

國立臺灣大學勞(健)保 退保 申請書

(106.5 版)

National Taiwan University
Application for Termination of Labor/Health Insurance
(for staff and faculty use only)

單位 Department :

經辦人 Contact person :

辦公室電話

行動電話

辦理日期 Date :

Office Number :

Phone Number :

| 序號 No. | 姓 名 Name | 身分證號 (居留證號) ID/ARC No. | 職 稱 Job Title | 退保日期 (為工作支薪之 最後 1 日) Last Day of Coverage (last day of paid employment) | 本人簽章 (由聘用單位統一 加蓋戳章者免填) Signature of applicant | 備 註 Notes |
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離職人員最遲應於離職前 1 日，將退保申請書送至人事室綜合業務組辦理退保手續

Applicants are required to complete and submit this form to the Personnel Office no later than 24 hours before their employment officially ends.

單位主管 (計畫主持人) 簽章 (研究計畫人員請由計畫主持人簽章)

Signature or seal of Department /Project Director : _____