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. )

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 □  (Refer to Directions Ⅱ for details) | | Date of occurrence | | |  | Approved date of effect | | |
| Last Name | Year | Month | Day | Missing person found within six months | Resumption of insurance after return to Taiwan | Year | Month | Day | Year | Month | Day |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |

**C. Signature or seal of the insured:**

**Signature or seal of the agent (assignee):**

(Seal)

Assignee's telephone:

**D. Insured unit review result:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fields of this form match the documentation | Yes □  No □ | Insured unit's stamp |  | Handling person's signature or seal |  |
|

Insured unit's code: 62000 Insured unit's name: