



*Student Accident*

## *Insurance Plan*

Effective  
July 1, 2016 until  
June 30, 2017

*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 American School.*

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.

### **Disability Benefits**

When a student insured under this plan suffers from disability, resulting 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 disability schedule up to NT\$350,000.

### **Accidental Death Benefits**

**(a) Students 15 years of age or older:** a death benefit coverage of NT\$350,000 is extended to students 15 years of age or older, when death is caused by an accident which occurs during the effective period of this policy.

**(b) Students under 15 years of age:** in accordance with Taiwan's Insurance Law, no death benefits may be extended to children under 15 years of age.

### **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\$564 for coverage from July 1, 2016 to June 30, 2017.

**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, 2016 and expires June 30, 2017. 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**

Parents should secure claim forms at the Taipei American School Nurses' Office. In the event of accident:

- Report to the Taipei American School nurse as soon as possible.
- If incident occurs off campus, consult a qualified doctor and notify the school nurse as soon as possible.
- Completed claim forms, along with all original medical bills and an original doctor's diagnosis, must be submitted within 30 days of the accident.

Medical Items		Item No.	Degree of Disability	Disability Grading	Benefit Ratio
1 Nerve	Neuropathy (Note 1)	1-1-1	A person who is diagnosed with extreme and residual functional disorder in central nervous system, including vegetative state or requiring a ventilator connected to a tracheostomy tube, has lost the capacity of working for life, needs total aids from other person for engaging in necessary activities of daily living in order to sustain life, and often requires medical care or dedicated person's meticulous care.	1	100%
		1-1-2	A person diagnosed with residual and high degree of functional disorder in central nervous system is bedridden or cannot turn the body over, has lost the capacity of working for life and requires other person's aids in performing partial necessary activities of daily living in order to sustain life.	2	90%
		1-1-3	A person diagnosed with apparent and residual functional disorder in central nervous system has lost the capacity of working for life and is still capable of performing self-care activities of daily living necessary for staying alive.	3	80%
		1-1-4	A person diagnosed with residual functional disorder in central nervous system has medically provable, residual and stubborn neurological symptom in parts of the body, and has apparent inferior ability to work than general people.	7	40%
		1-1-5	A person diagnosed with residual functional disorder in central nervous system has medically provable, residual and stubborn neurological symptom in parts of the body but usually does not affect labor activities.	11	5%
2 Eye	Vision impairment (Note 2)	2-1-1	A person is diagnosed with loss of eyesight of both eyes.	1	100%
		2-1-2	A person is diagnosed with failure of eyesight to be less than 0.06 in both eyes	5	60%
		2-1-3	A person is diagnosed with failure of eyesight to be less than 0.1 in both eyes	7	40%
		2-1-4	A person is diagnosed with loss of eyesight in one eye, and failure of eyesight to be less than 0.06 in the other eye.	4	70%
		2-1-5	A person is diagnosed with loss of eyesight in one eye, and failure of eyesight to be less than 0.1 in the other eye.	6	50%
		2-1-6	A person is diagnosed with loss of eyesight in one eye.	7	40%
3 Ear	Hearing impairment (Note 3)	3-1-1	A person is diagnosed with total defects in the tympanic membrane in both ears, or loss of auditory function by more than 90 dB in both ears.	5	60%
