

National Health Insurance

As per Form 3

Resumption Application Form for Category 6 Insured

Date form filled in _____ (YYYY/MM/DD)

A. The insured (☐ When only applying for insurance resumption for dependent, insured person's National ID number, full name, and dependency information must also be filled in.)

National ID number (Alien Resident Certificate number)										First Name		Date of occurrence										Approved date of effect		
										Last Name														
												Resumption of insurance				Year	Month	Day	Year	Month	Day			
												Missing person found within six months												
Date of birth				Year	Month	Day	Resumption of insurance after return to Taiwan																	
Contact number					(Home)										(Cellphone)									
Mailing address																								
E-mail					@																			

B. Dependent(s)

National ID number (Alien Resident Certificate number)										First Name		Date of birth			Resumption of insurance <input type="checkbox"/> (Refer to Directions II for details) Missing person found within six months Resumption of insurance after return to Taiwan										Date of occurrence			Approved date of effect		
										Last Name		Year	Month	Day											Year	Month	Day	Year	Month	Day

C. **Signature or seal of the insured:**
Signature or seal of the agent (assignee):
Assignee's telephone:

(Seal)

D. **Insured unit review result:**

Fields of this form match the documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insured unit's stamp		Handling person's signature or seal	
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Insured unit's code: 62000

Insured unit's name: