Student Accident

Insurance Plan

Effective
July 1, 2026 until
June 30, 2027

This is a description of the Student Insurance Plan and is not a contract. It is suggested that you retain it for future reference. Details are according to the governing language of the basic provisions in our Personal Accident Insurance Policy. The master policy is on file at Taipei

Program Administrator

Mercer Broking Ltd.

4F, #2, Min Quan East Road,

Section 3, Taipei, Taiwan

Insurer

Nan Shan Life Insurance Company, Ltd.

#144, Min Quan East Road, Section 2,

Taipei, Taiwan

Accidental Death and Medical Protection

Accidental Medical Reimbursement

The plan provides up to NT$40,000 to cover the costs of medical treatment incurred as the result of accidental bodily injury sustained in each separate accident. Payment includes charges for treatment received within 180 days following date of the accident. It covers:

- Medical and surgical treatment by a physician.
- Hospital confinement and services of a trained nurse.
- Miscellaneous expenses: operating room, x-rays, anaesthesia, drugs, medicines, etc.
- Dental treatment made necessary by injury to natural teeth only, excluding artificial teeth and teeth mended, etc. The artificial teeth and dental bridge treatment resulting from accident will be reimbursed up to 5,000 NTD per tooth.

Accidental Death Benefits Disability Benefits

(a) Students 15 years of age or older:

When a student insured under this plan suffers from death or disability, being resulted directly and independently of all other causes, caused by injury sustained in an accident which occurs during the effective period of this policy, the insurance company shall pay the benefits according to the appropriate schedule up to NT$350,000.

(b) Students under 15 years of age:

In accordance with the current Taiwan's Insurance Law, all the death benefits accumulated shall not exceed NT$ 690,000 for the children under 15 years of age. When a student insured under this plan suffers from death or disability, being resulted directly and independently of all other causes, caused by injury sustained in an accident which occurs during the effective period of this policy, the insurance company shall pay the benefits according to the appropriate schedule up to NT$350,000 under the condition that the accumulated sum assured from all the previous policies shall not exceed NT$340,000. In other words, the max. sum assured is NT$690,000.

Exclusions

This policy excludes coverage for accidents incurred while performing or competing in wrestling, judo, karate, taekwondo, horseback-riding, boxing, acrobatics, skateboarding, racing or while using a two wheeled vehicle and automobile.

Premium Rates

The premium rate is NT$672 for coverage from July 1, 2026 to June 30, 2027.

Eligibility

All full-time students under 23 years of age.

Coverage

The plan protects insured students for the coverage amount stated on and off the campus, at home, or while travelling twenty-four (24) hours per day during the policy period.

Effective Dates

The policy becomes effective on July 1, 2026 and expires June 30, 2027. Insurance becomes effective on the same day as the policy or on the day the application form is received at the Taipei American School Accounting Office, whichever is later.

Claim Procedures

In the event of an accident:

- Complete a claim form. Forms can be downloaded below.
    - Chinese Language Form
    - English Language Form
- Completed claim forms, along with all original medical bills, an original doctor's diagnosis and passport copies from students and parents, must be submitted within 30 days of the accident.
- **Please submit claim forms to the Nan Shan Insurance Claim Contact Person**:

Phones 電話	Emails
+886 2 7734 4321 or +886 2 2183 7890	ClaimAdvisor4U@MercerMarshBenefits.com

