全 民 健 康 保 險

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| 承表三 | 第六類保險對象復保申請表 | 填表日期 |  |  | 年 |  |  | 月 |  |  | 日 |

**壹、被保險人**(□只辦理眷屬復保時，須同時填寫被保險人的國民身分證統一編號、姓名及眷屬資料。)

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| 國民身分證統一編號  （居留證號） | | | | | | | | | | | | | | 姓 名 | | | | |  | | | | | 原因發生日期 | | | | | | | | 核定生效日期 | | | | | | |
|  |  |  |  |  |  |  | |  | |  | |  | |  | | | | | 復保□ | | 失蹤六個月  內尋獲者 | |  | 年 | | | | 月 | | 日 | | 年 | | | 月 | | 日 | |
| 出生日期 | | | | | | | 年 | | | | | | 月 | | | 日 | | | 返國復保 | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 聯絡電話 | | | | | | | | | | | | | | （宅） （手機） | | | | | | | | | | | | | | | | | | | | | | | | |
| 通訊地址 | | | | | | | | | | | | | | 縣 | | | 鄉鎮 | | | 村里 | | 路 | | | 段 巷 弄 號 樓 室 | | | | | | | | | | | | | |
| 市 | | | 市區 | | | 鄰 | | 街 | | |
| 電子郵件信箱 | | | | | | | | | | | | | | @ | | | | | | | | | | | | | | | | | | | | | | | | |

**貳、眷 屬**

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| 國民身分證統一編號  （居留證號碼） | | | | | | | | | | 姓 名 | 出生日期 | | |  | 復保□ | | 原因發生  日期 | | |  | 核定生效  日期 | | |
| 年 | 月 | 日 | 失內  蹤尋  六獲  個者  月 | 返  國  復  保 | 年 | 月 | 日 | 年 | 月 | 日 |
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cid:image007.jpg@01CDCE17.CC1636F0**參、被保險人簽章：**

（蓋章）

**代理人（受託人）簽章：**

受託人電話：

**肆、投保單位審核結果：**

|  |  |  |  |  |  |
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| 本表各欄與證明  文件記載是否相符 | 是 □  否 □ | 投保單位圖記 |  | 經辦人  簽章 |  |
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投保單位代號： 62000 投保單位名稱：