		3-1-2	A person is diagnosed with loss of auditory function by more than 70 dB in both ears.	7	40%
4 Nose	Defect & dysfunction (Note 4)	4-1-1	A person is diagnosed with nasal defects causing permanent, residual and apparent dysfunction.	9	20%
5 Mouth	Chewing, swallowing & speech dysfunction (Note 5)	5-1-1	A person is diagnosed with permanent loss of chewing, swallowing or speech function.	1	100%
		5-1-2	A person is diagnosed with permanent, residual and apparent dysfunction of chewing, swallowing and speech.	5	60%
		5-1-3	A person is diagnosed with permanent, residual and apparent dysfunction of chewing, swallowing or speech articulation.	7	40%
6 Thoracic & Abdominal Organs	Thoracic and abdominal organ dysfunction (Note 6)	6-1-1	A person diagnosed with extreme and residual functional disorder in chest or abdominal organs has lost the capacity of working for life and often requires medical care or dedicated person's meticulous care.	1	100%
		6-1-2	A person diagnosed with residual and high degree of functional disorder in chest or abdominal organs has lost the capacity of working for life and requires other person's aids in performing activities of daily living.	2	90%
		6-1-3	A person diagnosed with apparent and residual functional disorder in chest or abdominal organs has lost the capacity of working for life but still is capable of performing self-care activities in daily life.	3	80%
		6-1-4	A person diagnosed with apparent and residual functional disorder in chest or abdominal organs can only engage in easy and convenient works for life.	7	40%
	Organ resection	6-2-1	A person has more than 1/2 of any major organ resected.	9	20%
		6-2-2	A person has the spleen resected.	11	5%
Bladder dysfunction	6-3-1	A person is diagnosed with total loss of bladder function and does not have an artificial urinary bladder.	3	80%	
7 Trunk	Spinal movement disorder (Note 7)	7-1-1	A person is diagnosed with permanent, residual and apparent spinal movement disorder.	7	40%
		7-1-2	A person is diagnosed with permanent and residual spinal movement disorder.	9	20%
8 Upper Limb	Upper limb defect	8-1-1	A person is diagnosed with wrist joint defects on both upper limbs.	1	100%
		8-1-2	A person is diagnosed with more than two defects of shoulder joint, elbow joint and wrist joint on one upper limb.	5	60%
		8-1-3	A person is diagnosed with wrist joint defect on one upper limb.	6	50%
	Disability of finger defect (Note 8)	8-2-1	A person is diagnosed with missing of five fingers on both hands.	3	80%
		8-2-2	A person is diagnosed with missing of thumbs on both hands.	7	40%
		8-2-3	A person is diagnosed with missing of five fingers on one hand.	7	40%
		8-2-4	A person is diagnosed with missing of four fingers, including thumb, index finger and any other two fingers on one hand.	7	40%
		8-2-5	A person is diagnosed with missing of thumb and index finger on one hand.	8	30%
		8-2-6	A person is diagnosed with missing of more than three fingers on one hand, including thumb or index finger.	8	30%
		8-2-7	A person is diagnosed with missing of two fingers on one hand, including thumb and any other one finger.	9	20%
		8-2-8	A person is diagnosed with missing of thumb on one hand or index finger on the other hand.	11	5%
		8-2-9	A person is diagnosed with missing of more than two fingers on one hand, including thumb and any finger other than the index finger.	11	5%
	Upper limb dysfunction (Note 9)	8-3-1	A person is diagnosed with permanent loss of functions in shoulder joint, elbow joint and wrist joint on two upper limbs.	2	90%
		8-3-2	A person is diagnosed with permanent loss of functions in two joints among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	3	80%
8-3-3		A person is diagnosed with permanent loss of functions in one joint among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	6	50%	