Items		Ref.	Description of disability	Disability level	Payout ratio
1. Nerve	Neural deficiency (note 1)	1-1-1	Extreme central nervous system impairment, preventing the insured from engaging in any work during his/her lifetime, and requiring constant care or stringent care by designated personnel.	1	100%
		1-1-2	Central nervous system lesion, preventing the insured from engaging in any work during his/her life time, and requiring assistance by others in routine living.	2	90%
		1-1-3	Significant central nervous system impairment, preventing an individual from engaging in any form of work during his/her lifetime, but do not require assistant from others in carrying out the day-to-day routines.	3	80%
		1-1-4	Significant central nervous system impairment, allowing the insured to engage in light works in his/her lifetime.	7	40%
2. The eye	Eyesight impairment (Note 2)	2-1-1	Blindness in both eyes	1	100%
		2-1-2	The eyesight in both eyes has deteriorated to below 0.06.	5	60%
		2-1-3	The eyesight in both eyes has deteriorated to below 0.1.	7	40%
		2-1-4	Blindness in one eye, the eyesight in the other eye has deteriorated to below 0.06.	4	70%
		2-1-5	Blindness in one eye, while the eyesight in the other eye has deteriorated to below 0.1.	6	50%
		2-1-6	Blindness in one eye.	7	40%
3. The ears	Hearing impairment (Note 3)	3-1-1	Complete loss of two eardrums or hearing functional loss of 90dB or higher.	5	60%
		3-1-2	Loss of the two ears' functions by 70dB or higher.	7	40%
4. The noise	Disfigurement and functional impairment (Note 4)	4-1-1	Disfigurement of the nose, resulting in permanent and significant impairment.	9	20%
5. The mouth	Chewing, swallowing and linguistic impairment (Note 5)	5-1-1	Permanent lost of the chewing, swallowing or linguistic abilities.	1	100%
		5-1-2	Permanent and significant impairment of chewing, swallowing or linguistic abilities.	5	60%
		5-1-3	Permanent and significant impairment of chewing, swallowing or speech articulation abilities.	7	40%
6. Chest, abdominal organs	Chest, abdominal organ impairment (note 6)	6-1-1	Extreme impairment of chest/abdominal organ functions, preventing the insured from ever engaging in any form of work throughout his/her lifetime, and requiring stringent care by medical, nursing or designated attendants.	1	100%
		6-1-2	Extreme impairment of chest/abdominal organ functions, preventing the insured from ever engaging in any form of work throughout his/her lifetime, and requiring assistant in day-to-day living routines.	2	90%
		6-1-3	Extreme impairment of chest/abdominal organ functions, preventing the insured from ever engaging in any form of work throughout his/her lifetime, but he/she can manage to tend to one's day-to-day living.	3	80%
		6-1-4	Extreme impairment of chest/abdominal organ functions, allowing the insured to engage only in light work throughout his/her lifetime.	7	40%
	Organ removal	6-2-1	Removal of the majority of the insured's major organ.	9	20%
	Bladder functional impairment	6-3-1	Permanent total loss of bladder functions	3	80%
7. Torso	Spinal motor impairment (Note 7)	7-1-1	Significant motor impairment in the spinal column.	7	40%
8. Upper extremities	Loss of upper limb(s) (Note 8)	8-1-1	Loss of both wrist joints.	1	100%
		8-1-2	Loss two of the following of one upper limb: shoulder, elbow, or wrist joint	5	60%
		8-1-3	Loss of one wrist joint.	6	50%
	Loss of fingers	8-2-1	Loss of ten fingers on both hands	3	80%
		8-2-2	Loss of two thumbs on both hands	7	40%
		8-2-3	Loss of all five fingers on one hand.	7	40%
		8-2-4	Loss of the thumb, index finger and other fingers on one hand, totaling four fingers.	7	40%
		8-2-5	Loss of the thumb and index finger on one hand.	8	30%
		8-2-6	Loss of the thumb or index finger, and any other two fingers on the same hand.	8	30%
		8-2-7	Loss of the thumb and any other finger on the same hand.	9	20%
		8-2-8	Loss of one thumb or index finger, or any finger other than index finger or thumb on the same hand.	11	5%
	Upper extremity motor	8-3-1	Permanent loss of motor functions in shoulder, elbow, and arm joints on both upper extremities.	2	90%

