

國立陽明交通大學教職員全民健康保險異動申請表

Amendment of National Health Insurance

申請人基本資料 (Information of Insured)							
單位 Department		職稱 Position		姓名 Name			
身分證字號 ID No.		出生日期 Birthday		連絡電話 Phone No.	辦公室(O)： 手機(Cell phone)：		
異動類別 Type	<input type="checkbox"/> 加保/Additional Insurance <input type="checkbox"/> 轉出(退保)/Withdrawal <input type="checkbox"/> 變更基本資料/Change of Information						
生效日期 Effective Date		身心障礙者 Disabled	<input type="checkbox"/> 極重或重 heavy degree <input type="checkbox"/> 中度 medium degree <input type="checkbox"/> 輕度 light degree				
眷屬基本資料 (Information of Dependant)							
姓名 Name		稱謂 Title		身分證字號 ID No.		出生日期 Birthday	
異動類別 Type	<input type="checkbox"/> 加保/Additional Insurance <input type="checkbox"/> 轉出(退保)/Withdrawal <input type="checkbox"/> 停保/Suspension of Insurance <input type="checkbox"/> 復保 Re-enrollment in Insurance Program <input type="checkbox"/> 變更基本資料 Change of Information						
生效日期 Effective Date		身心障礙者 Disabled	<input type="checkbox"/> 極重或重 heavy degree <input type="checkbox"/> 中度 medium degree <input type="checkbox"/> 輕度 light degree				
姓名 Name		稱謂 Title		身分證字號 ID No.		出生日期 Birthday	
異動類別 Type	<input type="checkbox"/> 加保/Additional Insurance <input type="checkbox"/> 轉出(退保)/Withdrawal <input type="checkbox"/> 停保/Suspension of Insurance <input type="checkbox"/> 復保 Re-enrollment in Insurance Program <input type="checkbox"/> 變更基本資料 Change of Information						
生效日期 Effective Date		身心障礙者 Disabled	<input type="checkbox"/> 極重或重 heavy degree <input type="checkbox"/> 中度 medium degree <input type="checkbox"/> 輕度 light degree				
姓名 Name		稱謂 Title		身分證字號 ID No.		出生日期 Birthday	
異動類別 Type	<input type="checkbox"/> 加保/Additional Insurance <input type="checkbox"/> 轉出(退保)/Withdrawal <input type="checkbox"/> 停保/Suspension of Insurance <input type="checkbox"/> 復保 Re-enrollment in Insurance Program <input type="checkbox"/> 變更基本資料 Change of Information						
生效日期 Effective Date		身心障礙者 Disabled	<input type="checkbox"/> 極重或重 heavy degree <input type="checkbox"/> 中度 medium degree <input type="checkbox"/> 輕度 light degree				

申請人簽章(Insured signature):

申請日期/Date: 年/Y 月/M 日/D

注意事項/Notes :

- 一、眷屬加保者為新生兒，請檢附戶口名簿或出生證明影本乙份及請領健保 IC 卡申請表；由前一單位轉出者，請另檢附轉出申報表影本 1 份。

For newborns, please submit a copy of the household registration document or amended Alien Residence Certificate. If transferring out from previous employment, please attach one copy of transfer-out form.

- 二、被保險人或眷屬變更姓名、身分證號、出生年月日，應附身份證正反面影本或戶口名簿影本。

For change of personal information, please submit or a copy of amended Alien Residence Certificate.

- 三、預計出國 6 個月以上者，可辦理停保，申請停保時請於出國前 2 個星期辦理。

Those who plan to go abroad six months above could apply for “suspension of insurance” in 2 weeks before going abroad.

- 四、因出國停保者於返國復保時，請加印整本護照。

Those re-enrolling in the insurance program after returning to the country should attach a copy of their passport including entry and exit certificate.

- 五、身心障礙者，應附身心障礙手冊影本。

The Disabled should attach a copy of the Certificate.

- 六、已年滿 20 歲之眷屬，請附學生證影本。

For family members over 20 years of age should attach a copy of their student ID card.

- 七、外籍人士投保請附居留證正反面影本，眷屬加保日自居留滿 6 個月起加保。

For foreigners, please submit a copy of A.R.C. Their dependants who have lived in the Taiwan area for more than 6 months are required to join NHI program.