

NATIONAL TAIWAN UNIVERSITY

Application for Change in Labor/Health Insurance and Labor Pensions

Type of Change : Change in Employment Term (including insurance renewals and extensions) Salary Adjustment Change in Funding

Version 2016.02

Unit:

Processing Clerk:

Office Phone:

Mobile Phone:

Date:

Serial No.	Name of the Insured	National ID No. (New UI No.)	Job Title	Pre-change Details			Post-change Details			Funding Code/ University Accounting Code	Applicant's Signature or Seal <small>Not required for applications officially stamped by the employing unit</small>	Remarks
				Average Monthly Salary	Employment Start Date	Employment End Date	Average Monthly Salary	Employment Start Date	Employment End Date			
01												
02												
03												
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Notes:

1. If the Insured continues to work at the University after their original employment term ends (without resigning midway through the term), they shall fill in the application one month prior to the insurance expiration date, and submit it to the Personnel Office **together** with a copy of the contract, employment application form, signatures, and other relevant documents to facilitate insurance renewal.
2. In the event that the Insured does not complete the insurance renewal procedure before the end of their original employment term, the University shall **initiate insurance withdrawal procedures**. The Insured should pay attention to the end date of their original employment term and apply for insurance renewal within the specified time period, so as to protect their rights and interests.
3. Applications for **Salary Adjustments** shall take effect on the **1st day of the month following** the month in which complete documents have been submitted to the Personnel Office for review and approval, and forwarded to the Bureau of Labor Insurance.

Those who hold two or more concurrent positions at the University shall also fill in the Agreement Form for the Sharing of Insurance Premium.

Signature or Seal of the Unit Head (or Principal Investigator):

(Research project personnel shall have the application form signed or stamped by their principal investigator)

