

National Health Insurance-Insurance Application Form for Category 6 Insured

As per Form 1

Date form filled in _____ (YYYY/MM/DD)

A. The insured (Also fill in insured person's National ID number, full name, identity and dependency information when only applying for dependent insurance and enrollment.)

National ID number <small>Alien Resident Certificate ID No.</small>	First Name	Date of birth	Identity			Reason for insurance qualification (see Directions 4 for reason details)	Health insurance card already received	Date of eligibility		
	Last Name		Veteran <input type="checkbox"/>	Veteran's surviving dependent <input type="checkbox"/>	Representatives or heads of household <input type="checkbox"/>					
		Year Month Day					Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Month Day		
Household address	Postal code									
Mailing address	Postal code	<input type="checkbox"/> Same as household address								
Contact number	Telephone: Cellphone:	E-mail @								

B. Dependent(s)

National ID number <small>(Alien Resident Certificate number)</small>	First Name	Date of birth			Title	Code	Reason for insurance qualification (see Directions 5 & 6 for reason details)	Health insurance card already received	Date qualified to be insured		
	Last Name	Year	Month	Day					Year	Month	Day
								Yes <input type="checkbox"/> No <input type="checkbox"/>			
								Yes <input type="checkbox"/> No <input type="checkbox"/>			
								Yes <input type="checkbox"/> No <input type="checkbox"/>			
								Yes <input type="checkbox"/> No <input type="checkbox"/>			

C. Signature or seal of the insured:

(Seal)

If independent applicant is the **minor**, legal representative information and statement must be filled in.

Assignee's ID number:

Legal representative's ID number:

Telephone:

Telephone:

Reason insured cannot handle application in person:

Relationship with the insured:

Assignee's signature or seal:

Legal representative's signature or seal:

(Seal)

(Seal)

D. Insured unit review result

Fields of this form match the documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insured unit's stamp		Handling person's signature or seal	
---	---	----------------------	--	-------------------------------------	--

Insured unit's code:

Insured unit's name:

Application form directions:

- I. When the insured or his/her dependent is qualified for insurance, the insured shall fill out a copy of this form and submit to the local household registration office in the district where he/she resides.
- II. For first-time participants in National Health Insurance (such as newborn babies), please also fill out the "Application Form for Health Insurance Card" to apply for a health insurance card.
- III. Fill in the 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 intergenerational relationship insurance, please provide identification documents or related statements											

- IV. List detailed reasons why the insured is eligible for insurance, for example: unemployed veterans, household registration for six months, change of group insurance applicant, etc.
- V. List detailed reasons why the dependent is eligible for insurance, for example: loss of insurance eligibility as insured, newborn baby, marriage, household registration for six months, adoption, etc.
- VI. For lineal blood descendants who are within the second-degree of relationship and **are majority** or more, eligibility conditions for insurance are limited to the following. Fill in according to the codes below:

Code	S	P	A	H	G
Cause	In school without employment	Custody order still in place	Holding a disability card and unable to support oneself	Being qualified as severely injured or ill under this Act and unable to support oneself	New graduate who is unemployed, within one year of school year end; or discharged from military service and unemployed, within one year of discharge

- VII. When applying for insurance, bring ID card and household registration certificate; For veterans (veteran's surviving dependents) and dependents who **are majority** or more, relevant documents such as veteran certificate (veteran's surviving dependent certificate) and student ID card must also be attached.
- VIII. After the insured completes the registration with the valid health insurance card on the National Health Insurance Administration website, once he/she logs into the NHIA official website with the registered health insurance card and completes identification verification, he/she can apply for various convenient services online without leaving the house or contacting the municipal office. More service items will be included in the future:

(I) Personal Health Insurance Information Online Services:

- 1. Application for enrollment (limited to insured persons with no dependents), transfer, suspension or resumption of insurance for Category 6 insured who are qualified to participate in insurance at the municipal office.
- 2. Unpaid individual insurance premium inquiries, single predesignated payment transfers, and electronic payment slip applications and downloads.
- 3. Application for lost health insurance card re-issuance along with application for the insured.
- 4. Checking health insurance subscription or withdrawal status - date of subscription or withdrawal, insured amount, and dependent insurance information.
- 5. Changes to personal mailing address.
- 6. Online application for insurance premium payment certificate.
- 7. Online application for Chinese and English certificate of insurance participation

(II) My Health Bank: For individuals to inquire about medical information, medication records, and personal premium payment status.