

國立台北教育大學外籍生健保轉入申請表

National Health Insurance Transfer in Application Form

填表日期/Date of Filling in Form:		離台日期/Date of Departing From Taiwan:	
申請健保轉入月份/The month of Transferring in:			
中文姓名/Chinese Name:			
英文姓名/English Name:			
性別/Gender: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		國籍/Nationality:	
出生日期/Date of Birth:		學號/Student ID No.:	
系所/Department:		年級/Study Year:	
居留證統一證號/ROC ID. No. (ARC):		護照號碼/Passport No.:	
在台電話/Phone No. in Taiwan:		手機/Cell phone:	
在台通訊/Address in Taiwan:			
國外電話/Phone No. in home country:			
國外地址/Address in home country:			
Email:			
簽名/Signature:			

Required Documents for National Health Insurance Overpaid Premium Refund:  
 Photocopy of ARC, Student ID, Passport, Post Office Account Book (If applicable), Airline Ticket (Reservation)