

Power of Attorney for MOHW Childbirth Accident Relief Application

I, _____, hereby appoint _____ as my trustee (as stated in Article 4 of the Regulations Governing the Childbirth Accident Relief regarding authorized agent and medical care/midwifery institution) to apply for the childbirth accident relief and perform any correction required for the application process on my behalf.

Principal: _____ (Please sign and seal)

National ID No.: _____

Mailing Address: _____

Phone Number: _____

(Please tick the appropriate box)

☐ Name of entrusted medical care or midwifery institution:

Institution Address: _____

Superintendent/Director: _____ (Please seal)

Contact Person: _____

Phone Number: _____

Corporate
Seal

☐ Trustee: _____ (Please sign and seal)

National ID No.: _____

Mailing Address: _____

Phone Number: _____

Date: _____ (mm/dd/yyyy)

Note: Principal is the claimant, or his/her legal representative, of the childbirth accident relief as stated in Article 8 of the Childbirth Accident Emergency Relief Act.