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| 表號：承表 | | | **R** | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | 勞工保險、就業保險、勞工職業災害保險被保險人變更事項申請書  全民健康保險保險對象變更事項申報表  〈※勞工退休金勞工資料變更申請書〉 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 勞保局、健保署  收件章 | | | | 健保署  分區業務組 | | | | | 業務組 |
| 保險證號  (8位數字+1位英文檢查碼) | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | |  | | | | |  | | |  | | |
| 全民健保投保單位代號 | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | |  | | | | |  | | |  | | |  | | | | 民國 年 月 日申報 | | | | | |
| 單位統一編號或  非營利扣繳編號 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 民國 年 月份第 號表 | | | | | |
| 被保險人資料變更(變更前原申報資料) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 變更後資料（僅填寫有變更之項目，未變更無需填寫） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 單位名稱： | |  | | | | | | | |
| 姓名 | | | 國民身分證統一編號  (居留證或護照號碼) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 出生年月日 | | | | | | | | | 姓名 | | | | | 國民身分證統一編號  (居留證或護照號碼) | | | | | | | | | | | | | | | | | | | 出生年月日 | | | | | | 單位地址： | |  | | | | | | | |
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| 單位  印章 | | |  | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | |  | | |  | | |  | | 年 | | | | | 月 | | 日 | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | 年 | | 月 | | 日 | |  | | | | | |  | | | |
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| 相關眷屬資料變更(變更前原報資料) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 變更後資料(僅填寫有變更之項目，未變更無需填寫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 國民身分證統一編號  (居留證或護照號碼) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 出生年月日 | | | | | | | | | | | 姓名 | | | 國民身分證統一編號  (居留證或護照號碼) | | | | | | | | | | | | | | | | | | 出生年月日 | | | | | | | 眷屬  (詳見說明三) | | | 填表範例 | | | |
| 稱謂 | | 代號 |  | | | | | |  | | | |
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| 請浮貼國民身分證正面影本 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 請浮貼國民身分證背面影本 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 勞保局、健保署填用 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 受理號碼 | | |  | | | | | | |
| 人 數 | 名 | | 勞保  健保 | | 受理日期 | | |  | |
| 受理  人員 | | | 資料  鍵錄 | | | | | 資料  校對 | |
|  | | |  | | | | |  | |

**以上資料請依國民身分證、戶籍證明文件、居留證或護照號碼所載資料以正楷填寫**

注意事項： 一、辦理變更手續請參閱背面說明。

二、本表請填寫一式2份(惟如整份表均僅申報眷屬基本資料變更者，則請填1份)一併寄送健保署(臺北業務組轄區則請寄勞保局)每份均需加蓋單位及負責人、經辦人印章，並詳填單位名稱、地址、電話。

三、表列已申報提繳勞工退休金之人員，本表並為勞工退休金勞工資料變更申請書。

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| 請貼足郵資  掛號郵寄 | 填表說明：  一、本表供被保險人及其眷屬辦理更正或變更基本資料時填用，由投保單位填寫一式2份（惟如  整份表均僅申報眷屬基本資料變更者，則請填1份）一併按投保單位所在地依右列地址寄送  健保署（臺北業務組轄區請寄勞保局）處理，並影印1份留存備查。  二、被保險人或其眷屬如更正或變更姓名、國民身分證統一編號、出生年月日時，請檢附國民身  分證或戶籍證明文件或居留證或護照影本。  三、請加蓋投保單位印章及負責人、經辦人印章。  四、本表請以掛號郵寄（請將掛號執據貼於存底聯保存）或派人專送，否則如有遺失，無從查考。  五、眷屬稱謂代號請依下列規定填寫：配偶－1、父母－2、子女－3、祖父母－4、孫子女－5、  外祖父母－6、外孫子女－7、曾祖父母－8、外曾祖父母－9、受監護人－p。 |  | | | | | | | | | | | | | |  |
| 寄件者 | | | | | | | | | | | | |  |
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| 單 位 地 址： | | | | | | | | | |  | | |
| 單 位 名 稱： | | | | | | | | | |  | | |
| 單 位 電 話： | | | | | | | | | |  | | | |
| 保 險 證 號： | | | | | | | | | |  | | | |
| 健保投保單位代號： | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
|  | | | | 收件人 | | | | | | | | (郵寄單位及地址請依貴單位所在地打ˇ) | |
|  | | | |  | | **100232** | | | | | | **勞動部勞工保險局** | |
|  | |  | | | | | | **地址：臺北市中正區羅斯福路一段4號** | |
|  | |  | | | | | | 投保單位所在地：臺北市、新北市、基隆市、宜蘭縣、金馬地區 | |
|  | | **320216** | | | | | | **衛生福利部中央健康保險署北區業務組** | |
|  | |  | | | | | | **地址：桃園市中壢區中山東路三段525號** | |
|  | |  | | | | | | 投保單位所在地：桃園市、新竹市、新竹縣、苗栗縣 | |
|  | | **407666** | | | | | | **衛生福利部中央健康保險署中區業務組** | |
|  | |  | | | | | | **地址：臺中市西屯區市政北一路66號** | |
|  | |  | | | | | | 投保單位所在地：臺中市、南投縣、彰化縣 | |
|  | | **700203** | | | | | | **衛生福利部中央健康保險署南區業務組** | |
|  | |  | | | | | | **地址：臺南市中西區公園路96號** | |
|  | |  | | | | | | 投保單位所在地：雲林縣、嘉義市、嘉義縣、臺南市 | |
|  | | **801206** | | | | | | **衛生福利部中央健康保險署高屏業務組** | |
|  | |  | | | | | | **地址：高雄市前金區中正四路259號** | |
|  | |  | | | | | | 投保單位所在地：高雄市、屏東縣、澎湖縣 | |
|  | | **970009** | | | | | | **衛生福利部中央健康保險署東區業務組** | |
|  | |  | | | | | | **地址：花蓮縣花蓮市軒轅路36號** | |
|  | |  | | | | | | 投保單位所在地：花蓮縣、臺東縣 | |
|  | |  | | | | | |  | |