

國立臺南護理專科學校

兼任助理/臨時工/工讀生/其他部分工時人員 退保申請表

辦理類別：勞(健)保、勞退退保 // 眷屬健保退保

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| 被 保 險 人 資 料 | 姓名 | | | | | | | | | | | 職稱 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 身分證字號 <small>(外籍人士填統一證號)</small> | | | | | | | | | | | 月支酬金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 出生年月日 | | | | | | | | | | | | 年 | | | | | | | | | | | 日 | 勞(健) 退保 日 | | | | | | | | | | | | | 年 | | | | | | | | | | | 月 | | | | | | | | | | | 日 |
| | 帳務人員 | 電話： | | | | | | | | | | 聘任期間 | 起 | | | | | | | | | | | | 年 | | | | | | | | | | | 月 | | | | | | | | | | | 日 | | | | | | | | | | | | | |
| | 本校計畫編號 | | | | | | | | | | | | 迄 | | | | | | | | | | | | 年 | | | | | | | | | | | 月 | | | | | | | | | | | 日 | | | | | | | | | | | | | |
| | 計畫名稱 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保 眷 屬 資 料 | 姓名 | 身分證字號 <small>(外籍人士請填統一證號)</small> | | | | | | | | | | 出生年月日 | 稱謂 | | | | | | | | | | 眷屬健保退保日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 被 保 險 人 應 注 意 事 項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 本人受僱國立臺南護理專科學校期間，如有聘僱期間中途離職或聘僱期限屆滿不再續聘，而未及時通知人事室辦理勞、健保退保及勞工退休金停繳手續，在保險期間內未繳納之勞、健保費及勞工退休金費用，本人願負繳清之責任。 | | | | | | | | | | | | 被保險人簽章 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | ※簽章(請加註簽章日期): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 聯絡電話: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 計 畫 主 持 人 或 單 位 主 管 應 注 意 事 項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 擬聘人員若於聘僱期間中途離職或聘僱期限屆滿不再續聘，應於離職生效日前，指派人員持『勞、健保退保申請表』送人事室辦理勞、健保退保及勞工退休金停繳手續。 | | | | | | | | | | | | 計畫主持人或聘任單位主管簽章 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 被保險人離職卻未填具「勞、健保退保申請表」(本表)通知人事室辦理勞、健保退保，致產生逾期退保之勞、健保費及勞工退休金費用，或離職時如有未繳納之勞、健保費及勞工退休金費用，均由計畫主持人或單位負繳款之責任。 | | | | | | | | | | | | 請加註簽章日期 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 僅辦理眷屬退保者，本欄免核章 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勞 健 保 退 保 之 辦 理 說 明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 申請退保，應填具「勞、健保退保申請表」(本表)通知人事室辦理，並應繳清保險費，保險費計算至保險效力停止之日止。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 如於聘期屆滿日前，人事室未收到勞、健保續保通知或勞、健保退保申請表，致衍生逾期退保保費，均由被保險人、計畫主持人或單位負繳款之責任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. 辦理退保時，查保險期間內如有未繳納之勞、健保費及勞工退休金費用，將開出追繳通知單通知用人單位於退保時一併辦理保險費結清手續。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

停聘手續(聘任人員於聘僱期間中途離職，應辦理停聘手續，聘期屆至者免填。)

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| 停聘(因聘期屆至者免填) | 計畫主持人或聘任單位主管簽章 | 人事室辦理退保登錄 |
| 本人 _____ (簽章) | | |
| 因 _____ (原因) | | |
| 於 _____ 年 _____ 月 _____ 日向該單位計畫辦理離職 | | |