insurance coverage, and the sum insured.
There are four main methods of policy bonus payment: cash payment, interest accrued on savings, premium payment, and additional insurance premiums.

15. What is "automatic premium payment"?

According to the policy terms, if the policyholder fails to pay the premium as required, the insurance company, with the policyholder's consent, can use all of the policy's value reserves to pay the premium on behalf of the policyholder. This is known as the automatic premium payment system.

16. What Are “Items to Be Disclosed”?

The disclosure items are the inquiries about the insured's physical condition in the application for insurance. The policyholder and the insured shall provide truthful information regarding the disclosure items. If any information is concealed, omitted, or provided falsely, and this is sufficient to change or reduce the insurer's assessment of the risk, the insurance company may terminate the contract, and the same applies after the occurrence of the risk.

17. What is the period or duration of the obligation to disclose health status in the guarantee?

Typically, the calculation is performed retroactively for two months, one year, two years, or five years from the application date stated in the guarantee letter.

18. What is "treatment, diagnosis, or medication"?

1) Treatment: Directly addressing abnormalities such as diseases and injuries through surgery, medication, physical therapy, or psychotherapy. 2) Diagnosis and treatment: Consulting, examining, or treating any abnormal physical condition. 3) Medication: Administering medication orally, by injection, or by topical application.

19. How is "hospitalization for more than seven days" determined?

The number of days of hospitalization is calculated from the date of admission to the date of discharge. If there is a transfer to another hospital during the hospitalization period, the number of days of hospitalization must still be included.

20. What constitutes an "abnormal finding during a health checkup"?

This refers to individuals whose health examination results deviate from the normal or reference values of the examination standards, and for whom a physician requests or recommends further follow-up, examination, or treatment.

21. What is "mental illness"?

Mental illness refers to disorders such as schizophrenia and bipolar disorder, which lead to brain dysfunction, detachment from reality, and symptoms such as hallucinations, delusions, and confused thinking. It is characterized by abnormalities in thinking, emotions, perception, cognition, behavior, and other mental states, resulting in difficulties adapting to a new lifestyle and requiring medical care and support. Medical treatment, diagnosis, or medication for any of the aforementioned illnesses received within the past five years prior to applying for insurance is required to disclose this information.

22. What should I do if I have any questions about the names of the diseases listed in the declaration of insurance?

You can consult a diagnosing physician or contact our toll-free service hotline.

23. When is a signature by a state agent required?

When an individual under the age of 18 enters into an insurance contract, the consent of their legal guardian must be obtained; however, this does not apply to married individuals.