



Perspective article

The Postal Life Insurance including dental services in Taiwan during the Japanese colonial period

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Since the Meiji Restoration, Japan had undergone a modern industrial revolution in the late 19th century and early 20th century. Although this had led to rapid economic growth in Japan, it had also caused many social problems. In order to solve the increasingly serious social problems and the urgent need for social welfare funds, the Japanese Ministry of Communications started the Simple Life Insurance business affiliated with the postal system in 1916.¹ Thus, it was translated into English as the Postal Life Insurance (PLI) in this article.² This business was a state-owned Small Amount

Whole Life Insurance business. The premiums collected were used as reserves. In addition to paying insurance payouts and maturity benefits, it was mainly used for the low-interest loans for social public services. Before the end of the World War II, Taiwan experienced fifty years of Japanese rule (1895–1945). As the PLI system was implemented quite smoothly in Japan, coupled with the increasingly frequent migration between the mainland Japan and its colonies, Japan government gradually viewed Taiwan as an extension of the mainland Japan in its Taiwan governance policy. After discussions and investigations during the Taisho period and with the support of public opinion in the early Showa period, the Taiwan Government Transportation Department Communications Bureau launched the PLI business in Taiwan on October 1, 1927 in the form of an extension of the PLI business from the mainland Japan, which lasted for 18 years until the end of the World War II in 1945.¹

The PLI was essentially life insurance. For the insurer (the government), reducing the mortality rate of the insured people could also reduce the burden on insurance business operations. Therefore, among the welfare measures of the PLI system, there were two welfare measures related to health promotion: (1) setting up the PLI health consultation offices to provide free health consultations to the insured people; and (2) making special agreements with the physicians, the dentists, and the pharmacists to provide the insured people with preferential diagnosis, treatment, and medication. In addition to being an incentive for people to join the insurance, these welfare measures were also intended to promote the health of the insured people, reduce their mortality, and increase their health care knowledge.¹ Although the PLI was not the health insurance, its welfare measures included the medical services and the dental services. In Taiwan, the dental services of the PLI system may be the earliest government intervention in social welfare policy regarding the dental services. However, there are few studies that specifically explain the regulatory details of this system. Therefore, we tried to dig out the original provisions of this system through the collection of the relevant historical documents, and used the historical research method to unearth records related to the dental services of the PLI system from the relevant historical materials.

Since 1922, the PLI health consultation offices were established in the major cities in Japan with the aim of providing free health consultation to the insured people. Because this welfare measure was popular among the public, the health consultation offices were set up across Japan. The Taipei PLI health consultation office was established in 1935. It was the first health consultation office in Taiwan. After the opening of the Taipei PLI health consultation office, this welfare measure was well received by the public. Therefore, until the end of the World War II, the Taiwan Government Transportation Department Communications Bureau established a total of 7 PLI health consultation offices in Taipei (1935), Tainan (1936), Taichung (1938), Chiayi (1939), Keelung (1939), Hsinchu (1940), and Kaohsiung (1940). The services

provided by the PLI health consultation offices to the insured people were all free of charge, including health consultation, communication health consultation, visiting care, and provision of simple prescriptions when necessary. After the insured people had completed health consultation, if necessary, the PLI health consultation offices would provide the insured people with a medical voucher or prescription, allowing the insured people to see a designated physician or dentist, or to get medication at a relatively low cost.¹

In Japan, the Ministry of Communications concluded a special agreement with the Japan Medical Association in 1934, which detailed the calculation of medical fees. It also concluded special agreements with the Japan Dental Association and the Japan Pharmacists Association in 1935 and 1936, respectively.¹ In Taiwan, the Transportation Department Communications Bureau signed the special agreement on dental treatment for the PLI insured people with the Taiwan Dental Association on July 29, 1939, and issued a name list of the PLI dentists in August 1939 (Fig. 1A and B).^{1,2} According to the agreement, if the PLI insured people held a dental treatment voucher (Fig. 1C) and visited a specially designated dentist (Fig. 1D), the dental treatment fee could be reduced by 20%.¹

