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| **全民健康保險保險對象變更事項申報表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 收 件 章 | | | | | | 分區業務組 | | | | | | | | | | 業務組 | | | | | | | | | |
| 表號：承表 **□**Q **□**R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | 民國 | | |  | |  | |  | | 年 |  |  | | 月 |  | |  | 日 | 申報 | |
| 投保單位代號 | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | 民國 | | |  | |  | |  | | 年 |  |  | | 月份第 | | | |  |  | 號表 |
| 被保險人資料變更（變更前原報資料）  （下列各欄請按原報資料填寫） | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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  （居留證號碼） | | | | | | | | | | | | | | | | | 出生年月日  （民前出生者請  加註「-」） | | | | | | | | | 委託安置低  收入戶之縣  市政府代碼  （如說明三） | 姓 名 | | | | 國民身分證統一編號  （居留證號碼） | | | | | | | | | | | 出生年月日  （民前出生者請  加註「-」） | | | | | | | | | | | | | 委託安置低  收入戶之縣  市政府代碼  （如說明三） | | | | | | | | | | | |
| 民  前 | | 年 | | | 月 | | 日 | | 民  前 | 年 | | | | 月 | | | | 日 | | | |
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| 相關眷屬資料變更（變更前原報資料）  （下列各欄請按原報資料填寫） | | | | | | | | | | | | | | | | | | | | | | | | | | | 變更後資料（僅填寫有變更之項目，未變更無需填寫） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 備 註 | | | | | | | | | | | |
| 姓 名 | 國民身分證統一編號  （居留證號碼） | | | | | | | | | | | | | | | | | 出生年月日  （民前出生者請  加註「-」） | | | | | | | | | 姓 名 | 國民身分證統一編號  （居留證號碼） | | | | | | | | | | 出生年月日  （民前出生者請  加註「-」） | | | | | | | | | | 眷 屬  （稱謂代號詳  見說明四） | | | | | | | |
| 民  前 | | 年 | | | 月 | | 日 | | 民前 | 年 | | | | 月 | | 日 | | | 稱謂 | | | | 代號 | | | |
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| 投保單位名稱：  單位圖記或  印信  通訊地址：  電 話：  **填表範例**  負 責 人： （印章） 經辦人： （印章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 健 保 署 填 用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受理 | | |  | | | | | | 資料  鍵錄 | | |  | | | | | | | | | | 資料  校對 | | |  | | | | |
| 歸 檔  批頁號 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

※填表時，請參閱背面說明 全民健康保險保險對象變更事項申報表

本署於受理並完成變更資料時，將註銷原使用之健保卡，故請保險對象另填「請領健保卡申請表」，並繳交工本費200元，申請換發新卡。

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| 黏貼裝訂請勿超過此裁切線 | 填表說明：  一、本表由投保單位填寫1份送衛生福利部中央健康保險署分區業務組，並請影印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、出生日期時，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、委託安置的縣市政府代碼：   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 縣市別 | 台北市 | 高雄市 | 基隆市 | 新竹市 | 台中市 | 台南市 | 嘉義市 | 新北市 | 桃園市 | 新竹縣 | | 代碼 | 01 | 02 | 11 | 12 | 17 | 21 | 22 | 31 | 32 | 33 | | 縣市別 | 宜蘭縣 | 苗栗縣 | 彰化縣 | 南投縣 | 雲林縣 | 嘉義縣 | 屏東縣 | 澎湖縣 | 花蓮縣 | 台東縣 | | 代碼 | 34 | 35 | 37 | 38 | 39 | 40 | 43 | 44 | 45 | 46 | | 縣市別 | 金門縣 | 連江縣 |  |  |  |  |  |  |  |  | | 代碼 | 90 | 91 |  |  |  |  |  |  |  |  |   四、眷屬稱謂代號請依下列規定填寫：   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 代號 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | p | | 稱謂 | 配偶 | 父母 | 子女 | 祖父母 | 孫子女 | 外祖父母 | 外孫子女 | 曾祖父母 | 外曾祖父母 | 受監護人 | | 跨親等投保，請另檢附相關證明文件或聲明書 | | | | | | |   五、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。  **健保承保專用表格郵寄單位及地址**   |  |  |  | | --- | --- | --- | | 郵寄單位  （健保署轄區業務組） | 地 址 | 投保單位所在地 | | 衛生福利部中央健康保險署  臺北業務組 | 10439  臺北市中山區中山北路1段7號  **郵寄請寄：**  **10099台北郵政30-200號信箱** | 臺北市、新北市、基隆  市、宜蘭縣、金門縣、  連江縣 | | 衛生福利部中央健康保險署  北區業務組 | 32005  桃園市中壢區中山東路3段525號 | 桃園市、新竹市、新竹  縣、苗栗縣 | | 衛生福利部中央健康保險署  中區業務組 | 40709  臺中市西屯區市政北一路66號 | 臺中市、南投縣、彰化  縣 | | 衛生福利部中央健康保險署  南區業務組 | 70006  臺南市中西區公園路96號 | 雲林縣、嘉義市、嘉義  縣、臺南市 | | 衛生福利部中央健康保險署  高屏業務組 | 80147  高雄市前金區中正四路259號 | 高雄市、屏東縣、澎湖  縣 | | 衛生福利部中央健康保險署  東區業務組 | 97049  花蓮市軒轅路36號 | 花蓮縣、臺東縣 | | 請貼足  郵票  掛號郵寄  -  單位地址：  單位名稱：  電 話：  投保單位代號：  -  衛生福利部中央健康保險署 業務組啟 | 黏貼裝訂請勿超過此裁切線 |