

# Application Form for MOHW Childbirth Accident Relief

<b>For Official Use Only</b>
Date of Acceptance <span style="float: right;">(mm/dd/yyyy)</span>
Application No.

<b>Applicant / Claimant</b>	Name		Date of Birth	(mm/dd/yyyy)
	National ID No.		Phone Number	(H)
				(O)
				(M)
	Mailing Address			
E-mail Address				
<b>Legal Representative (if applicable)</b>	Name		Date of Birth	(mm/dd/yyyy)
	National ID No.		Phone Number	(H)
				(O)
				(M)
	Mailing Address			
E-mail Address				
<b>Victim</b>	<b>Category</b>	<b>Name</b>	<b>Date of Birth</b>	<b>National ID No.</b>
	<input type="checkbox"/> Pregnant Woman		(mm/dd/yyyy)	
	<input type="checkbox"/> Fetus	(e.g., Son or daughter of xxx)		
	<input type="checkbox"/> Newborn		(mm/dd/yyyy)	
<b>Summary of Childbirth Accident</b>	Date of Delivery	_____ (mm/dd/yyyy)		
	Childbirth Delivery Location	Please fill in the name of the medical care institution or midwifery institution where the childbirth accident occurred. Those involved with more than two institutions should include the names of both institutions. If the childbirth accident did not occur in a medical care institution or midwifery institution, please specify the location. <input type="checkbox"/> Name of institution _____ <input type="checkbox"/> Others _____		

<b>Types of Childbirth Accident Relief</b>	Major Injury Benefit	<input type="checkbox"/> Benefit for major maternal injury. For those who apply due to hysterectomy, please fill in the number of children born to the mother: _____. *Refer to Instruction II below for more details. <input type="checkbox"/> Benefit for major neonatal injury
	Death Benefit	<input type="checkbox"/> Benefit for maternal death <input type="checkbox"/> Benefit for fetal death <input type="checkbox"/> Benefit for neonatal death
	Applicant Eligibility	<input type="checkbox"/> Applicant being the victim himself/herself (applying for major injury benefit). <input type="checkbox"/> Applicant being the statutory heir of the victim (applying for benefit for maternal or neonatal death). *Please fill in the form for the Inheritance Tree Diagram. <input type="checkbox"/> Applicant being the mother of the fetus (applying for benefit for fetal death).
<b>Others</b>	<b>Has private prosecution or charge for criminal case or a civil litigation been lodged for this childbirth accident? Please tick the appropriate box.</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. <input type="checkbox"/> A civil litigation has been lodged. <input type="checkbox"/> Private prosecution or charge for criminal case has been lodged. <input type="checkbox"/> Both of the above.	

- I. I hereby certify that the information contained herein is true and correct.
- II. I acknowledge that I have read and understood the *Instructions for Childbirth Accident Relief Application* and agree to abide by them.
- III. For the application process of childbirth accident relief, I agree that the Foundation for Women's Health and Urogynecology of Taiwan (a foundation entrusted by the Ministry of Health and Welfare) has the authority to request for copies of personal medical records, health examination results, and medical orders under National Health Insurance program from medical care institutions, midwifery institutions or other relevant institutions relating to this childbirth.
- IV. Documents to be attached to the application:

Checkbox	Item name	If not attached, please specify
<input type="checkbox"/>	1. Medical records of the medical care institution or midwifery institution during the delivery and labor. Those involved with more than two medical care institutions or midwifery institutions should include medical records of both institutions.	
<input type="checkbox"/>	2. Proof of relationship for the applicant and the victim. (e.g., photocopy of National ID Card [front and back], or Household Registration Transcript)	
<input type="checkbox"/>	3-1. Applicants for death benefit should include death certificate or stillbirth certificate. 3-2. Applicants for major injury benefit should include a photocopy of Disability Card or Diagnosis Certificate.	
<input type="checkbox"/>	4. Application Form for MOHW Childbirth Accident Relief (in duplicate)	
<input type="checkbox"/>	5. Genealogical List of Inheritance	Please attach if applying for benefit for maternal or neonatal death.
<input type="checkbox"/>	6. Power of Attorney of Statutory Heirs for MOHW Childbirth Accident Relief	Please attach if involving with more than two heirs.
<input type="checkbox"/>	7. Power of Attorney for MOHW Childbirth Accident Relief Application	Please attach if applying through an authorized agent.
<input type="checkbox"/>	8. Other supporting documents	e.g. Supporting documents for charge withdrawal. Those filed lawsuits must attach the related documents.

