

收文編號	收文日期
0807	115. 3. 31

檔號：
保存年限：

衛生福利部 函

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受文者：中華民國醫師公會全國聯合會

發文日期：中華民國115年3月31日

發文字號：衛部醫字第1151662552A號

速別：普通件

密等及解密條件或保密期限：

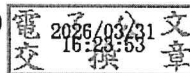
附件：公告及其附件 (A21000000I_1151662552A_doc3_Attach1.pdf、
A21000000I_1151662552A_doc3_Attach2.pdf、
A21000000I_1151662552A_doc3_Attach3.pdf)

主旨：有關「生產事故救濟申請書」業經本部115年3月31日以衛
部醫字第1151662552號公告修正，請逕至本部「生產事故
救濟專區」（查詢路徑：本部首頁>本部各單位及所屬機
關>醫事司>宣傳訊息）查閱並轉知轄下機構及會員，請
查照。

說明：配合民法修正公布成年年齡，修正生產事故救濟申請說明
事項之未成年年齡為未滿18歲。

正本：地方政府衛生局、中華民國醫師公會全國聯合會、中華民國助產師助產士公會全
國聯合會、台灣婦產科醫學會、臺灣兒科醫學會、台灣醫院協會、中華民國診所
協會全國聯合會

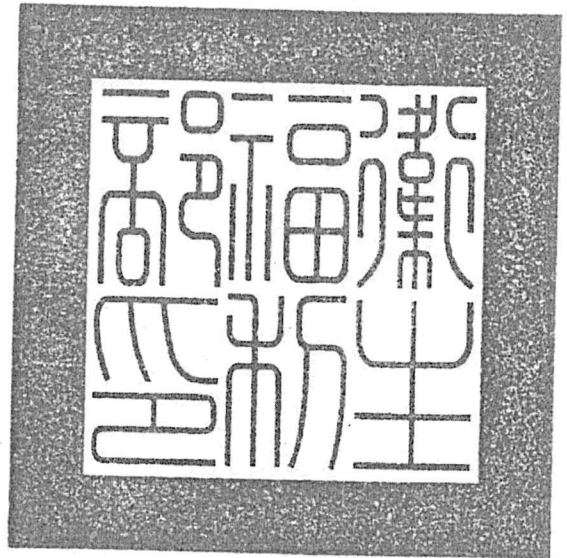
副本：財團法人台灣婦女健康暨泌尿基金會(含附件)



檔 號：
保存年限：

衛生福利部 公告

發文日期：中華民國115年3月31日
發文字號：衛部醫字第1151662552號
附件：如主旨



主旨：公告修正本部「生產事故救濟申請書」之未成年年齡為未滿
18歲，如附件。

部長 石崇良

衛生福利部生產事故救濟申請書

限受理單位填寫
受理日期： 年 月 日
案件編號：

申請人(即請求權人)	姓名		出生日期	年 月 日
	身分證 統一編號		聯絡電話	(日) (夜)
	通訊地址			
	電子郵件			
法定代理人(無則免填)	姓名		出生日期	年 月 日
	身分證 統一編號		聯絡電話	(日) (夜)
	通訊地址			
	電子郵件			
受害人	類別	姓 名	出生日期	身分證統一編號
	<input type="checkbox"/> 產婦		年 月 日	
	<input type="checkbox"/> 胎兒	(範例:○○○之子、女)	(免填)	(免填)
	<input type="checkbox"/> 新生兒		年 月 日	
生產事故概要	生產日期	年 月 日		
	發生地點	填報生產事故發生之醫療機構或助產機構名稱。(如至2家以上之機構求診者,其機構名稱,均須填報;如非於醫療院所或助產機構發生事故者,請詳述發生地點。) <input type="checkbox"/> 機構名稱: <input type="checkbox"/> 其他:		
申請救濟給付種類	重大傷害給付	<input type="checkbox"/> 產婦重大傷害給付,申請子宮切除給付者,請填具產婦本人生產現有子女人數(計算方式詳申請說明事項),共_____名。 <input type="checkbox"/> 新生兒重大傷害給付		
	死亡給付	<input type="checkbox"/> 產婦死亡給付 <input type="checkbox"/> 胎兒死亡給付 <input type="checkbox"/> 新生兒死亡給付		
	申請資格	<input type="checkbox"/> 申請人為受害人本人(申請重大傷害給付) <input type="checkbox"/> 申請人為受害人之法定繼承人(申請產婦或新生兒死亡給付),須檢附繼承系統表 <input type="checkbox"/> 申請人為胎兒之母(申請胎兒死亡給付)		
其他事項	是否就本案生產事故已提起民事訴訟或刑事案件之自訴或告訴(請擇一勾選) <input type="checkbox"/> 否 <input type="checkbox"/> 是,提起 <input type="checkbox"/> 民事; <input type="checkbox"/> 刑事之自訴或告訴 <input type="checkbox"/> 以上皆有			

- 一、本人已確認申請資料屬實。
- 二、本人已詳閱生產事故救濟申請說明事項，並願意遵守。
- 三、為辦理生產事故救濟申請作業，同意委由衛生福利部所委託之財團法人(台灣婦女健康暨泌尿基金會)，向醫療機構或助產機構及其他相關機關(構)要求提供與本次生產相關之個人病歷、各項檢查報告及健保醫令清單等資料複製本。
- 四、申請檢附之資料：