		8-3-4	A person is diagnosed with permanent loss of functions in shoulder joint, elbow joint and wrist joint on one upper limb.	6	50%		
		8-3-5	A person is diagnosed with permanent loss of functions of two joints among shoulder joint, elbow joint and wrist joint on one upper limb.	7	40%		
		8-3-6	A person is diagnosed with permanent loss of functions of one joint among shoulder joint, elbow joint and wrist joint on one upper limb.	8	30%		
		8-3-7	A person is diagnosed with permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on two upper limbs.	4	70%		
		8-3-8	A person is diagnosed with permanent, residual and apparent movement disorder of two joints among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	5	60%		
		8-3-9	A person is diagnosed with permanent, residual and apparent movement disorder of one joint among shoulder joint, elbow joint and wrist joint on each of the two upper limbs.	7	40%		
		8-3-10	A person is diagnosed with permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb.	7	40%		
		8-3-11	A person is diagnosed with permanent, residual and apparent movement disorder of two joints among shoulder joint, elbow joint and wrist joint on one upper limb.	8	30%		
		8-3-12	A person is diagnosed with permanent and residual movement disorder of shoulder joint, elbow joint and wrist joint on two upper limbs.	6	50%		
		8-3-13	A person is diagnosed with permanent and residual movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb.	9	20%		
		Finger dysfunction (Note 10)	8-4-1	A person is diagnosed with permanent loss of functions in ten fingers on both hands.	5	60%	
			8-4-2	A person is diagnosed with permanent loss of functions in two thumbs on both hands.	8	30%	
			8-4-3	A person is diagnosed with permanent loss of functions in five fingers on one hand.	8	30%	
			8-4-4	A person is diagnosed with permanent loss of functions in four fingers on one hand, including thumb, index finger and any other two fingers.	8	30%	
			8-4-5	A person is diagnosed with permanent loss of functions in thumb and index finger on one hand.	11	5%	
			8-4-6	A person is diagnosed with permanent and total loss of functions in more than three fingers on one hand, including thumb and index finger.	9	20%	
			8-4-7	A person is diagnosed with permanent loss of functions in more than three fingers on one hand, including thumb or index finger and any other fingers.	10	10%	
		9 Lower Limb	Lower limb defect	9-1-1	A person is diagnosed with defects of ankle joint on two lower limbs.	1	100%
				9-1-2	A person is diagnosed with defects of more than two joints among hip joint, knee joint and ankle joint on one lower limb.	5	60%
9-1-3	A person is diagnosed with defect of ankle joint on one lower limb.			6	50%		
Shortening disability (Note 11)	9-2-1		A person is diagnosed with permanent shortening of more than five centimeters on one lower limb.	7	40%		
Toe defect (Note 12)	9-3-1		A person is diagnosed with missing of five toes on both feet.	5	60%		
	9-3-2		A person is diagnosed with missing of five toes on one foot.	7	40%		
Lower limb dysfunction (Note 13)	9-4-1		A person is diagnosed with permanent loss of functions of hip joint, knee joint and ankle joint on two lower limbs.	2	90%		
	9-4-2		A person is diagnosed with permanent loss of functions of two joints among hip joint, knee joint and ankle joint on each of the two lower limbs.	3	80%		
	9-4-3		A person is diagnosed with permanent loss of functions of one joint among hip joint, knee joint and ankle joint on each of the two lower limbs.	6	50%		
	9-4-4		A person is diagnosed with permanent loss of functions of hip joint, knee joint and ankle joint on one lower limb.	6	50%		
	9-4-5		A person is diagnosed with permanent loss of functions of two joints among hip joint, knee joint and ankle joint on one lower limb.	7	40%		
	9-4-6		A person is diagnosed with permanent loss of functions of one joint among hip joint, knee joint and ankle joint on one lower limb.	8	30%		
	9-4-7		A person is diagnosed with permanent, residual and apparent movement disorder of hip joint, knee joint and ankle joint on two lower limbs.	4	70%		
	9-4-8		A person is diagnosed with permanent, residual and apparent movement disorder of two joints among hip joint, knee joint and ankle joint on each of the two lower limbs.	5	60%		
	9-4-9		A person is diagnosed with permanent, residual and apparent movement disorder of one joint among hip joint, knee joint and ankle joint on each of the two lower limbs.	7	40%		
	9-4-10		A person is diagnosed with permanent, residual and apparent movement disorder of hip joint, knee joint and ankle joint on one lower limb.	7	40%		
	9-4-11		A person is diagnosed with permanent, residual and apparent movement disorder of two joints among hip joint, knee joint and ankle joint on one lower limb.	8	30%		
	9-4-12		A person is diagnosed with permanent and residual movement disorder of hip joint, knee joint and ankle joint on two lower limbs.	6	50%		
	9-4-13		A person is diagnosed with permanent and residual movement disorder of hip joint, knee joint and ankle joint on one lower limb.	9	20%		
Toe dysfunction (Note 14)	9-5-1		A person is diagnosed with permanent loss of functions of five toes on both feet.	7	40%		
	9-5-2		A person is diagnosed with permanent loss of functions of five toes on one foot.	9	20%		

