

# National Health Insurance Amendment Application Form for Category 6 Insured

As per Form 5

Date form filled in \_\_\_\_\_ (YYYY/MM/DD)

**A. Beneficiary** (Insured or dependent person's original application material)

National ID number:   
(Alien Resident Certificate number)

Full name: \_\_\_\_\_  
First Name
Last Name

Date of birth: 

Year	Month	Day

**B: Item(s) to be changed** (Please check item(s) to be changed and fill in the changed information for such item(s))

National ID number:   
(Alien Resident Certificate number)

Full name: \_\_\_\_\_  
First Name
Last Name

Date of birth: 

Year	Month	Day

Household address  
Mailing address

<input type="checkbox"/> Household address	Postal code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>						
<input type="checkbox"/> Mailing address	Postal code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>						<input type="checkbox"/> Same as household address  
Contact number	Telephone: _____ Cellphone: _____	E-mail _____ @ _____					

Insured person's telephone number: \_\_\_\_\_

Dependent's title and code:  
Title
Code  
 —

 (Seal)

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

**Signature or seal of the agent (principal):** \_\_\_\_\_

**IV. 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: \_\_\_\_\_ Insured unit's name: \_\_\_\_\_

Turn over for directions on filling out form

**E. Application form directions:**

- I. When applying for information change for the insured or his/her dependent(s), the insured shall fill out a copy of this form and submit such to the rural village (township, city, district) office where the household is located.
- II. When the insured person or his/her dependent changes National ID number, name, or date of birth; or when the insured changes the household address; or when the dependent changes the title code, a copy of ID card or household certificate shall be provided for review by the handling personnel at the insured unit.
- III. Fill in the dependent's title and code according to the following standards:

Code	1	2	3	4	5	6	7	8	9	0	p
Title	Spouse	Parent	Child	Paternal grandparent	Paternal grandchild	Maternal grandparent	Maternal grandchild	Paternal great-grandparent	Maternal great-grandparent	Veteran's other surviving dependent	Ward

- IV. When the Administration accepts and completes the change(s) to the beneficiary's basic information, the original health insurance card will be canceled. Therefore, beneficiaries should also fill out the "Application Form for Health Insurance Card" and pay the cost of NT\$200 to apply for the issuance of a new card.
- V. After the insured completes the registration with the valid health insurance card on the National Health Insurance Administration website, once he/she logs into the NHIA official website with the registered health insurance card and completes identification verification, he/she can apply for various convenient services online without leaving the house or contacting the municipal office. More service items will be included in the future:
  - (I) Personal Health Insurance Information Online Services:
    1. Application for enrollment (limited to insured persons with no dependents), transfer, suspension or resumption of insurance for Category 6 insured.
    2. Unpaid individual insurance premium inquiries, single predesignated payment transfers, and electronic payment slip applications and downloads.
    3. Application for lost health insurance card re-issuance along with application for the insured.
    4. Checking health insurance subscription or withdrawal status - date of subscription or withdrawal, insured amount, and dependent insurance information.
    5. Changes to personal mailing address.
    6. Online application for insurance premium payment certificate.
    7. Online application for Chinese and English certificate of insurance participation
  - (II) My Health Bank: For individuals to inquire about medical information, medication status, and personal premium payment status.