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 □(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: