

新增
Adding
註銷
Canceling

委託轉帳代繳全民健康保險費約定書

(107年8月31日)
(August 31, 2018)

Appointment Agreement to Pay for National Health Insurance
(NHI) Premiums Through Automatic Payments

立約定書人茲向貴行(局、庫、社、會)申請(□新增□註銷)委託轉帳代繳全民健康保險費，
The Contracting party applies to the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) for
(□adding □canceling) designated account transfer automatic payments to pay for National Health Insurance (NHI)
premiums.

請依照本約定書所載約定事項之規定，逕自下列指定轉帳代繳帳戶或信用卡(□辦理□終止)轉帳
代繳下表所列繳款代號之保險費。此致

In accordance with the matters stated in this Agreement, please directly engage in (□adding □canceling) scheduled
NHI payments from the designated account or credit card number stated in the table below. Respectfully submitted to,

郵局 Post Office
(立帳局號□□□□□□—□)
Number of the branch where the account was opened
存簿儲金帳號□□□□□□—□
passbook savings account number
或劃撥儲金帳號□□□□□□□□
or postal giro account number

1.存款帳戶_____銀行(局、庫、社、會)
Savings account Bank (credit cooperatives, Farmers'/
Fishermen's Associations)
_____分行(分局、支庫、分社)
Branch (division, subdivision)

存款帳號 Savings account number
□□□□□□□□□□□□□□□□

2.信用卡發卡銀行_____銀行
Credit card issuer Bank
信用卡卡號 Credit card number
□□□□-□□□□-□□□□-□□□□

持卡人身分證號 Cardholder's ID No.
□□□□□□□□□□

持卡人生日 Cardholder's birthday: 年 月 日
(yyyy/mm/dd)

信用卡持卡人簽名 Cardholder's signature_____

立約定書人(帳戶本人)姓名 _____
Name of contracting party (account holder)



簽章(請蓋存款戶印鑑)
Signature (Please affix the seal of the account holder)

聯絡電話 Contact number: (公 Office) _____ (宅 Home) _____

(I)鄉鎮市區公所加保之被保險人 Insured person enrolled in rural or urban offices 請填此欄位
育嬰留職停薪之被保險人 Insured person on parental leave Please fill in this column.

被保險人姓名 Insured person's name	被保險人身分證統一編號 Insured person's ID No.

(II)投保單位請填此欄位 Insured units please fill in this column.

(由雇主成立為投保單位之外僱雇主，請填寫此欄，營利事業統一編號得免填)

(Insured units established by an employer of foreign employees, please fill in this column; the profit-seeking enterprise uniform invoice number may be left blank.)

投保單位名稱 Insured unit's name	投保單位代號 Insured unit's code	營利事業統一編號(如無則免填) Profit-seeking enterprise uniform invoice number (Leave blank if not available.)

約定事項

中華民國 年 月 日

Agreement Conditions

___/___/___ (yyyy/mm/dd)

- 一、立約定書人（以下簡稱立約人）填具本約定書，委託貴行（局、庫、社、會）自指定之存款帳戶或信用卡（以下簡稱轉帳代繳帳戶）轉帳代繳全民健康保險保險費（以下簡稱保險費）。如因約定書內容填寫不全、錯誤或其他原因，致貴行（局、庫、社、會）無法辦理轉帳，則本約定書不生效力。（被保險人姓名或投保單位名稱及投保單位代號可參閱最近月份保險費繳款單）

The Contracting Party (hereinafter referred to as the Signatory) fills out this Agreement and appoints the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) to make automatic payments from the designated savings account or credit card (hereinafter referred to as the Designated Transfer Account) to pay for National Health Insurance premiums (hereinafter referred to as NHI Premiums). In the event that the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) is unable to arrange transfers due to incomplete information, mistakes, or other reasons, the Agreement shall not enter into force. (For the insured's name, or the insured unit's name and the insured unit's code, please refer to the NHI premium bill of the most recent month.)

- 二、立約人申請轉帳代繳保險費，同意自貴行（局、庫、社、會）接受委託，並洽妥衛生福利部中央健康保險署（以下簡稱健保署）分區業務組完成建檔之月份（以申請之次月為原則）起開始轉帳。在未建檔前各月份之保險費，仍由保險費繳款人（以下簡稱繳款人）自行繳納。

The Signatory applies for automatic payments to pay for NHI premiums and agrees that the funds should be transferred starting in the month (the month subsequent to the application in principle) in which the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) accepts the appointment and forwards it to the Regional Division of the National Health Insurance Administration (hereinafter referred to as the NHI Administration), Ministry of Health and Welfare, and said division completes the filing. NHI premiums of all months prior to the filing shall still be paid by the NHI premium payer (hereinafter referred to as the Payer) himself/herself.