Note 1	1-1	When determining "grade of neuropathy," Certificate of Diagnosis from specialist of Psychiatry Department, Neurology Department, Neurosurgery Department or Rehabilitation Department as well as relevant examination reports (such as Comparison between Min-Mental State Examination (MMSE), modified Rankin Scale (mRS), Clinical Dementia Rating (CDR), neurophysiological examination report, imaging of nervous system examination report and related diagnostic examination reports) shall be submitted to
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		<p>be used as assessment basis. The insured also may separately appoint specialists to jointly determine the grade.</p> <p>(1)“Necessary activities of daily living in order to sustain life” means food intake, going to the toilet for night soil and urine from the beginning to the end, putting on and taking off clothes, daily life, walking and taking a bath.</p> <p>(2)Having apparent disorders, including symptoms of aphasia, agnea or apraxia, as well as quadriplegia, extrapyramidal symptoms, disorder of memory, disorder of perception, emotional disorder, diminished desire and personality change; or having symptoms of paralysis, although symptom is mild and physical capacity still exists, the person who suffers from the aforesaid conditions is unable to carry out task without other person around giving instructions: Grade 3 shall apply.</p> <p>(3)Central nervous system disorder; for example: mild paralysis shown in the pyramidal tract and extrapyramidal symptoms of no perception condition as well as mild cerebral atrophy and EEG abnormalities, which can only be verified through image examination, are cases of central nervous system disorders. The aforesaid cases require examination and diagnosis of specialists in order to determine their grades.</p> <p>(4)If decadence symptoms of the central nervous system is found in a place other than the central nervous system, grading shall be determined based on the site of occurrence. However, if the disorder coexists in different places, grading shall be determined based on combined symptoms. The more severe symptom from among all symptoms is selected for grade determination.</p>
	1-2	Grading of “Balance dysfunction and hearing impairment”: Grading of co-existed hearing impairment and balance dysfunction that are caused by head injury shall be determined by combining their disorder conditions.
	1-3	<p>Grading of “traumatic epilepsy”: determined based on epileptic seizures; attention also should be paid to recurrent episodes which cause personality changes and finally lead to dementia or personality collapse, namely a state of epileptic psychosis. Grading shall be determined in accordance with the principles stated in Note 1-1. The fixed period of epilepsy symptoms shall be determined after the condition is treated by specialists and with no expectation of any medical effect, or when the condition becomes stable after being treated. Regardless of their attack patterns, grading is determined based on the following criteria:</p> <p>(1)In spite of adequate treatment, there are still one or more seizures every week: Grade 3 shall apply.</p> <p>(2)In spite of adequate treatment, there are still one or more seizures every month: Grade 7 shall apply.</p>
	1-4	<p>Grading of “dizziness and balance dysfunction”: dizziness and balance dysfunctions after having a head trauma or due to central nervous system impairment are not just caused by inner ear disorders. Many cases of central nervous system disorders of cerebellum, brain stem and frontal lobe are found as well. Determination of grading of the aforesaid conditions is described as follows:</p> <p>(1)Still capable of performing activities of daily living required for sustaining life, but unable to engage in any work for life due to suffering from high degree of balance dysfunction: Grade 3 shall apply.</p> <p>(2)Due to moderate balance dysfunction, physical labor capacity is apparently lower than ordinary people: Grade 7 shall apply.</p>
	1-5	Grading of “traumatic spinal disorder” is determined based on the extent of injury found in four limbs, including movement disorder, perception disorder, bowel disorder, urinary tract disorder and genital disorder. Applicable grading shall be determined by combining the aforesaid conditions according to the principles stated in Note 1-1.
	1-6	Grading of “carbon monoxide poisoning sequela”: It is determined by synthesizing all sequelae of poisoning and basic judging principles for mental and neurological disorders described in Note 1.
Note 2	2-1	<p>Measurement of “Vision”:</p> <p>(1)“Vision” is measured by testing corrected visual acuity using the Landolt Vision Screening Chart. However, if visual acuity cannot be corrected, uncorrected visual acuity shall be measured.</p> <p>(2)Measurement of visual disorder shall pass the “Malingering” examination if necessary.</p>
	2-2	“Blindness” means vision that is permanently lower than 0.02 on the Landolt Vision Screening Chart, including loss of eyeball, extraction of eyeball, being able to distinguish only light from shade, being able to distinguish hand motion within one meter in front of eyes, or being able to tell indices within five centimeters in front of eyes.
	2-3	Six-month treatment from the date of occurrence of the injury shall be taken as the determination basis of blindness, provided that it is not an apparent irrecoverable eye situation, such as eyeball being extracted.
Note 3	3-1	If degrees of hearing impairment for two ears are different, grading shall be determined according to impairment condition of the ear with better hearing ability.
	3-2	The measurement of hearing impairment requires the precision audiometer. The average of hearing loss rate is expressed in decibels.
	3-3	Grading of balance dysfunction caused by inner ear injury can be determined by following the grading system of neuropathy according to extent of impairment.
Note 4	4-1	“Nasal defect” means the degree of defect of more than half of nasal cartilage. Its “permanent, residual and apparent dysfunction” means occlusion of both nostrils, nasal dyspnea, being unable to be corrected or cured, or total loss of sense of smell on both sides.
Note 5	5-1	Masticatory dysfunction specifically refers to the causes other than teeth (such as disorders of cheek, tongue, soft/hard palate, jawbone and temporomandibular joint). The swallowing disorder arising from esophageal stricture, tongue abnormality or throat/head controlled nerve palsy often leads to masticatory dysfunction complication. Therefore, masticatory dysfunction and swallowing disorder are combined and defined as “chewing and swallowing disorders”:

