

NATIONAL TAIWAN UNIVERSITY

Application for Faculty Members Remaining Enrolled in, Transferring or Suspending National Health Insurance during Unpaid Parental Leave

Form filled out on YYYY/MM/DD

Name		Job title		Unit	
Unpaid leave	From _____ (YYYY/MM/DD) to _____ (YYYY/MM/DD)				
Applicant	<input type="checkbox"/> Wishes to remain enrolled in the National Health Insurance: The National Health Insurance Administration will mail the payment notice to the insured, who shall pay the premiums they are responsible for and may delay such payments for up to three years. 1. Please fill out the Application for National Health Insurance Enrollment Continuation or Changes for the Insured on Parental Leave without Pay. 2. Please attach a photocopy of the newborn infant's household certificate.				
	<input type="checkbox"/> Wishes to transfer the National Health Insurance enrolled in through NTU: please submit the NTU Transfer in/out Application to the unit handling the insurance transfer for processing.				
	<input type="checkbox"/> Wishes to suspend the National Health Insurance: 1. Please fill out the Application for Suspending or Re-enrolling in the National Health Insurance. 2. Please attach a photocopy of the travel visa or the airline ticket(s). <b>Important matters regarding the suspension of the National Health Insurance:</b> (1) The applicant must <b>be abroad for more than six months per departure to qualify for suspension</b> . For those who apply to suspend the National Health Insurance prior to departure, the insurance suspension start date shall be their departure date. For those who apply to suspend the National Health Insurance after departure, the insurance suspension start date shall be the application date and may not be retroactive to the departure date. No insurance premiums will be collected when the applicant is abroad, and the healthcare coverage will be temporarily suspended. (2) <b>The applicant shall re-enroll in the National Health Insurance upon their return to Taiwan.</b> The insurance re-enrollment start date shall be the return date, after which the applicant shall resume paying the National Health Insurance premiums; their medical benefits will likewise resume on the same date. <b>If the applicant has previously suspended their National Health Insurance, they may only apply for suspension again if they have been re-enrolled in the National Health Insurance for over three months since their return to Taiwan.</b> (3) If the applicant returns to Taiwan in less than six months, their National Health Insurance suspension shall be rescinded and the applicant shall resume paying the insurance premiums, retroactive to the start date of their insurance suspension. Their medical benefits shall likewise resume. (4) If the applicant chooses to suspend their National Health Insurance, they may not re-enroll in the National Health Insurance or apply for medical expense refunds during their time abroad. The applicant's medical benefits shall only resume after they return to Taiwan and re-enroll in the National Health Insurance.				

	<p>(5) <b>When applying to re-enroll in the National Health Insurance</b>, please fill out the <b>Application for Suspending or Re-enrolling in the National Health Insurance</b> and attach a <b>photocopy of the Certificate of Entry and Exit Dates or the passport page</b> showing the applicant's passport photo and the page showing the stamps of exit from and entry to Taiwan.</p>		
Applicant's dependents	<input type="checkbox"/> None of the applicant's dependents is enrolled in the National Health Insurance through NTU.		
	<input type="checkbox"/> The applicant's dependent(s), _____, will remain enrolled in the National Health Insurance through NTU.		
	<input type="checkbox"/> The applicant's dependent(s), _____, will transfer the National Health Insurance enrolled through NTU.		
	<input type="checkbox"/> The applicant's dependent(s), _____, will accompany the applicant abroad and wish to suspend their National Health Insurance. Please initiate the procedures for suspending/re-enrolling in the National Health Insurance in accordance with applicable regulations.		
Notes	<p>Please submit the application to the responsible personnel unit for processing:</p> <ol style="list-style-type: none"> <li>1. For the main campus, please submit the application to the Retirement, Pension and Insurance Division of the Personnel Office.</li> <li>2. For the College of Social Sciences, please submit the application to its affiliated personnel division.</li> <li>3. For the College of Medicine and the College of Public Health, please submit the application to the Personnel Division of College of Medicine.</li> </ol>		
Applicant's signature		Applicant's phone number	
Contact person		Contact person's phone number	