

Application for Changes to National Health Insurance Enrollment for Teaching Staff and Dependents

Enroll
 Transfer Out
 Withdraw
 Suspend Coverage
 Reinstate Coverage
 Information Change

Name of Dependents	Title (form of address)	Date of Birth	National ID Number (Alien Resident Certificate ID Number)	Date qualified to be insured

Employee ID Number :

Signature of Applicant :

Personal ID Card Number :

Date of Signature :

Remarks:

1. If the enrollee is a newborn baby, please attach two photocopies of his or her household registration; Dependents aged 18 or older should attach two photocopies of his or her student ID card; Individuals returning from abroad should attach a photocopy of his or her passport (proof of entry and exit).
2. Direct blood relatives aged 18 or older within two degrees of kinship should satisfy the following insurance requirements:
 - a. In school without employment.
 - b. Custody order still in place.
 - c. Holding a disability card and unable to support oneself.
 - d. Being qualified as severely injured or ill under this Act and unable to support oneself.
 - e. New graduate who is unemployed, within one year of school year end; or discharged from military service and unemployed, within one year of discharge.
3. For other changes (such as leaving the country for more than six months, disability, returning home from abroad and being reinstated in one's position, death, military service, changing one's name etc.), please attach supporting documentation and send it to the Human Affairs Office for processing and handling.