	impairment (Note 9)	8-3-2	Permanent loss of motor functions in two of the shoulder, elbow, and arm joints on each of the upper extremities.	3	80%
		8-3-3	Permanent loss of motor functions in the shoulder, elbow, or arm joint on each of the upper extremities.	6	50%
		8-3-4	Permanent loss of motor functions in the shoulder, elbow, and arm joints on the same extremity.	6	50%
		8-3-5	Permanent loss of motor functions to two of the shoulder, elbow, and arm joints on the same upper extremity.	7	40%
		8-3-6	Permanent loss of motor functions to the shoulder, elbow, or arm joint on the same upper extremity.	8	30%
		8-3-7	Significant permanent motor impairment in two of the shoulder, elbow, and arm joint on each of the upper extremities.	4	70%
		8-3-8	Significant permanent motor impairment in two of the shoulder, elbow, and arm joints on each of the upper extremities.	5	60%
		8-3-9	Significant permanent motor impairment in the shoulder, elbow, or arm joint on each of the upper extremities.	7	40%
		8-3-10	Significant permanent motor impairment in the shoulder, elbow, or arm joint on the same upper extremity.	7	40%
		8-3-11	Significant permanent motor impairment in two of shoulder, elbow, and elbow joints on the same upper extremity	8	30%
		8-3-12	Significant permanent motor impairment in shoulder, elbow, and elbow joints on both upper extremities.	6	50%
		8-3-13	Significant permanent motor impairment in the shoulder, elbow, elbow or joint on one upper extremity.	9	20%
	Finger motor impairment (Note 10)	8-4-1	Permanent loss of functions in all ten fingers on both hands.	5	60%
		8-4-2	Permanent loss of functions in the two thumbs on both hands.	8	30%
		8-4-3	Permanent loss of functions in all five fingers on one hand.	8	30%
		8-4-4	Permanent loss of one thumb or index finger, and any two fingers other than index finger or thumb on the same hand, totaling four fingers.	8	30%
		8-4-5	Permanent loss of functions in the thumb and index finger on the same hand.	11	5%
		8-4-6	Permanent loss of functions in three fingers or more on the same hand, including the thumb and index finger.	9	20%
		8-4-7	Permanent loss of functions in three fingers or more on the same hand, including the thumb or index finger, or any other fingers.	10	10%
9. Lower extremities	Lower extremity functional impairment	9-1-1	Loss of both ankle joints	1	100%
		9-1-2	Loss of two of the thigh, knee, and ankle ankle joints or more on the same lower extremity.	5	60%
		9-1-3	Loss of an ankle joint.	6	50%
	Shrinkage impairment (Note 11)	9-2-1	Loss of over 5cm in one lower extremity.	7	40%
	Foot toe severance	9-3-1	Loss of all ten toes on both feet	5	60%
	(Note 12)	9-3-2	Loss of all five toes on the same foot.	7	40%
	Lower extremity motor impairment	9-4-1	Permanent loss of functions the thigh, keen and ankle joints on both lower extremities.	2	90%
		9-4-2	Permanent loss of functions in two of the thigh, keen and ankle joints on each of the lower extremities.	3	80%
		9-4-3	Permanent loss of functions in thigh, keen or ankle joint on the same lower extremity.	6	50%
		9-4-4	Permanent loss of functions in the thigh, knee, or ankle joints on the same lower extremity.	6	50%
		9-4-5	Permanent loss of functions in two of the thigh, knee, and ankle joints on the same lower extremity.	7	40%
		9-4-6	Permanent loss of functions in the thigh, knee, or ankle joint on the same lower extremity.	8	30%
		9-4-7	Permanent and significant motor impairment in the thigh, knee and ankle joints on both lower extremities.	4	70%
		9-4-8	Permanent and significant motor impairment in two of the thigh, knee and ankle joints on each of the lower extremities.	5	60%
		9-4-9	Permanent and significant motor impairment in the thigh, knee or ankle joint on each of the lower extremities.	7	40%
		9-4-10	Permanent and significant motor impairment in the thigh, knee or ankle joint on one lower extremity.	7	40%
		9-4-11	Permanent and significant motor impairment in both of the thigh, knee and ankle joints on each of the lower extremities.	8	30%

		9-4-12	Permanent and significant motor impairment in the thigh, knee or ankle joint on both lower extremities.	6	50%
		9-4-13	Permanent and significant motor impairment in the thigh, knee or ankle joint on one lower extremity.	9	20%
	Foot toe impairment (Note 14)	9-5-1	Permanent loss of functions in all toes on both feet.	7	40%
		9-5-2	Permanent loss of functions in all five toes on one foot	9	20%

