**臺中市北區**區公所全民健康保險加退保申請單

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| --- | --- | --- | --- | --- | --- |
| **本 人** | | | | | |
| **姓名** | **出生年月日** | **身份證字號** | **加保**  **或退保** | **生效日期** | **加退保原因** |
|  |  |  | * **加保** * **退保** |  |  |

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| **眷 屬** | | | | | |
| **稱謂** | **姓名** | **出生年月日** | **身份證字號** | **加保**  **或退保** | **生效日期**  **加退休原因** |
|  |  |  |  | **□加保**  **□退保** |  |
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**備註：眷屬加退應檢附戶口名簿影本及原投保單位轉出證明文件。**

**申請人：**

**中華民國　　年　　月　　日**