		<p>(1)“Loss of chewing or swallowing function” means being unable to make chewing or swallowing motions due to organic disorder or dysfunction. Except for liquid food, any other food cannot be ingested or swallowed.</p> <p>(2)“Residual and apparent dysfunction of chewing or swallowing” means being unable to make chewing or swallowing motions leading to being unable to ingest or swallow any food except porridge, paste, or similar food.</p>
	5-2	<p>Speech dysfunction is caused by functional articulation disorder, vocal cord dysfunction and asyllabia other than dental injury:</p> <p>(1)“Loss of speech” means the dysfunction in articulating three or more of the four sounds which contribute to the speech, including the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds.</p> <p>(2)“Residual and apparent speech dysfunction” means a dysfunction in articulating two or more of the four sounds which contribute to the speech, including the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds.</p> <p>A. Bilabial: ㄅ ㄆ ㄇ (points of articulation: Lips)</p> <p>B. Labiodental: ㄆ ㄇ (points of articulation: Lips and teeth)</p> <p>C. Apical consonant: ㄉ ㄊ ㄋ (points of articulation: Tip of the tongue and gums)</p> <p>D. Velar: ㄍ ㄎ ㄌ (points of articulation: Root of tongue and soft palate)</p> <p>E. Front palatal: ㄑ ㄒ ㄔ (points of articulation: Dorsum and hard palate)</p> <p>F. Retroflex: ㄝ ㄞ ㄟ ㄠ (points of articulation: Tip of the tongue and hard palate)</p> <p>G. Alveolar: ㄲ ㄳ ㄴ (points of articulation: Tip of the tongue and upper gum)</p>
	5-3	<p>Due to residual and apparent asyllabia, expressions only presented in words cannot be understood thoroughly by the other party. The grading for “residual and apparent speech dysfunction” can be applied for the aforesaid condition.</p>
Note 6	6-1	<p>Thoracic &amp; abdominal organs:</p> <p>(1)Thoracic organs include heart, pericardial sac, aorta, trachea, bronchus, lung, pleura and esophagus.</p> <p>(2)Abdominal organs include stomach, liver, gallbladder, pancreas, small intestines, large intestines, mesentery, spleen and adrenal gland.</p> <p>(3)Urinary organs include kidney, ureter, bladder and urethra.</p> <p>(4)Genital organs include internal genitalia and external genitalia.</p>
	6-2	<p>1.Any major organ having more than 1/2 of its part resected refers to heart, lung, esophagus, stomach, liver, pancreas, small intestines, large intestines, kidney, adrenal gland, ureter, bladder and urethra.</p> <p>2.Recognition criterion of the aforesaid "more than 1/2" is subject to resection of one side of symmetrical organs and resection of two lobes of the lung.</p>
	6-3	<p>Grading of thoracic and abdominal organ disorders: Symptoms of residual thoracic and abdominal organ dysfunctions need to be consolidated for measurement. Grading on conditions which permanently affects activities of daily living and requires other person's aid shall be determined by following the basic grading principles of neuropathy.</p>
	6-4	<p>"Total loss of bladder function" means permanent urination through an opening in the abdominal wall or long-term urinary catheterization (including ileum conduit, Kock pouch and ureterostomy).</p>
Note 7	7-1	<p>For residual spinal disorder, if neuropathy coexists with the disease, all symptoms shall be consolidated in order to determine grade of residual spinal disorder. For different grades of the aforesaid diseases, the disease with highest severity shall prevail.</p>
	7-2	<p>Diagnosis of spinal movement disorder shall be made only through X-ray examination. If apparent fracture, dislocation or deformation is diagnosed, determination of grading shall be made according to the following provisions:</p> <p>(1)"Residual and apparent movement disorder" means 4 vertebral bodies and 3 intervertebral discs or more are continuously fixed on the spinal column, and loss of more than 1/2 of the physiological range of motion.</p> <p>(2)"Residual movement disorder" means 4 vertebral bodies and 3 intervertebral discs or more are continuously fixed on the spinal column, and loss of more than 1/3 of the physiological range of motion.</p> <p>(3)Unapparent spinal movement limitation or the spinal column has 3 fixed vertebral bodies and 2 intervertebral discs or less are not included within the scope of benefits.</p>
Note 8	8-1	<p>“Missing finger” means:</p> <p>(1)For the thumb, it is cut off at the interphalangeal joint.</p> <p>(2)For other finger, it is cut off at the proximal interphalangeal joint.</p>
	8-2	<p>If function of a finger remains a permanent total loss after surgery, the condition shall be considered as a missing finger. The same provision shall apply to toes.</p>
	8-3	<p>When cutting off the hallux and bonding it to the thumb, if the original defect of the thumb already meets disability criteria, the thumb is still regarded as a missing finger even if its function is completely normal after the bonding. However, the self-cut hallux is not included within the scope of benefits.</p>

