Contact No.

※ If you enter your mobile phone number, you will receive a text message informing you when your documents have been received or a call to provide assistance in the event that you have not sent in all the required documents.

Insurance Proceeds Application Form for Foreign Workers Insurance

1. Applicant Information ※ Fields marked with an asterisk (*) are required and must be filled in.

*English Name of Foreign Worker	*Alien Registration No.	*Passport No.
*Overseas Contact Information	*Contact Information in Korea	*Nationality

※ Please enter the worker's domestic and overseas contact information so that they can be contacted in the event that they did not submit all their required documents, they failed to pick up the insurance proceeds at the airport, or there was an error during the remittance.

2. Insurance Proceeds Application Details ※ Please check the boxes in each selection according to the recipient, insurance applied for, and reason for application.

Applicant (Recipient)	Applied Insurance	Reason for Application	
☐ Worker	☐ Departure Guarantee	☐ Departure (Permanent) – Scheduled Departure Date	Date
	☐ Return Cost	☐ Change in Sojourn Status – Date of Permit on Back of Identification Card (Changed Date)	Date

※ Please contact the Samsung Fire & Marine Insurance Foreigner Insurance Call Center for help with claiming insurance due to a foreign worker's death.

※ The portion of the insurance proceeds reverted to the business owner can be claimed through the Samsung Fire & Marine Insurance website (www.samsungfire.com/eps).

3. Application for Insurance Proceeds Receipt Method and Account Information

※Please check the boxes in each selection according to your applied insurance details, and enter the application details in block letters.

※You must designate a 'Correspondent Foreign Exchange Bank' when choosing 'Airport Currency Exchange', 'Remittance Account', and limitations will be placed on remittance if you change the insurance proceeds receipt method prior to departure.

※If you wish to apply for remittance to an overseas account, you must enter your Swift Code.

<table>
<tr><th colspan="2">Recipient/Insurance</th><th>Receipt Method</th><th colspan="4">Details</th></tr>
<tr><td rowspan="6">Foreign Worker</td><td rowspan="2">☐ Departure Guarantee</td><td rowspan="2">☐ Airport Currency Exchange</td><td>Incheon International Airport</td><td>Gimhae International Airport</td><td>Scheduled Departure Date</td><td>Scheduled Departure Time</td></tr>
<tr><td>☐ Woori Bank
☐ KB Bank
☐ KEB Hana Bank</td><td>☐ BUSAN Bank</td><td></td><td></td></tr>
<tr><td rowspan="2">☐ Departure Guarantee
☐ Return Cost</td><td>☐ Remittance Account</td><td>☐ Woori Bank
☐ Shinhan Bank
☐ KEB Hana Bank
☐ KB Kookmin Bank</td><td>Account Number</td><td colspan="2">Account Holder</td></tr>
<tr><td>☐ Overseas Account (Enter in English)</td><td colspan="2">Bank</td><td colspan="2">Account No.</td></tr>
<tr><td rowspan="2">☐ Direct Remittance to Local Bank (PIN)</td><td colspan="2">Beneficiary</td><td colspan="2">Swift Code</td></tr>
<tr><td>Partner Bank No. (Refer to Back Side)</td><td></td><td>PIN No. (6 Digits)</td><td></td></tr>
<tr><td>☐ Return Cost</td><td>☐ Domestic Account</td><td>Worker's E-mail Address</td><td colspan="3"></td></tr>
<tr><td>*Bank</td><td>*Account No.</td><td colspan="2">*Beneficiary</td></tr>
</table>

I hereby affix my signature and confirm that I have read and understood the details concerning the collection/use, viewing, and provision of personal (credit) information and processing of sensitive information and personally identifiable information in accordance with the 'mandatory consent for claim of insurance proceeds' on the separate sheet, and that the details entered in the fields above are true, and ask to be paid the relevant insurance proceeds and other insurance benefits.

Date Written: . . . (YYYY MM DD) Written By: (Legal Representative of)

Name: (Signature or Seal)

※Please submit the application form alongside the Agreement to the Collection/Use, Viewing, and Provision of Personal Information.

