National Health Insurance

Withdrawal Application Form for Category 6 Insured

|  |  |  |  |
| --- | --- | --- | --- |
| As per Form 2   |  |  |  | | --- | --- | --- | | Date form filled in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (YYYY/MM/DD) | |

**A. The insured**(□ Check ✓ in the □ when only applying for insurance withdrawal of the dependent, and also fill in the insured's National ID number, full name and dependency information. )

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National ID number  (Alien Resident Certificate number) | | | | | | | | | | First Name | Date of birth | | | | | | | | Reason for withdrawal | Date of occurrence | | | | | | | |
| □ C- Change of insured unit or change of insurable status  □ E- Missing for six months  □ M- Death  □ U- Loss of insurance eligibility |
| Year | | | | Month | | Day | | Year | | | | Month | | Day | |
| Last Name |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**B. Dependent(s)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| National ID number  (Alien Resident  Certificate number) | | | | | | | | | | First Name | Date of birth | | | | | | | | Title | Code | Reason for withdrawal | Date of occurrence | | | | | | | | |
| □ C- Change of insured unit or change of insurable status  □ E- Missing for six months  □ M- Death  □ U- Loss of insurance eligibility |
| Year | | | | Month | | Day | | Year | | | | | Month | | Day | |
| Last Name |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
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**C. Withdrawing person's original insured household address:**

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| --- | --- | --- | --- | --- |
| Household address | Postal code | | |  |
|  |  |  |
| Contact number | | | | (Office) (Home) (Cellphone) |

**D. Fill in the information below if transferring to new insured unit:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of new insured unit transferring to: | Insured unit's code | | | | | | | | | | Contact number | Enrollment date | | | | | | | |
| Year | | | | Month | | Day | |
|  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **E. Signature or seal of the insured:**  (Seal)  **Signature or seal of the agent (principal):** | | | | | |

**F. 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:

※ Turn over for directions when filling out form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (Sender’s adress)  Name  Adress  Stamp  Submit via registered mail with sufficient postage  (Recipient) | Application form directions:  I. When applying for insurance withdrawal for the insured or his/her dependent(s), the insured shall fill out a copy of this form and submit such to the local household registration office in the district where he/she resides; After review, signature and seal by handling personnel, a photocopy shall be made for the insured to take to the new insured unit for insurance procedures.  II. Check ✓ in the □ based on the reason for withdrawal:  (I) Change of insured unit or change of insurable status: when the insured moves household registration; the insured or dependent converts to other insured or dependent category; dependent terminates adoption relationship, divorce, or descendant is 20 years old or more and not eligible for continuation of insurance.  (II) Code U: Refers to expiration of residency; moving out of the household registration to stay abroad; loss of Republic of China nationality; etc.  III. Fill in 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 | | In case of cross-degree of relationship insurance, attach relevant supporting documents or statements | | | | | | | |   IV. When insured withdraws from insurance, his/her dependent shall also withdraw and then participate in the insurance as per other status. If the reason for withdrawal is that insured has been missing for six months, death, or loss of insurance eligibility, relevant supporting documents shall be attached for processing.  V. In order to protect the rights and interests of the insured, and to avoid double insurance and double-counting of health insurance premiums~~,~~ when the insured or dependent transfers the insured unit and is unable to apply for insurance withdrawal at the rural village (township, city, district) office where the household is located~~,~~. the new insured unit shall directly provide this form to be filled in by the insured transferring in. The insured shall also be asked to complete this form and submit with sufficient postage to the Social Welfare Section (or National Health Insurance Section) of the municipal office where the original household registration is located. |  |  |