

Quota-based personnel: Please submit to the Retirement, Pension and Insurance Division

# NATIONAL TAIWAN UNIVERSITY

## Employee Dependent (Health Insurance) Transfer in/out Application

Phone number:

| Name of employee | <u>National ID Number or<br/>UI No. for Foreign Nationals</u> | Date of Birth | Affiliated Unit | Job Title |
|------------------|---|---------------|-----------------|-----------|
|                  |   |               |                 |           |

### Dependent Information Transfer in Transfer out

| Name | <u>National ID Number or<br/>UI No. for Foreign Nationals</u> | Date of Birth | Relationship | Date of Transfer | Notes |
|------|---|---------------|--------------|------------------|-------|
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**Notes:**

1. The employee shall fill out each column of the form in detail.
2. For newborns, the enrollment day shall be the date of birth.
3. Dependents listed above applying for the insurance enrollment shall provide a photocopy of their identification card or Household Registration Transcript. If the dependent is a citizen of Mainland China or a foreign national, please attach a photocopy of the Resident Certificate for Foreign Nationals or travel documentation proving the dependent has resided in Taiwan for more than six months.
4. For children 20 years of age or older, a certificate of school enrollment (such as a copy of the student ID) shall be attached.
5. Multiple enrollments in the National Health Insurance are prohibited. Dependents, except for newborns, if enrolled in the insurance already, shall complete the transfer-out procedures with the original enrollment unit to avoid duplicate enrollment.

Signature of the insured: \_\_\_\_\_  
(The insured is a faculty or staff member of the University)

Date: (YYYY/MM/DD)

For inquiries, please contact Ms. Hsu of the Retirement, Pension and Insurance Division, Personnel Office at 02-33665952