Inquiries/Contact

Samsung Fire & Marine Insurance Foreigner Insurance Call Center ARS 1600-0266(Overseas. 82-2-2261-8400) / FAX 0505-161-1421 (Ubase Unity) 1F, 37, Hangang-daero 38-gil, Yongsan-gu, Seoul

Samsung Fire & Marine Insurance Foreigner Support Team (Postal Code: 04386)

Detailed Agreement for Insurance Claim Filing

You may refuse to agree on the collection, use, inquiry, and provision of personal (credit) information and may withdraw your consent to provide personal (credit) information for purposes other than evaluation of personal credit rating, etc. However, this agreement is a mandatory requirement to file insurance claims. If you disagree, the company is unable to perform relevant tasks to proceed with a contract.

1.Matters on the Collection and Use of Information

Purpose of collection and use	- Insurance accident investigation, insurance fraud investigation, claim adjustment and payment (including damage assessment, medical consulting, subrogation of remains, subrogation) - Claim payment proxy claim document filing service, simplified issuance service of traffic accident records - Grievance resolution and dispute response, work related to financial transaction - Deliberation on disputes over car accident fault ratio(limited to automobile insurance) - Claim payment on insurance policies (long-term, general insurance) purchased from SFMI to process automobile accident claims in combination - Performance of bligations under the 「Act on the Use and Protection of Credit Informantion」
Period of retention and use	- Up to five years after the completion of transaction since the date of consent unless otherwise stipulated by laws and regulations (subject to the retention and use period pursuant to relevant laws and regulations, if any)

* The abovementioned "completion of transaction" regarding the period of retention and use refers to the latest date among ①the date of maturity, termination, cancellation, withdrawal, or extinction of insurance contract ② the expiration date of statute of limitations on insurance claims and ③ the date of extinction of claim obligation relationship.

□ **Items to be collected and used**

Personally identifiable information (PII)	Resident registration number, alien registration number, passport number, driver's license number **Do you agree to the collection and use of above <u>personally identifiable information (PII)</u>?** **☐Disagree ☐Agree**
Sensitive information	Information on disease or injury of the insured (medical record, name of disease, etc.), information on insurance accident investigation (including investigation of insurance fraud), various survey documents acquired from the police, public·government institutions, medical institutions, etc., personal (credit) information included in medical records), court judgment, certificate, letter of confirmation acquired with client authorization **Do you agree to the collection and use of above <u>sensitive information</u>?** **☐Disagree ☐Agree**
Personal (credit) information	- General personal information : Name, identification information(C.I, D.I), address, sex, occupation, phone number (mobile, landline), e-mail, driver's license, information on the certificate of family registry, household resident register (abstract), automobile register(original copy), and business registration certificate - Credit transaction information : Information related to financial transactions (claim payment account, etc.), insurance policy information (product type, period, total sum insured, etc.), insurance proceeds information (reason for claim payment, payment amount) **Do you agree to the collection and use of above <u>personal credit information</u>?** **☐Disagree ☐Agree**

2. Matters on the provision of information

Parties provided with personal information	- Government institutions, etc.: institutions performing statutory duty including Financial Services Commission, Ministry of Land, Infrastructure, and Transport, Financial Supervisory Service, National Tax Service, insurance rate-making institutions, Ministry of Justice, Ministry of Employment and Labor, Human Resources Development Service, etc. (including entrusted institutions) - Credit information collection agencies: Korea Credit Information Services - Insurance companies, etc.: life and non-life insurance companies, domestic reinsurance company, overseas reinsurance company, mutual benefit institutions, postal offices(postal insurance) - Financial institutions: account-operating financial institutions , Korea financial Telecommunications & Clearing Institute - Stakeholders: insured, claimant - General Insurance Association of Korea - Owners of businesses or worksites employing foreign workers

