勞保 □加保□退保

建國科技大學 聘用兼任人員 　　　　 申請表

健保 □加保□退保

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| 計畫名稱 |  | | |  |  | | | | | | | 服務單位  職別 | | |  | | | | |
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| 計畫編號 |  | | |
| 身份証字號 | |  |  |  |  |  | |  |  | | |  |  |  |
| 加保日期 |  | 退保日期 |  |
| 出生年月日 |  | | | | | | | 勞工退休金自提比例（0%~6%） | | | | |  | |
| 月支薪資 |  | | |
| 勞保月投保薪資 |  | | | 眷屬健保 | | | | | | | | | | | | | | |
| 健保月投保薪資 |  | | | 姓名 | 國民身份證統一編號 | | | | | | | | | | 健保卡別卡號 | | | |
| 勞退月投保薪資 |  | | |  |  | | | | | | | | | |  | | | |
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| 財管組 |  | | |  |  |  | | | | | | | | | |  | | | |

申請日期: 單位： 計畫名稱：

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| 被保險人姓名 | 身分證字號  (外僑居留證統一證號) | 出生年月日 | 日薪(元)  (日保型須填) | 月薪(元) (日薪×30天) | 勞保月投保薪資 | 勞退月投保薪資 | 健保月投保薪資 | 加保日期  (服務開始日) | 退保日期  (服務截止日) | 是否具學生身分  (是填1，否填2) |
| **範例 王○○** |  | **0810924** |  |  |  |  |  | **106/01/05** | **106/01/08** | **1** |
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申請人: 計畫主持人或單位主管: 課指組：

備註：1. 加保請附兼任助理人員申請表(境外生另附工作許可證明)，並請於起聘日前三日填寫加保申請表向課指組辦理加保手續。

2. 退保、延後退保或保額異動，均請於退保日前五日填寫退保申請表送課指組辦理異動或退保手續。

3. 未如期完成加退保手續者，其責任及多出之保險費用由計畫主持人或申請單位負擔。

4. 核銷時，請附上**加保申請表**影本送會計室辦理。