勾選欄	名稱	如無檢附，請詳敘理由
<input type="checkbox"/>	1.產婦生產過程之醫療機構病歷摘要或助產機構紀錄。(涉及2家以上之醫療機構或助產機構，均應檢附)	
<input type="checkbox"/>	2.申請人與受害人之關係證明。(如身分證正反面影本、戶籍謄本)	
<input type="checkbox"/>	3-1.申請死亡給付者，檢附死亡證明書或死產證明書。 3-2.申請重大傷害給付者，檢附身心障礙證明影本或診斷書。	
<input type="checkbox"/>	4.衛生福利部生產事故救濟申請書(一式二份)。	
<input type="checkbox"/>	5.繼承系統表。	(申請產婦或新生兒死亡給付須檢附)
<input type="checkbox"/>	6.衛生福利部生產事故受領救濟給付之繼承人委託書。	(繼承人有2人(含)以上須檢附)
<input type="checkbox"/>	7.衛生福利部生產事故救濟申請委託書。	(委託代理申請須檢附)
<input type="checkbox"/>	8.其他相關證明文件。	(撤回告訴之相關證明文件等，有提起訴訟者須檢附)

申請人簽章：_____ (簽名並蓋章)

法定代理人簽章：_____ (簽名並蓋章)

委託代理人簽章/醫療(助產)機構蓋章：_____ (簽名並蓋章)

中華民國 年 月 日

※生產事故救濟申請說明事項：

- 一、生產事故救濟給付種類及請求權人：
- (一)死亡給付：產婦或新生兒死亡時，為其法定繼承人。胎兒死亡時，為其母。
- (二)重大傷害給付：受害人本人。
- 二、「申請產婦重大傷害之子宮切除給付者，應填具產婦本人生產現有子女人數」，該人數即為產婦所有現存活子女數，不以本次生產或本段婚姻為限。
- 三、生產事故救濟款項請求權：自請求權人知有生產事故時起，因二年間不行使而消滅；生產事故發生逾十年者，亦同。
- 四、生產事故救濟，以與生產有因果關係或無法排除有因果關係者為限。但有下列各款情事之一時，不予救濟：
- (一)非醫療目的之中止妊娠致孕產婦與胎兒之不良結果。
- (二)因重大先天畸形、基因缺陷或未滿三十三週早產所致胎兒死亡(含胎死腹中)或新生兒之不良結果。
- (三)因懷孕或生育所致孕產婦心理或精神損害之不良結果者。
- (四)同一生產事故已提起民事訴訟或刑事案件之自訴或告訴。但下列情形，不在此限：
1. 民事訴訟前於第一審辯論終結前撤回起訴。
 2. 告訴乃論案件於偵查終結前撤回告訴或於第一審辯論終結前撤回自訴。
 3. 非告訴乃論案件於偵查終結前以書面陳報不追究之意。
- (五)應依藥害、預防接種或依其他法律所定申請救濟。
- (六)申請救濟之資料虛偽或不實。
- (七)本條例施行前已發生之生產事故。
- 五、給付救濟後，有下列情形之一者，受領人應予返還：
- (一)有具體事實證明依本條例第11條規定不應救濟。
- (二)同一生產於救濟後，提起民事訴訟或刑事案件之自訴或告訴。
- 六、如由法定代理人代為提出申請，法定代理人應於「申請人簽章」欄位簽寫申請人姓名，並於「法定代理人簽章」欄位簽名並蓋章。
- 七、如由委託代理人或醫療(助產)機構代為提出申請，委託代理人或醫療(助產)機構應於「申請人簽章」欄位簽寫申請人姓名。委託代理人於「委託代理人簽章/醫療(助產)機構蓋章」欄位簽名並蓋章，醫療(助產)機構則填寫機構名稱及蓋大小章。
- 八、當申請人未成年(即未滿18歲)，或受監護宣告情形時，應由法定代理人代為申請。法定代理人係指：1. 未成年且未婚者之父母(無父母，或父母均不能行使親權者，則應置有監護人代為申請)；2. 經法院為監護宣告者之監護人。

Application Form for MOHW Childbirth Accident Relief

For Official Use Only
Date of Acceptance (mm/dd/yyyy)
Application No.

Applicant / Claimant	Name		Date of Birth	(mm/dd/yyyy)
	National ID No.		Phone Number	(H)
				(O)
				(M)
	Mailing Address			
E-mail Address				
Legal Representative (if applicable)	Name		Date of Birth	(mm/dd/yyyy)
	National ID No.		Phone Number	(H)
				(O)
				(M)
	Mailing Address			
E-mail Address				
Victim	Category	Name	Date of Birth	National ID No.
	<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)	
Summary of Childbirth Accident	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 _____		

Types of Childbirth Accident Relief	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).
Others	<p>Has private prosecution or charge for criminal case or a civil litigation been lodged for this childbirth accident? Please tick the appropriate box.</p> <input type="checkbox"/> No <input type="checkbox"/> Yes. <ul style="list-style-type: none"> <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 18), 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.