

銘傳大學全民健康保險轉入或轉出申請表
Ming Chuan University National Health Insurance Transfer In/Out Application Form

投保或退保者 Join or Surrender NHI (以✓註記 /Check one)		教 職 員/Employee			眷 屬/Family Dependent(s)				轉 出 入 Transfer In/Out (以✓註記/Check one)		備註 Note
本人 Self	眷屬 Dependents	姓 名 Name	身分證號 統一證號/I.D.	出生日期 Date.of.Birth	姓 名 Name	身分證號 統一證號/I.D.	稱謂/代號 Relationship/ Code	出生日期 Date.of.Birth	轉入 In	轉出 Out	

填表說明/Notices :

- 一、教職員及其眷屬同時投保(轉入)時，應分別各填一列；投保轉入者是眷屬時，除眷屬資料外並應填寫教職員本人的姓名及身分證號。
 ※轉入時請檢附「轉出申報表」(眷屬請附身分證影本)，新生嬰兒、喪失被保險人身份、變更基本資料者請附戶籍謄本或戶口名簿影本。
 - 二、眷屬稱謂及代號請依下列規定填寫：配偶-1、父母-2、子女-3、祖父母-4、孫子女-5、外祖父母-6、外孫子女-7、曾祖父母-8、外曾祖父母-9。
 - 三、年滿二十歲二親等內直系血親卑親屬，僅限合於下列投保條件，並請附證明文件：S-在學就讀且無職業、P-受禁治產宣告尚未撤銷、A-殘障而不能自謀生活、H-罹患符合本法第三十六條所稱重大傷病且無職業、G-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日起一年內且無職業。
1. When the insurance status change affects the Insured and dependents simultaneously, please fill out the form respectively. If the insured are the dependents, please also write the name and ID number of the insured.
 (***)For transferring into the NHI, please attach a copy of the insured's ID to this form. For newborns, loss of insured status, and for change of personal data, please submit a copy of the household registration document or a copy of amended Alien Residence Certificate.)
 2. Codes for dependent's relationship: Spouse(1); Parents(2); Child(3); Paternal Grandparents(4); Paternal Grandchild(5); Maternal Grandparents(6); Maternal Grandchild(7); Paternal Great-grandparents(8); Maternal Great-grandparents(9)
 3. The insurance conditions for lineal relatives >20 years-of-age: (S)-in school without job (P)-indicted or incarcerated (A)-handicapped with economic dependency (H)-Serious illness [according to Article 36 of relevant regulation] (G)-Within 1st year post-graduation or post-military service without job

教 職 員 簽 章

Signature of the insured : _____

填表日期/Date : _____年(y)/ _____月(m)/ _____日(d)