Moreover, according to the Dentist Practice Guidelines issued by the Japan Dental Association in 1937, the PLI dental treatment was considered to be the low-cost medical treatment provided to the PLI insured people based on a special agreement between the Postal Insurance Bureau of the Ministry of Communications and the Japan Dental Association. However, this did not apply to all the PLI insured people, but only to those who could not afford the ordinary medical expenses. Therefore, whether the insured people fell into this category needed to be determined through a simple certification from a health consultation office or post office and the issuance of a dental treatment voucher. The scope of the dental treatment was general dentistry, with a 20% reduction in the fees that each dentist would normally receive from the patient. However, for dental treatment items (such as crown and bridge) using the precious metals, the fee would be reduced by 10%. In addition, if a dentist wanted to provide the PLI dental treatment, he or she needed to be designated by the competent authority. If a dentist was designated as a PLI dentist, he or she would receive a house signboard issued by the competent authority (Fig. 1D). Therefore, when the insured person received treatment, he or she needed to show the dental treatment voucher, but only in an emergency could he or she show the PLI premium receipt book to the dentist (Fig. 1E and F). Normally, the treatment fees were collected in cash each time a patient visited a dental clinic, but the payment methods based on the local customs might be used after negotiation between the patient and the designated dentist.³

In Japan, the competent authority for the PLI system was the Ministry of Communications, while in Taiwan, it was the Taiwan Government Transportation Department Communications Bureau. In Japan, the PLI business was established in 1916 and did not stop due to the end of the World



Figure 1 The Postal Life Insurance (PLI) system including dental services in Taiwan during the Japanese colonial period. (A) The name list of the PLI dentists was issued by the Taiwan Government Transportation Department Communications Bureau in August 1939. (B) The Communications Bureau signed the special agreement on dental treatment for the PLI insured people with the Taiwan Dental Association on July 29, 1939. (C) The content of the PLI dental treatment voucher was similar to the referral form. (D) The house signboard of the PLI dentist issued by the competent authority was a metal plate about 26 cm long and 10 cm wide. (E) The insurance certificate recorded the basic information of the insurance contract of the PLI. (F) The PLI premium receipt book recorded the monthly premium payments and could be used to prove that the holder was a PLI insured person. (G) After 1945, the symbol of the PLI business continued to use its original logo in Japan. Fig. 1A and B were available from the National Museum of Taiwan History. Fig. 1C and G were available from the Master thesis of Yi-Ting Huang.¹ Fig. 1D was provided by the "Songyin Hall", a professional collector. Fig. 1E and F were taken from the personal collection of Feng-Chou Cheng, the first author of this article.

War II in 1945. After 1945, the symbol of the PLI business continued to use its original logo (Fig. 1G). However, in Taiwan, the original PLI business and its welfare measures came to an end with the arrival of the new government and its new system after the war. Japan implemented the PLI system in Taiwan on October 1, 1927, and it lasted for 18 years until the end of the World War II in 1945, attracting a total of 1,926,605 contracts.¹ According to the name list of the PLI dentists, the total number of the designated dentists was 368, accounting for 86.79 % of the 424 practicing dentists in Taiwan in 1939.² Although the PLI was not the health insurance, it was the earliest social insurance in Taiwan involving the medical services (including dental services). Even without a social insurance framework, the dental community in postwar Taiwan continued to work to promote the oral health of the people, such as participating in oral health activities for school children in the 1950s. It was not until 1979 that the Labor Insurance (launched in 1950) added the medical benefits and began to pilot designated dental clinics to undertake the Labor Insurance dental services. The dentists in Taiwan once again had the opportunity to participate in the social insurance-related dental services. It was not until the implementation of the National Health Insurance in 1995 that a state-owned health insurance system covering all citizens and involving nearly all dentists was established, providing the most comprehensive dental benefits. Looking back at the century-long history of dentistry in Taiwan, our dentists have always been at the forefront of caring for the public's oral health.⁴

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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