

Insurance Benefits		保險給付
Labor Insurance		
1	<u>Labor Insurance Maternity Benefit Application Form and Payment Receipt</u>	勞保生育給付申請書
2	<u>Labor Insurance Injury or Sickness Benefits (Temporary Disability Benefits) Application Form and Payment Receipt</u>	勞保傷病給付勞工保險傷病給付申請書及給付收據
3	<u>Labor Insurance Permanent Disability Benefits Application Form and Payment Receipt</u>	勞保失能給付申請書及給付收據
4	<u>Labor Insurance Old-Age Benefits Application Form and Payment Receipts</u>	勞保老年給付申請書
5	<u>Labor Insurance Survivor Benefits Application Form and Payment Receipt</u>	勞保本人死亡給付申請書
6	<u>Labor Insurance Dependent Death Benefits (Funeral Grants) Application Form</u>	勞保家屬死亡給付申請書(喪葬津貼)
7	<u>Table of Grades of Labor Insurance Salary (2024.01.01)</u>	勞工保險投保薪資分級表
Labor Occupational Accident Insurance		
8	<u>Labor Insurance Occupational Accident Insurance Up-front Medical Expense Reimbursement Application Form and benefit receipt</u>	勞工職業災害保險自墊醫療費用核退申請書及給付收據
9	<u>Labor Occupational Accident Insurance Insured Person Report of Injury Resulting from an Accident on the Way to or from Work or during Business Trip</u>	勞工職業災害保險被保險人上下班公出途中發生事故而致傷害陳述書
10	<u>Labor Occupational Accident Insurance Injury or Sickness Benefits (Temporary Disability Benefits)/ Care subsidy Application Form and Payment Receipt</u>	勞工職業災害保險傷病給付(住院治療期間照護補助)申請書及給付(補助)收據
11	<u>Labor Occupational Accident Insurance Disability Benefit Application Form and benefit receipt</u>	勞工職業災害保險失能給付申請書及給付收據
12	<u>Labor Occupational Accident Insurance and Protection for Insured Person Diagnosed With Occupational Disease Withdraw from Insurance Death Allowance Application Form and Payment Receipt</u>	勞工職業災害保險本人死亡給付申請書及給付收據
13	<u>Insured Salary Category Chart of Labor Occupational Accident Insurance (2024.01.01)</u>	勞工職業災害保險投保薪資分級表