Note 1	1-1	The assessment principle on Neural Impairment Level": Taking compressively into consideration the effects of symptoms and nidi on the daily life activities and the requirement for assistances, and decide the level of such impairments. When rendering a judgment, specialty physician's certificate of diagnoses, such as the psychiatric department, neurology department, neural surgical department, or rehabilitative department, shall be adopted as a basis of consideration. (1) Severe neural impairment requiring the assistance of others to maintain life sustaining day-to-day living activities: applicable to level 1. (2) High level of neural impairment requiring partial assistance by others to maintain life sustaining day-to-day living activities: applicable to level 2. (3) Able to manage one's life sustaining day-to-day living activities but unable to work in whose lifetime: applicable to level 3. (4) The foresaid "For maintaining life sustaining essential daily living routines" refers to food intake, start and finish of urination and stool discharge, dressing and undressing, living mobility, walking, bathing, etc. (5) Those with early signs of the severe symptoms of dyslexia, incoherence, dementia, paralysis of four extremities, elliptical peripheries, memory impairment, sensory impairment, emotional impairment, deterioration of willpower, personality changes; or those with paralysis symptoms, though in a light condition, but are unable to work unless instructed by others nearby: applicable to level 3. (6) Those with a medium level of neural impairment with significantly reduced physical or labor capability than the general population: applicable to level 7. (7) Of those with central nervous impairment, such as the ecliptic peripheries lacking sensory function, slight paralysis to elliptic peripheries, which can be proven a slight cerebral shrinkage or brainwave anomalies through imaging screening, all such symptoms would need to be diagnosed by a specialist physician, and be rendered based on the results of the diagnosis. (8) In the instance where the central nervous system's deterioration symptoms should occur on the four extremities, the sensory functional impairment is to have a level defined according to the location found; for instance, dyslexia triggered by damage to the central nervous system may commensurate to the rendering of linguistic functional impairment.
	1-2	The assessment on the level of "impairment in balancing and hearing abilities": If the insured has impairment on hearing and balancing abilities as a result of his/her head injury, the impairments shall be considered comprehensively to determine the impairment level.
	1-3	The assessment on the level of "External trauma epilepsy": The occurrence of epilepsy should take into account the personality changes in relapse to eventual loss of incoherence, collapse of personality, in becoming a state of epileptic psychological disorder, which is to be rendered as per principles cited under 1-1. Epileptic symptoms with a fixed timing shall undergo treatment by specialist physician, and taking to the criteria when reckoning an individual has failed to achieve the anticipated treatment yield or achieve a stable condition following the treatment, regardless of a particular type of occurrence, which shall be rendered as per the following criteria,
		(1) Though undergone full treatment, one relapse or more still occur per week: applicable to level 3. (2) Though undergone full treatment, one relapse or more still occur per month: applicable to level 7.
	1-4	The assessment on the level of "impairments of dizziness and in balancing abilities": Impairments of dizziness and in balancing abilities as a result of external head injury or damage to the central nervous system, may not only be triggered by inner ear impairments, but by impairment in the central nervous system of the neocortex, cerebral cortex, prefrontal cortex. The reviewing criteria for such impairments are as follows: (1) Those likely to engage in life sustaining routine living activities but unable to engage in work in their lifetime due to a high level of balance functional impairment: applicable to level 3. (2) Those with a medium level of balance functional impairment but with a significantly lower labor capability than most people: applicable to level 7.
	1-5	The assessment on the level of "Spinal impairments resulting from external injuries" shall be conducted based on motor impairment of any of the four extremities, sensory, intestinal, urinary, genitalia impairment, or other impairment as found in the diagnosis.
	1-6	The assessment on the level of "Carbon monoxide poisoning sequela": In addition to various conditions after the poisoning, the assessment principle of physical and neural impairments as stated in the note shall also be taken into consideration in determining the level of the impairment.
Note 2	2-1	The rendering of "Eyesight" assessment shall be based on that derived from corrected visual eyesight using a universal eyesight chart; however, those that cannot be corrected or would encounter bifocal after correction to present severe hindrance may be tested with naked eyes.

