Category I National Health Insurance Application (Transfer) for
Part-Time Faculty Without A Full-Time Job

(To be completed by units responsible for insuring employees at government agencies, public/private schools, and civil servants only)

No.	Form C
Unit Code	1 2 3 5 6 9 5 0

Insured (√)		Applicant		Dependent				Date of Birth (YYYY/MM/DD)	Amount	Eligibility		Remarks
Applicant	Dependent	Name	National ID No. (M/F in last column for ARC holders)	Name	National ID No. (M/F in last column for ARC holders)	Title	Code			Reason	Date	

Instructions

1. Part-time faculty without a full-time job may fill out this form if they wish to apply for NHI under NTNU (no duplicate coverage allowed), which shall process the transfer and issue a certificate for interim resignation or non-renewal via the hiring unit.
2. Please attach a copy of the certificate of transfer issued by the original unit.
3. The information of the insured and their dependents should be supplied in separate rows; the insured's name and National ID No. should be indicated for any insured (transferred) dependents.
4. Please fill in the title and code for dependents as follows: spouse: 1, parent: 2, child: 3, paternal grandparent: 4, paternal grandchild: 5, maternal grandparent: 6, maternal grandchild: 7, paternal great-grandparent: 8, maternal great-grandparent: 9.
5. Please list the reasons for dependent eligibility (loss of insured status, newborn, marriage, adoption, etc.)
6. Lineal descendants over the age of 20 within the second degree are eligible only for the following reasons (please fill in letter code): S: unemployed student, P: under declaration of interdiction, A: disabled, H: unemployed with major injury under Article 36, G: unemployed recent graduate or military discharge in the recent year (please attach a photocopy of the graduation certificate or discharge order).
7. Please submit this form to Ms. Mei-Chih Lin (ext. 1919) at the General Services Division, Office of General Affairs.

Unit:

Name: (Signature)

Date: (YYYY/MM/DD)