

國立臺灣大學勞(健)保加保及提繳勞退金申請書

112.9 版

National Taiwan University Application for Labor/Health Insurance and Labor Pension Contribution (For faculty and staff use only)

姓 名 Name		性 別 Gender		出生日期 Date of Birth	
身分證字號 外籍人士統一證號 ID / ARC No.	辦公室電話(Office Phone Number)				
	行動電話(Cell phone)				
身 分 別 註 記 Identity Category	<input type="checkbox"/> 持有身心障礙手冊(請檢附手冊影本) Holder of a disability card (please attach a photocopy of the card) <input type="checkbox"/> 與本國籍人士結婚之外國人(請檢附戶籍資料影本) Foreign spouse (please attach a photocopy of household registration information) <input type="checkbox"/> 持有永久居留證之外國人 Foreign national holding an Alien Permanent Resident Certificate				
職 稱 Job Title		E-mail			
服 務 單 位 Department		主計室代號 Funding Code			
月 支 薪 資 Monthly Salary		聘 期 Employment Period	僱 間 Employment Period	開始日 From :	年 月 日 YY MM DD
				結束日 To :	年 月 日 YY MM DD
申請項目 Insurance Program(s) Applied	<input type="checkbox"/> 勞保 Labor Insurance	加保日期： 年 月 日 Insurance Enrollment Date: YY MM DD		依規定不得追溯加保，未能於到職日前加保者，以申請表送達人事室收件當日辦理投保。 Retroactive labor insurance enrollment is not allowed by regulations. If the applicant cannot enroll before the start date of employment, coverage will begin on the date this form is received and processed by the Personnel Department.	
	<input type="checkbox"/> 健保 National Health Insurance	轉入日期： 年 月 日 Enrollment (Transfer-in) Date: YY MM DD		1. 每週工作時數未滿 12 小時者，本校不為其辦理健保加保 2. 短期工作(讀)不超過 3 個月者，得選擇不在本校加健保。 1. Health insurance enrollment is not available to NTU employees who work for less than 12 hours per week. 2. A temporary worker with an employment contract not exceeding 3 months may choose not to enroll in health insurance through NTU.	
	自提勞退(不適用者無須填寫) Voluntary Pension Contribution (If not applicable, no need to fill in) <input type="checkbox"/> 否/(N) <input type="checkbox"/> 是/(Y) _____ % (僅限 1% ~ 6%) (within the range of 1% to 6%) <u>※如未填寫，將僅提繳雇主部分，不會提繳自提。</u> If not filled out, only the employer contributes to the labor pension, and no voluntary contribution is submitted.				1. 雇主固定提繳 6%，僅須填寫個人自願提繳部分。 1. The employer contributes 6% by law. Please fill out the voluntary pension contribution rate by the employee (1% to 6%) if you choose 'Yes.' 2. 適用對象：本國人、與本國人結婚或持有永久居留證之外籍人士。 2. Eligibility: R.O.C. nationals, foreign spouses, and foreign nationals holding an Alien Permanent Resident Certificate.

一、勞健保案件每日受理案件之截止時間為下午 4 點。

The Labor and Health Insurance application submission deadline is 4 p.m. Monday through Friday, except for holidays.

二、應檢附文件：**Required documents:**

1. 身分證影本(本國人)；居留證影本及工作許可函影本(外籍人士)；大陸地區人民(僅能參加健保)請檢附入出境許可證影本。

Photocopies of your R.O.C. ID card (R.O.C. nationals only) or your ARC (Alien Resident Certificate) and work permit (foreign employees). Mainland Chinese applicants (eligible for health insurance only), please submit a copy of your R.O.C. Exit and Entry Permit.

2. 聘僱申請書。Employment Application Form.

3. 健保不得重複加保，欲在本校參加健保，請務必於原加保單位完成**健保轉出**。

Multiple enrollments in the National Health Insurance are prohibited. Before enrollment in the health insurance through NTU, applicants shall first complete the transfer-out procedures with the original group insurance applicant.

4. 如眷屬隨同本人轉入健保，請另填『眷屬轉入轉出申請表』並檢附相關身分證明文件影本。

If family members are transferring their health insurance along with the applicant, please fill out the “Employee’s Dependent National Health Insurance Enrollment (Transfer-in) Application Form” and attach photocopies of relevant certified documents.

三、擬僱用人員如為外國學生、僑生及華裔學生，須先取得工作許可證，並於許可期間內聘僱，除寒暑假外，每星期最長時數為 20 小時。

Foreign and overseas Chinese students are required to apply for a valid work permit before they can be legally employed for up to the period authorized by the work permit. Work hours are limited to a maximum of 20 per week, except during winter and summer breaks.

四、為確保被保險人權益，請於到職日前填送本表至人事室綜合業務組辦理加保事宜。如於到職日後送件者，以申請表送達人事室收件當日辦理投保（依規定，勞保不得追溯加保）。未依規定辦理致影響個人權益，概由用人單位及被保險人自行負擔。

To ensure the insured's rights and benefits, please submit this form to the Integrated Affairs Division of the Personnel Department for insurance enrollment before the start date of employment. If the applicant cannot enroll before the start date of employment, coverage will begin on the date this form is received and processed by the Personnel Department (retroactive labor insurance enrollment is not allowed by regulations). Failure to comply with these regulations, resulting in adverse effects on individual rights, will be the responsibility of the employer and the insured.

五、各單位、各研究計畫主持人所聘僱之人員，如聘僱期間中途離職或聘僱期限屆滿不再續聘者，務必自行通知被保險人至遲於離職前 1 日至校總區人事室綜合業務組辦理退保手續。未依規定辦理異動或退保，致本校未能即時通知勞保局退保，期間衍生應繳保費(含個人及雇主負擔)，由被保險人、用人單位或計畫主持人自行負擔。

If the employment terminates mid-term or is not renewed upon expiration, units and project directors are required to notify the insured to initiate the insurance withdrawal process at the Integrated Affairs Division of the Personnel Department at least one day before resignation. Failure to adhere to the regulations for insurance changes or withdrawal, resulting in the University's inability to promptly notify the Bureau of Labor Insurance, shall lead to the insured, the employer, or the project directors bearing the cost of any due insurance premiums (including employee and employer contributions) for that period.

本人已詳細閱讀上述事項，並同意遵守。

I have read and agree to the above terms and conditions and shall pledge my full compliance with these, as well as other University regulations and other appropriate employment laws of the Republic of China. My signature follows:

(被保險人) 本人簽章

Signature of applicant : _____

單位主管 (計畫主持人) 簽章：

Signature or seal of Department /Project Director : _____ 研究計畫人員請

由計畫主持人簽章

申請人請於送交人事室前自行影印留存

身分相關證件影本黏貼處

※ 國民身分證影本
(或居留證影本)

copy of the

Alien Residence Certificate

正面(Front side)

※ 國民身分證影本
(或居留證影本)

copy of the

Alien Residence Certificate

反面(Back side)

※ 身心障礙手冊影本

copy of the

Disability Card

正面(Front side)

(非身心障礙人員免附)

※ 身心障礙手冊影本

copy of the

Disability Card

反面(Back side)

(非身心障礙人員免附)