**勞工保險外籍被保險人資料表**

**Labor Insurance Information Form for foreign insured person**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 被保險人姓名  (Name of Insured) | | |  | | | | |
| 出生日期  (Date of Birth) | | | 年(Y) 月(M) 日(D) | | | | |
| 居留證號  ARC NO. | |  | | 護照號碼  Passport NO. | |  | |
| 國籍  (Nationality) |  | | | | 過去是否曾在台工作？  (Have you ever worked in Taiwan？) | | |
| □是(Yes) □否(No) | | |
| **親屬狀況(Relatives Status)** | | | | | | | |
| 稱謂  (Title) | 姓名  (Full Name) | | | | 出生日期  (Date of Birth) | | 存歿  (alive/deceased) |
| 父  (Father) |  | | | | 年 月 日  (Y) (M) (D) | | □存(alive)  □歿(deceased) |
| 母  (Mother) |  | | | | 年 月 日  (Y) (M) (D) | | □存(alive)  □歿(deceased) |
| 配偶  (Spouse) |  | | | | 年 月 日  (Y) (M) (D) | | □存(alive)  □歿(deceased) |
| 子女  (Children) |  | | | | 年 月 日  (Y) (M) (D) | | □存(alive)  □歿(deceased) |
|  | | | | 年 月 日  (Y) (M) (D) | | □存(alive)  □歿(deceased) |
|  | | | | 年 月 日  (Y) (M) (D) | | □存(alive)  □歿(deceased) |
| **※本表因涉及勞保給付權益，為避免影響日後案件審查進度，請被保險人以正楷覈實填寫。填表時如**  **有疑義，請洽本局職業災害給付組(電話：02-23961266轉2263)。**  **This form concerns your benefits for Labor Insurance. To prevent any delay in processing your application in the future, please fill out this form in block letters truthfully and accurately . If you have any questions about filling out the form, please contact the Occupational Benefits Payment Division of the Bureau of Labor Insurance (Tel:**  **02-23961266 ext. 2263)** | | | | | | | |