Note 9	9-1	<p>“Permanent loss of functions of shoulder joint, elbow joint and wrist joint on one upper limb” means the total disuse of one upper limb as described in the following:</p> <p>(1) Complete tetanus or complete paralysis of shoulder joint, elbow joint and wrist joint on one upper limb, and five fingers of the said hand permanently lose functions.</p> <p>(2) Complete tetanus or complete paralysis of shoulder joint, elbow joint and wrist joint on one upper limb.</p>
	9-2	<p>“Permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb” means the residual and apparent movement disorder of various joints on one upper limb as described in the following:</p> <p>(1) Permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb, and five fingers of the said hand permanently lose functions.</p> <p>(2) Permanent, residual and apparent movement disorder of shoulder joint, elbow joint and wrist joint on one upper limb.</p>
	9-3	<p>The criteria for determining grade of joint dysfunction based on physiological range of motion are provided as follows:</p> <p>(1) “Loss of function” means the joint is in a state of complete tetanus or complete paralysis.</p> <p>(2) “Apparent movement disorder” means loss of 1/2 or more of the physiological range of motion.</p> <p>(3) “Movement disorder” means loss of 1/3 or more of the physiological range of motion.</p>
	9-4	<p>Determination of movement limitation:</p> <p>(1) It is subject to the physiological range of motion of each joint. When cause and extent of functional (movement) disorder are apparent, active movement of motion range shall be adopted. However, if degree of disorder is uncertain, it shall be determined by referencing possible motion range of passive movement.</p> <p>(2) If the affected part is fixed by gypsum, the degree of recovery shall be considered after healing for making appropriate decision.</p>
	9-5	See the following Diagram for names of joints of upper and lower limbs as well as physiological range of motion.
Note 10	10-1	<p>“Permanent loss of finger functions” means:</p> <p>(1) For the thumb, loss of 1/2 or more of the physiological range of motion of middle finger joint or interphalangeal joint</p> <p>(2) For other finger, loss of 1/2 or more of the physiological range of motion in middle finger joint or proximal interphalangeal joint</p> <p>(3) Cutting off half or more of the distal segment of the thumb or any other finger.</p>
Note 11	11-1	Determination of the lower limb shortening shall be made by comparing the length of anterior superior iliac spine and lower end of medial malleolus on the affected side with the lower limb on the healthy side to measure the extent of the shortening condition.
Note 12	12-1	“Missing toe” means cutting off at the middle toe joint leading to total defect of a toe.
Note 13	13-1	<p>“Permanent loss of functions of shoulder joint, elbow joint and wrist joint on one lower limb” means total disuse of one lower limb as described in the following:</p> <p>(1) Complete tetanus or complete paralysis of the three major joints on one lower limb, and five toes of the said foot lose functions.</p> <p>(2) Complete tetanus or complete paralysis of the three major joints on one lower limb.</p>
	13-2	Determination of “loss of functions,” “apparent movement disorder” or “movement disorder” of lower limbs shall be made by referring to the provisions for the upper limb.
Note 14	14-1	<p>“Permanent loss of functions of toes” means meeting one of the following conditions:</p> <p>(1) The toe end of the first toe has been cut off by half or more, or loss of half or more of the physiological range of motion of middle toe joint or possible movement range of the toe joint.</p> <p>(2) In the second toe, the part above end joint has been cut off, or loss of half or more of the physiological range of motion in middle toe joint or first toe joint.</p> <p>(3) In the third, fourth and fifth toes, it means the part above end joint has been cut off, or middle toe joint and first toe joint are in a state of complete tetanus.</p>
Note 15	15-1	Determination of permanent loss of functions and various residual disorders shall be made based on results of six-month treatment with fixed symptom afterwards but having no expectation on therapeutic effects after taking re-treatment from the date of occurrence of the insured’s accidental injury. Nevertheless, the provision shall not apply for conditions of the injury which can be determined immediately.