**Applicant signature:**

\_\_\_\_\_ (Please sign and seal)

**Signature of legal representative:**

\_\_\_\_\_ (Please sign and seal)

**Signature of authorized agent / Seal of medical care or midwifery institution:**

\_\_\_\_\_ (Please sign and/or seal)

**Date:**

**(mm/dd/yyyy)**

**※ Instructions for Childbirth Accident Relief Application**

- I. Types of childbirth accident relief and claimant to be granted relief are as follows:
- A. Death benefit: Where the puerpera or newborn dies, the payment is made to the statutory heir. Where the fetus is stillborn, the payment is made to the mother.
- B. Major injury benefit: The victim himself/herself.

- II. “Applicants who apply for benefit for major maternal injury due to hysterectomy shall fill in the number of children born to the mother,” which is the number of ALL existing children that are alive and born to the mother, and not limited to this childbirth or this marriage.
- III. The right to claim childbirth accident relief expires in two years where no claim is made from the time when the eligible applicant becomes aware of the childbirth accident; the same applies to childbirth accidents that occurred over ten years ago.
- IV. The childbirth accident relief is available only for cases that have causation with childbirth or such causation cannot be excluded.  
**However, no relief will be given in any one of the following circumstances:**
  - A. The adverse outcome suffered by the pregnant woman or puerpera and the fetus is caused by termination of pregnancy for non-medical causes.
  - B. Fetal death (including stillbirth) or adverse outcomes on a newborn caused by severe congenital malformation, gene defect, or premature birth at less than 33 weeks’ gestation.
  - C. Psychological or psychiatric disorders suffered by the pregnant woman or puerpera are caused by pregnancy or childbirth.
  - D. A childbirth accident for which a civil action, or private prosecution or accusation of a criminal case has already been filed. However, this does not apply to the following situations:
    - 1. The civil litigation is withdrawn before the conclusion of the court trial hearing in the first instance.
    - 2. For cases indictable only upon complaint, the accusation is withdrawn before the end of the investigation; or the private prosecution is withdrawn before the conclusion of the trial hearing in the first instance.
    - 3. For cases indictable not upon complaint, written intent of non-pursuit is submitted before the end of investigation.
  - E. Availability for cases to apply for relief pursuant to drug hazards, vaccinations and other laws.
  - F. Fake or fraudulent information used in the application for relief.
  - G. Childbirth accidents that occurred before the implementation of this Act.
- V. In any one of the following circumstances, the beneficiary of the granted relief shall return the benefit:
  - A. A concrete evidence shows that no relief should have been granted according to the provisions stated in Article 11 of this Act.
  - B. Private prosecution or charge for criminal case or a civil litigation is lodged after relief has been granted for the same childbirth incident.
- VI. If the application is submitted by a legal representative, he/she should write down the applicant's name on the signature line at “Applicant signature”, and sign and seal at “Signature of legal representative”.
- VII. If the application is submitted by an authorized agent or a medical care/midwifery institution, the agent or the institution should write down the applicant's name on the signature line at “Applicant signature”. The authorized agent should sign and seal at “Signature of authorized agent / Seal of medical care or midwifery institution”, where the medical care/midwifery institution should write down the name of its institution and apply corporate seal(s).
- VIII. If the applicant is a minor (i.e., under the age of 20) and unmarried, or is declared under guardianship, the application should be submitted by a legal representative. Legal representative refers to: 1) Parents of the unmarried minor. If there is no parent, or if the parents both cannot exercise parental authority, a guardian should be appointed to apply for the relief; 2) A guardian whose guardianship is declared over the minor by the court.