Purpose of use by parties provided with personal information Purpose	- Government institutions, etc.: performing statutory duty (including entrusted work) - Credit information collection agencies: Inquiry into personal (credit) information, implementation of statutory tasks including tight management and use of credit information by credit information collection agencies, simplified issuance service of traffic accident records - Insurance companies, etc.: check on overlapping insurance and proportional compensation, reinsurance claim filing, joint settlement, insurance accident investigation (including investigation of insurance fraud), ` - Financial institutions: financial transaction work - Stakeholders: provision of information on loss adjustment - General Insurance Association of Korea: work support for claim adjustment and payment (proxy claim document filing service, deliberation on disputes over car accident fault ratio, etc.) *limited to automobile insurance - Foreign workers employment management, policy review and administration for claim payment
Period of retention and use	- Until the parties provided with the personal information fulfills it purpose of use (subject to the retention and use period pursuant to relevant laws and regulations)

* Domestic branches of international reinsurance companies may transmit your information to the headquarters located overseas without a separate approval process, in case where they need to commission tasks including insurance underwriting support.

□ **Items to be provided**

Domestic	Personally identifiable information (PII)	Resident Registration Number, Alien Registration Number, Passport Number, driver's license number **Do you agree to provide the above personally identifiable information (PII)?** ☐**Disagree** ☐ **Agree**
	Sensitive information	Information on disease or injury of the insured (medical record, name of disease, etc.), information on insurance accident investigation (including investigation of insurance fraud), various survey documents acquired from the police, public·government institutions, medical institutions, etc., personal (credit) information included in medical records), court judgment, certificate, letter of confirmation acquired with client authorization **Do you agree to provide the above sensitive information?** ☐**Disagree** ☐ **Agree**
	Personal (credit) information	- General personal information : Name, address, sex, occupation, phone number (mobile, landline), e-mail, driver's license information, certificate of family registry - Credit transaction information : Information related to financial transactions (claim payment account, etc.), insurance policy information (product type, period, total sum insured, etc.), insurance proceeds information (reason for claim payment, payment amount) **Do you agree to provide the above personal credit information?** ☐**Disagree** ☐ **Agree**
Overseas	Personal (credit) information	- General personal information : Name, address, sex, occupation, phone number (landline/mobile),e-mail - Credit transaction information : Information on insurance proceeds (Reason for claim payment, payment amount) **Do you agree to provide the above personal credit information?** ☐**Disagree** ☐ **Agree**

*The company may provide your personal (credit) information to an entrusted party without a separate approval process, for the purpose of entrusting work (refer to the company web site, www.samsungfire.com).

3. Matters on information inquiry

Inquiring parties	- Credit information collection agencies, General Insurance Association of Korea - Insurance rate-making institutions, Ministry of Land, Infrastructure, and Transport - Institutions implementing tasks related to insurance dedicated to foreign workers (institutions performing statutory duty including the Ministry of Employment and Labor, Human Resources Development Service, Ministry of Justice, etc.)
Purpose of inquiry	- Credit information collection agencies: investigation into insurance accident and insurance fraud, claim payment and adjustment, simplified issuance service of traffic accident records - Insurance rate-making institutions, Ministry of Land, Infrastructure, and Transport : investigation into insurance accident and insurance fraud, claim payment and adjustment - General Insurance Association of Korea : claim payment proxy claim document filing service - Institutions associated with insurance dedicated to foreign workers: operation and management of insurance dedicated to foreign workers including underwriting, conclusion, implementation, maintenance, management of insurance contracts, claim adjustment and payment
Validity period of the agreement on inquiry	The agreement will take effect until the termination of the insurance transaction.