- 三、貴行（局、庫、社、會）代繳義務，以立約人轉帳代繳帳戶餘額或信用卡授權額度足敷委託代繳之保險費為限。貴行（局、庫、社、會）應於每月十五日轉帳（如遇假日為其次一營業日），倘存款不足或超過信用卡使用額度，則由繳款人自行持保險費繳款單至指定之金融機構繳納。如繳款人因此而須負擔滯納金，概由立約人負責。

The obligation of the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) as a payment agent is limited to the balance of the Signatory's designated transfer account or authorized credit card limit being sufficient to cover the appointed NHI premium payment. **The Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) shall transfer the funds on the 15th of every month (in case of a holiday, the next business day). In the event that the savings are insufficient or the credit card limit is overdrawn, the Payer shall bring the NHI bill to the designated financial institution to make a payment himself/herself. In the event that the Payer is subject to a surcharge as a result of late payments, the Signatory shall be held responsible.**

- 四、立約人委託代繳保險費，如轉帳代繳帳戶因遭法院強制執行或其他事故致無法代繳時，或信用卡遇停用等情事無法完成代繳，貴行（局、庫、社、會）得終止代繳之約定，其因此而致繳款人須負擔滯納金，概由立約人負責。

After the Signatory designates automatic payment transfers to pay for NHI premiums, **in the event that payments cannot be made as a result of the designated transfer account being under compulsory enforcement by a court or other reasons, or if the credit card has been suspended, the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) may terminate the payment agent appointment. In the event that the Payer is subject to a surcharge as a result of late payment, the Signatory shall be held responsible.**

- 五、立約人擬在貴行（局、庫、社、會）另行指定轉帳代繳帳戶時，應註銷原委託約定且重新填具約定書；並同意自貴行（局、庫、社、會）受理變更，及洽妥健保署分區業務組完成更檔之月份（以申請之次月為原則）起，由新帳戶代繳保險費。

At the time the Signatory intends to designate an additional transfer account at the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations), he/she shall cancel the original Appointment Agreement and fill out the Agreement again. The Signatory shall agree that starting in the month (the month subsequent to the application in principle) the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) accepts the amendment application and forwards it to the Regional Division of the NHI Administration, and said division completes the amendment filing, the payments shall be made by deducting funds from the new account.

- 六、立約人委託代繳保險費，在未終止委託前，不得藉故拒絕繳納保險費，否則因此而致繳款人須負擔滯納金時，概由立約人負責。

The Signatory having arranged for automatic payments to pay for NHI premiums **shall not refuse to pay NHI premiums before the appointment is terminated. Otherwise, if he/she is subject to a surcharge as a result of late payment, the Signatory shall be held responsible.**

- 七、立約人委託代繳保險費，在未終止委託前，自行結清轉帳代繳帳戶或信用卡停用等情事，視同自動解除代繳之約定，其因此而致繳款人須負擔滯納金時，概由立約人負責。

After the Signatory has arranged for automatic payments to pay for NHI premiums, **situations in which he/she takes the initiative to close the designated transfer account or cancel his/her credit card shall be deemed as an automatic termination of the designated automatic payments prior to the termination of the appointment. In the event that the Payer is subject to a surcharge as a result of late payment, the Signatory shall be held responsible.**

- 八、貴行（局、庫、社、會）或立約人皆得隨時以書面通知對方終止代繳契約。立約人終止代繳時應填具「註銷委託轉帳代繳全民健康保險費約定書」，並自貴行（局、庫、社、會）接受註銷委託，並洽妥健保署分區業務組完成更檔之月份（以申請之次月為原則）起，終止以該帳號或信用卡轉帳代繳保險費。其因註銷委託而致繳款人須負擔滯納金時，概由立約人負責。

The Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) or the Signatory may notify the counterparty of the termination of the Payment Agreement in written form at any time. The Signatory shall fill out the "Agreement to Cancel National Health Insurance (NHI) Premium Payments Through Automatic Payments" when terminating scheduled payments, and automatic payments of NHI premiums through fund transfer from such account or credit card shall be terminated starting in the month (the month subsequent to the application in principle) in which the Bank (post office, credit cooperatives, Farmers'/Fishermen's Associations) accepts the cancellation of appointment and forwards it to the Regional Division of the NHI Administration, and said division completes the file amendment. **In the event that the Payer is subject to a surcharge as a result of late payment, the Signatory shall be held responsible.**

- 九、立約人指定之轉帳代繳帳戶為支票存款帳戶者，倘因扣繳保險費而致存款不足，發生退票情事，由立約人自行負責。

In the event that the designated transfer account is a **check deposit account, and check(s) bounce(s) as a result of insufficient balance when a scheduled NHI premium payment is made, the Signatory shall be held responsible.**