	2-2	”Blind” shall mean the insured’s eyesight test result is lower than 0.02 based on the universal eyesight chart, or having any of his/her eyeball lost or removed, unable to tell from light and darkness, or his/her eyes can only sense the hand movements right in front of his/her face.
	2-3	The treatment of six months from the date of injury shall be taken as the principle of assessment, unless it is clear that the damage is irrecoverable such as removal of eyeball.
Note 3	3-1	In the instance where the hearing impairment should vary between the two ears, the hearing impairment of the two ears shall be combined in making the rendering.
	3-2	The assessment on the level of hearing impairment shall be conducted using an audiometer, in which the average hearing loss ratio is indicated in dB.
	3-3	In assessing the level of balancing ability impairment arisen from inner ear damage, the level of neural damage may be applicable with necessary changes.
Note 4	4-1	“Nose disfigurement and functional impairment” shall mean the complete or majority loss of nose cartilage. The term “Permanent and significant impairment” shall mean the clogging of two nostrils, nose respiratory difficulties that cannot be corrected or loss of smelling sensory functions on both sides.
Note 5	5-1	Impairment in chewing functions shall mean the impairment cause by non–dental problems, such as impairments in cheeks, tongue, soft and hard mouth cover, jaw bone, lower jaw joints, etc. Those suffering from swallowing impairment arisen from a narrow digestive track, tongue anomalies, larynx neural paralysis are often complicated with chewing functional impairment, hence the two types of impairment are combined as “Chewing and swallowing impairment”. (1) “Loss of chewing and swallowing functions” refers to organic impairment or functional impairment which prevent an individual from performing chewing or swallowing motion, and from, ingesting or swallowing non-liquid food. (2) “Permanent and significant impairment in chewing and swallowing functions” refers to instances where an individual is unable to perform chewing, swallowing motions fully, resulting his/her inability in ingesting or swallowing foods other than porridge, paste, or similar foods.
	5-2	Linguistic functional impairment refers to speech articulation functional impairment, vocalization functional impairment, or reverberation functional impairment and the like caused by reasons other than dental damage or injury, (1) “Loss of linguistic functional impairment” refers to an individual who is unable to vocalization three of the four linguistic vocalization functions of mouth-lip sounds, teeth-tongue sounds, mouth-covered sounds and throat-emitting sounds. (2) “Linguistic functions are left with significant impairment” refers to an individual who is unable to perform two of the four linguistic vocalization functions of mouth-lip sounds, teeth-tongue sounds, mouth-covered sounds and throat-emitting sounds. A. Double lip sounds, bo, po, mo (vocalization at the two lips) B. lip-teeth sounds: feh (vocational at the lip-teeth), C. tongue-tip sounds: de, te, ne, le (vocational at the tongue tip and gums) D. tongue-root sounds: de, te, he (vocational at the tongue root and esophagus. E. Tongue-surface sounds: gi, chi, shi, (vocational at the tongue surface and hard esophagus. F. Rear tongue tip sounds: tze, tzi, zhe, zhi (vocalization at the tongue tip and hard esophagus. G. Frontal tongue tip sounds: tze, tzi, tse (vocalization at the tongue tip and upper gums).
	5-3	Of significant impairment left in the reverberation functions, an individual who is only able to indicate he/she does not understand the speaker may commensurate to the levels defined for “Linguistic functions left with significant impairment”.
Note 6	6-1	Chest/abdominal organs: (1) The chest organs include the heart, cardiovascular membrane, artery, trachea, primary bronchi, lungs, chest diaphragm, digestive track, etc. (2) The abdominal organs include the stomach, liver, gall bladder, pancreas, small and large intestines, intestinal membranes, spleen. (3) Renal organs, including the kidneys, renal medulla, ureters, bladder, urinary track, etc. (4) Reproductive organs, including inner reproductive organs and outer reproductive organs, etc.
	6-2	Of significant removal of major organs, the term major organs refers to the heart, lungs, digestive track, stomach, liver, spleen, small intestines and large intestines, kidneys, renal medulla, ureters, bladder, urinary track, etc.
	6-3	The rendering of chest/abdominal organ impairment: In assessing chest/abdominal organ functions left with impairment calls for collectively measuring the symptoms taking into account the permanent impact of an individual’s general living routine and needs for assistance by others commensurate to the rudimentary principles of assessing the levels of neural impairment in collectively rendering an appropriate level.
Note 7	7-1	Spinal motor impairment: “Left with permanent, visible motor function” shall mean a complete rigid of the spinal cord, or losing more than one-half of the scope of two physiological motor functions in the spinal cord’s bending forward and back, left and right, and rotating toward the left and right.
Note 8	8-1	“Finger loss” shall mean, (1) In the case of a thumb, it has been severed at the joint between finger sections. (2) In the case of the other fingers, it has been severed at the joint between the close proximity of finger sections.