□ **Items to be inquired**

Personally identifiable information (PII)	Driver's license number **Do you agree on the inquiry into the above <u>personally identifiable information (PII)</u>?** **☐Disagree ☐ Agree**
Sensitive information	- Information on disease or injury of the insured (medical record, name of disease, past medical history, etc.) - Information on traffic violation, traffic accident investigation records (information acquired from the national police agency by insurance rate-making institutions at the request of SFMI) **Do you agree on the inquiry into the above <u>sensitive information</u>?** **☐Disagree ☐ Agree**
Personal (credit) information	- General personal information : Name, information on the validity of driver's license - Credit transaction information : Insurance policy information (product type, period, total sum insured, etc.), insurance proceeds information (reason for claim payment, payment amount) **Do you agree on the inquiry into the above <u>personal credit information</u>?** **☐Disagree ☐ Agree**

20 . . .

Consenter: (Signature or Seal)

※ For minors under 14 years of age, this agreement must be signed by a legal agent (persons in parental authority or custodians). For minors over 14 years of age, this agreement should be signed either directly by minors themselves or a legal agent (persons in parental authority or custodians) on their behalf.

※Guide to Documents to Submit/Attach to Apply for Insurance Proceeds of Foreign Workers Insurance

Applied Insurance (Recipient)	Required Documents
Departure Guarantee Insurance Return Cost Insurance (Foreign Worker)	※ Foreign workers must report their scheduled departure to the employment center before applying for insurance proceeds. ① 1 Insurance Proceeds Application/Agreement Form (applies to both Departure Guarantee Insurance and Return Cost Insurance) ② Copy of Passbook in Own Name: When applying for account remittance. ③ Copy of Passport or Alien Registration Card: For personal identification. A copy of your passport is required when applying for the 'Airport Currency Exchange' method. ④ Certification of Confirmation of Designation of Correspondent Foreign Exchange Bank (Issued by Bank): Must be submitted when applying for the 'Receiving at the Airport' or 'Remittance Account' methods. ※ If the reason for payment occurred for a reason other than departure (death, change in sojourn status, etc.), then documents proving the reason must be submitted.
Departure Guarantee Insurance (Business Owner)	① Insurance Proceeds Application/Agreement Form ② Copy of Passbook: A passbook in the business operator's name for individuals, and a passbook in the corporation's name for corporations ③ Copy of the Notice of Results on Handling of the Report on Change in Employment of Foreign Worker (In the event that a copy of the Notice of Results on Handling of the Report on Change in Employment is not submitted, a copy of the Certificate of Business Registration can be submitted instead) ※Business owners must fill out and submit a「Report on Change in Employment, etc. of Foreign Worker」to a regional employment center and receive the「Notice of Results on Handling of the Report on Change in Employment (Confirmation)」before applying for insurance proceeds. ※ When applying for 'Automatic Transfer & Automatic Refund of Reverted Insurance Proceeds to Business Owner' when stipulating the Departure Guarantee Insurance, the insurance proceeds will be automatically paid to the departure guarantee automatic transfer account within 15 days of the occurrence of reason for payment of insurance proceeds, even if a claim for the insurance proceeds has not been made.
Accident Insurance (Insured, Beneficiary)	① 1 Insurance Proceeds Application/Agreement Form (applies to both Departure Guarantee Insurance and Return Cost Insurance) ② Death Certificate or Certificate of Aftereffects of Disability ③ Document Proving Family Relation: Documents to prove family relations between the insured and the bereaved family (beneficiary) ④ Copy of Identification Card (Passport, etc.): Documents to prove the identity of the insured and all heirs of the bereaved family ⑤ Letter of Attorney for the Designation of Representative Heir: Designate 1 representative among the heirs ⑥ Copy of Passbook of Representative Heir: If the passbook is in the local language, an English translation of the passbook should be submitted ⑦ Letter of Attorney for Accident Investigation: Letter of Attorney for Accident Investigation regarding medical institutions, public institutions, etc. (provided by the insurance carrier when applying for insurance proceeds) ※ When applying for insurance proceeds due to aftereffects of disability, only the 'Application Form / Copy of Identification Card / Certificate of Aftereffects of Disability' need to be submitted. ※ in accordance with the Terms and Conditions of the insurance, if the insured has not designated a beneficiary, the insurance proceeds will be paid out to a heir recognized by a government agency (embassy, etc.) in the native country of the insured.