

健保異動申請書

National Health Insurance - Change Request Form

☐ 本人 Self

身份證字號 ID number :

出生日期 Date of birth :

☐ 眷屬 Family Member

身份證字號 ID number :

出生日期 Date of birth :

原因 Reason :

請自 年 月 日起

☐ 轉出 ☐ 轉入 本校全民健保

☐ 停止 ☐ 恢復 參加全民健保

(☐ 另以第六類身份，於 年 月 日起加入本校健保)

Request for :

☐ Withdrawal(transfer) from the National Health Insurance.

☐ Enrollment from the National Health Insurance.

☐ Suspension from the National Health Insurance.

☐ Re-enrollment from the National Health Insurance.

☐ National Health Insurance Enrollment for Category 6 Applicants.

From : _____(ex.2022.03.20)

此致 Sincerely

臺北市立南門國民中學

Taipei Municipal Nanmen Junior High School

申請人 Applicant :

年/Y 月/M 日/D

※健保繳費以加保之當月全月計算。

※National Health Insurance payment is calculated based on the full month of the insurance enrollment.