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|  | | | | | | | | | 勞工保險  就業保險  勞工職業災害保險 | | | | | | | | | | | | | | | | | | | 被保險人 | | | | | | | 退伍、復職通知書 | | | | | | | | | | | |  | | | | | |
| 保險證號  8位數字+1位英文檢查碼 | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | (請投保單位影印1份自行存查) | | | | | | | | | |
| 單位統一編號或  非營利扣繳編號 | |  | | | | | | | | | | | | | | | | | | 民國 | |  | | 年 |  | 月 | |  | 日填表 |
| 被 保 險 人 資 料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 通知登記資料  (請於相關欄位打勾並填註日期） | | | | | | | | | | | | 備註 | | | | | | | | | |
| 姓名 | | 國民身分證統一編號 | | | | | | | | | | | | | | | | | | | | | 出生年月日 | | | | | | | | 退  伍  (M) | | 傷停  病薪  留復  職職  (S) | 育停  嬰薪  留復  職職  (B) | 因  案  復  職  (C) | 復職日期 | | | | | | |
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| **以上資料請依國民身分證、戶籍證明文件、居留證或護照號碼所載資料以正楷填寫**  單位  印章 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | 勞動部勞工保險局填用 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
| 單位名稱： |  | | | | | | | | | | | | | | | | | | | | | 受理號碼 | | |  | | | | | | |
| 單位地址： |  | | | | | | | | | | | | | | | | | | | | | 人 數 | 名 | | 投遞日期 | | | |  | | |
| 單位電話： |  | | | | | | | | | | | | | | | | | | | | | 負責人印章 | | | | 經辦人印章 | | | | | | 填表範例 | | | | | |
| 注意事項：  一、被保險人應徵召服兵役、因傷病或育嬰留職停薪、因案停職期間原向勞保局登記繼續參加保險者，於退伍或復職時，請填本通知書並加蓋投保單位及負責  人、經辦人印章後，送勞保局登記。  二、請按「退伍」、「復職」事由於適當欄位打「V」號。  三、貴單位申報表列被保險人繼續投保時，如係選擇勞工職業災害保險退保者，勞保局將自貴單位所填復職日期起，恢復其勞工職業災害保險加保身分。  四、表列被保險人如為適用勞動基準法之勞工(含本國籍、外籍配偶、陸港澳地區配偶、取得永久居留之外籍人士)，且於原單位適用勞工退休金新制，本表並  為「勞工退休金提繳申報表」，勞保局將逕依服兵役、留職停薪前之月提繳工資、雇主提繳率，自退伍、復職日起提繳及計收退休金。  五、有下列情形之一者，請另填「勞工退休金提繳申報表」寄送勞保局辦理勞工退休金提繳手續：  (1)復職勞工之月提繳工資或雇主提繳率，與服兵役、留職停薪前不同。  (2)勞工個人自願另行提繳勞工退休金。  (3)表列人員為不適用勞動基準法之勞工、受委任工作者，如雇主自願為其提繳或其欲個人自願提繳。實際從事勞動之雇主個人自願提繳，亦同。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 審核 | | | 鍵錄 | | | | 校對 | | |
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