	8-2	One that has been deprived of dextral functions permanently despite a finger sewing procedure is deemed a deficiency. And the same also applies to foot toes.
	8-3	In the instance that the large toe is harvested and sewed as the thumb, where the loss of thumb has already met the disability criteria, regardless that the functions be normal after sewing, the thumb portion shall still be deemed as disfigurement, while the foot toe removed voluntarily will not be included.
Note 9	9-1	"Permanent loss of motor functions in shoulder, elbow and arm joints" refers to a complete disability of one upper extremity, such as the conditions stated below, (1) One upper extremity's shoulder, elbow and arm joints are completely stiff or completely paralyzed, and the hand's all five fingers have lost motor functions permanently. (2) One upper extremity's shoulder, elbow and arm joints are completely stiff or completely paralyzed.
	9-2	"Permanent loss of one upper extremity's shoulder, elbow and arm joints functions" refers to the complete disfigurement of one upper extremity, such as the scenarios described below, (1) One upper extremity's shoulder, elbow and arm joints are left permanently with significant motor impairment, and that the hands all five fingers have lost motor functions permanently. (2) One upper extremity's shoulder, elbow and arm joints are left permanently with significant motor impairment.
	9-3	Taking to the scope of physiological motor, the criteria for rendering joint motor functional impairment are stipulated as follows, (1) "Loss of motor functions" refers to a condition that the joints are completely stiff or completely paralyzed. (2) "Significant motor impairment" refers to the loss of the scope of physiological motor functions by one-half or more. (3) "Motor impairment" refers to the loss of the scope of physiological motor functions by one-third of more.
	9-4	The rendering of motor restrictions, (1) The scope of physiological motor of all joints shall be taken as the premises. When the cause and level of functional (motor) impairment be significant, the scope of voluntary motor functions shall be taken; in the case of an uncertain level of impairment, the probable range of motor functions in passive movement is to be referred to in concluding the rendering. (2) Those with the wounded area covered by a plaster cast shall take into account the level for recovery after healing in making adequate decision.
	9-5	A list of names for the upper and lower extremity joints is shown in the illustrated diagram.
Note 10	10-1	"Permanent finger loss of motor function" refer to, (1) Loss of physiological motor functions exceeding one-half or more of the thumb, middle finger joints or joints between finger sections. (2) Loss of physiological motor functions exceeding one-half or more of all other fingers, the middle finger's section joint, or the joint between the finger section. (3) The tip of the thumb or other fingers that have been severed for more than one-half.
Note 11	11-1	Measuring the reduction of the lower extremity shall be taken by comparing the length of the inflicted side's upper part of the shinbone and anklebone to that of the healthy side to measure the level of shrinkage reduction.
Note 12	12-1	"Foot toe missing" refers to all foot toes that have been damaged and missing as severed from the joints of the foot toes.
Note 13	13-1	"Permanent loss of motor functions to one lower extremity's thigh, keen and ankle joints" pertains to the complete impairment of one lower extremity, such as the scenarios listed below, (1) One lower extremity's three major joints are completely stiff or completely paralyzed, and that all five toes on one foot have been deprived of motor functions. (2) One lower extremity's three major joints are completely stiff or completely paralyzed.
	13-2	For the assessment on the level of the lower extremity's motor impairments in functional loss, significant motor impairment, or motor impairment, refer to relevant stipulations governing the upper extremities.
Note 14	14-1	"Foot toe losing permanent functions" refers to those that meet the following conditions, (1) Those with the tip of the first toe severed by over one-half, or whose middle foot toe joint, toe joint's probable motor scope deprived of more than one-half the scope of physiological motor functions. (2) Those with the tip of the second toe severed from the joint and up, or whose middle toe joint or first toe joint deprived of one-half the scope of physiological motor functions. (3) Those with the tip of the third, fourth and fifth toes severed from the joint up, or whose middle foot joint and first toe joint have become completely rigid.
Note 15	15-1	The determination of permanent functional loss and significant impairment shall be subject to the treatment results after six months after the insured member sustained injuries from the accident, unless such loss or impairment can be determined immediately.