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| **Dependent Health Insurance Request Form** | | | | | | | | | |
|  | | | | | **Date\*：** | | | | |
| **I. Insured Person Information** | | | | | | | | | |
| **Requester\*** | | |  | | **Department \*** | |  | | |
| **ID Number \*** | | |  | | **Date of Birth \*** | |  | | |
| **Contact Number\*** | | |  | |  | |  | | |
| **II. Dependent Information for Transfer(Inclusion) or Disenrollment** | | | | | | | | | |
| **NO.** | **Transfer(inclusion)\*** | **Name\*** | | **ID Number\*** | **Date of Birth \*** | **Relationship with Insured \*** | | **Effective Date of Insurance** | **Remarks** |
| **1.** |  |  | |  |  |  | |  |  |
| **Remarks:**  **1. Please select the relationship with the insured: spouse, parents, children, grandparents, grandchildren, grandparents from the mother's side, grandchildren from the mother's side, great-grandparents, great-grandparents from the mother's side.**  **2. Definition of dependent for the insured person:**  **- Spouse without an occupation.**  **- Direct blood relatives without an occupation.**  **- Second-degree blood relatives under the age of twenty, without an occupation, or over the age of twenty without self-supporting capability or still studying.**  **3. For second-degree blood relatives over the age of twenty, inclusion is subject to the following conditions. Please provide supporting documents for eligibility:**  **- Currently studying without an occupation.**  **- Subject to a prohibition of marriage ruling that has not been revoked.**  **- Physically or mentally disabled and unable to support oneself.**  **- Suffering from a major illness as defined in the Health Insurance Act, and without an occupation.**  **- Recent graduates within one year from the end of the academic year and without an occupation.**  **Documents Required: For the inclusion of dependents, please prepare the following documents**  **1. For ordinary individuals, please provide a copy of the ID card or household registration transcript; for newborns, please attach a birth certificate.**  **2. For foreign nationals, please provide a copy of the resident permit and proof of entry for more than four months.**  **3. For the first-time inclusion without a health insurance IC card (please contact the HR department for the form). For those who already have a card, please fill out the "Request Form for Receiving Health Insurance IC Card."** | | | | | | | | | |