國立臺灣科技大學健保加保**/**退保申請表（含眷屬）

03

National Health Insurance (NHI) Enrollment/Withdrawal Application Form (Dependents Included)

National Taiwan University of Science and Technology

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| 身份別  Position Type | □專任教師Full-Time Lecturer □專案教師 Project Lecturer □兼任教師 Part-Time Lecturer □職員Faculty member □約用人員Contract Worker □博士後研究Postdoctoral Research Fellow □技工工友Technical Staff □臨時專任助理Temporary Full-Time Assistant □勞僱型兼任助理Contract Part-Time Assistant □勞僱型臨時工Contract Temporary Worker | | | | | | | | | | | |
| 申請類別  Type of Application | □加保**(**轉入**)** 眷屬請附前投保單位健保轉出單The dependent applying for labor insurance enrollment (transfer) should attach the Proof of NHI Transfer Form issued by the previous insurance institution  □退保**(**轉出**)**，原因：﹍﹍﹍﹍﹍﹍﹍Reason for withdrawal or transfer | | | | | | | | | | | |
| □本人 Applicant □眷屬Dependent | | | | | | | | | | | |
| 姓名  Name |  | | 身分證  統一編號  National ID Number | |  | 出生日期  Date of Birth | | 年月日  YYYY/MM/DD | | | | |
| 護照或居留證號碼  Passport/ARC Number | | 薪資  Salary | | NT | | | | |
| 服務單位  Employer |  | | 連絡電話  Contact Number | |  | 聘 僱 期 間  Period of Employment  （專任教師及職員免填）(Full-time lecturer and faculty member do not need to complete this field) | | 年 月 日至From (YYYY/MM/DD)  年 月 日止  To (YYYY/MM/DD) | | | | |
| 眷 屬 資 料 **(**本國籍請攜帶戶籍謄本或戶口名簿備查；外國籍請附居留證影本**)**  **Dependent Information (Please provide the Household Registration Transcript if you are a Taiwanese national, and the Alien Residence Permit (ARC) if you are a non-Taiwanese national)** | | | | | | | | | | | | |
| 姓名  Name | | 國民身分證統一編號  National ID Number | | | 出生年月日  Date of Birth | 稱謂  Title | 加/退保日期  Start/End Date of Insurance | | 身心障礙  人士  Physically or Mentally Disabled | | 北市老人  Taipei Senior Citizen | |
| 是  Yes | 否  No | 是  Yes | 否  No |
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| 填寫須知  Guidelines | 一、具有同一類二種以上被保險人資格者，應以其主要工作的身分投保。  If the applicant qualifies for more than one type of insurance under one category, he or she should apply for the insurance type according to his or her main occupation.  二、眷屬範圍：  Definition of dependent:   1. 被保險人無職業的配偶。Spouse of the insured who is not employed 2. 被保險人無職業的直系血親尊親屬。Parent or grandparent of the insured who is not employed 3. 子女應屆畢業自當學年度終了之日起一年內 | 或服兵役退伍自退伍起一年內且無職業者。Child of the insured who is graduating and has not held a degree for over a year since the day of graduation, or who has been discharged from military service for less than one year and has not yet been employed   三、下列人員不得以眷屬身份參加健保：The following are not considered dependents for health insurance.  1、具有被保險人資格者，不得以眷屬身分投保。Any applicant who qualifies for insurance  2、未設住所於國內者。Non-residents  四、領有殘障手冊、中低收入戶，請附證明辦理減免。People with disabilities or from middle- to low-income households should attach a copy of relevant certification.  五、本國籍眷屬如年滿二十歲，請檢附合於投保之文件，如學生證、退伍未滿一年之退伍令影本；外國籍眷屬，請檢附當事人及眷屬居留證影本、入出國日期證明書（請至內政部移民署查詢）辦理投保。Dependents who are Taiwanese nationals and over 20 years of age should kindly provide documentation for insurance qualification, such as a photocopy of the student ID or military service discharge order (that was issued less than one year ago). Dependents who are non-Taiwanese nationals should kindly submit a photocopy of their ARC or certificate of entry and exit (please see the National Immigration Agency Official Website) for enrollment.  六、健保加保同時可申辦健保IC卡（首次辦卡者），請另填妥健保IC卡申請表併送。  The NHI IC Card (for first enrollment) is available upon application. Please fill out the NHI IC Card Application form, and submit both forms together.  七、眷屬如有異動（如出生、死亡、結婚、離婚、就業、滿二十歲、終止收養關係、入伍服役、受二個月以上之刑事執行等），應即檢附證明文件辦理變更。  For any status change of dependents (such as birth, death, marriage, divorce, employment, turning 20 years of age, termination of adoption, military service, or imprisonment of a period equal to or over 2 months), the insured should submit the appropriate documents and apply for amendment. | | | | | | | | | | | |
| 申請人簽章  Signature of Applicant | | | | 人事室  Personnel Office | | | | | | | | |
| 以上資料請據實填寫，如有應填報之眷屬而未填報致影響權益時，概由填表人負責。  I declare that all the content in this document is true. The applicant is liable for the rights of any qualified dependents affected as a result of the dependents not being included in this form.  年 月 日  YYYY/MM/DD | | | | 健保投保薪資  NHI Income Tier  單口月繳保費  Monthly Premium per Individual  自負保費總額  Out-of-Pocket Maximum  年 月 日  YYYY/MM/DD | | | | | | | | |

◎相關疑義請洽人事室：專任教師及職員吳小姐；專案教師、兼任教師及技工工友謝小姐；博士後研究及約用人員鄭小姐；專任助理林小姐；兼任助理及臨時工韓小姐

If you have any questions, please contact Ms. Wu for full-time lecturer and faculty member-related matters; Ms. Xie for project/part-time lecturer and technician/maintenance worker-related matters; Ms. Zheng for postdoctoral research and contract employee-related matters; Ms. Lin for full-time assistant-related matters; and Ms. Han for part-time assistants and temporary worker-related matters.