Please attach the barcode

APPLICATION FOR NHI CARD

Application Date _____

	Please select one of the reasons for application and read the													Applier's photo		
notice behind carefully (Part 1) A. Renewal cost of TWD 200 《Notice 1》 □Damaged/ Scratched/ Bent □Lost □Photo Replaced □Change of Personal Information													STAPLE 2" STAPLE Attach a 2-inch color (or black & white) photograph without a hat/cap or tinted glasses			
First Name Last Name												taken	within the last 2 years.			
ID Number / ARC N																
Date of Birth				MM DD			DD	YYYY				<u> </u>				
Phone No.				Email												
Mailing Address	Zip Co	ode														
Signature of Applicant					Signature of Case Officer								\exists	Receipt Stamp		
•	ID care The he ROC p Driver Other	d (Bot ouseh oasspo 's lice docui	th front & boold certification	ack sate for	side) or pe resid	eople	e und	der the	age o	of 14	l sion	ı f	rom		ocuments. PASTE	
Payment Slip (Part 2)													Keep your Payment Slip! (Part 3)			
Name														Name		
ID No. /ARC I										(Not required to fill the following)						
Phone Number													ID No. / ARC No.			
Handling Fee of TWD 200								ı	Receipt	: Stai	mp			Amount		
Verification Column							<u>'</u>								on Column	
tion of 105 11														Receipt	stamp	

NOTICE TO NHI CARD APPLICANTS

HOW TO SUBMIT THIS APPLICATION

(Notice 1) If you lose, damage your NHI card and need to renew it or change your personal information or photo, please complete all parts of this form and submit this application form in person, present your original identification and the handling fee of TWD 200 to the post office or send it as a registered mail to any National Health Insurance Administration's regional division from the address of the listing below. You will receive your new NHI card within seven working days.
(Notice 2) If this is the first time you are applying for the NHI card, (e.g. newborns or newly-hired foreign employees who have completed the enrollment) or the card is unreadable due to other reasons without scratched or damaged; please complete part 1 and submit this application form along with the old card and send it as a registered mail to any National Health Insurance Administration's regional division from the address of the listing below. (In this case, this application will not be accepted by the post office.)

PLEASE NOTE:

- If you appoint a representative to apply for an NHI card on-site, that person should present his/her ID and your ID to NHIA staff for verification.
- Opening hours and locations of post offices nationwide are available on the Chunghwa Post Co.,
 Ltd. website: http://www.post.gov.tw
- While your new card is being processed, you can present this slip (Part 3) within 14 days of its issuance to any health care institution to receive medical care.
- If no photo is attached, we will issue you a new card without photo; you require to present identification when visiting the contracted medical care institutions.

For more details, please refer to the National Health Insurance Administration's website at http://www.nhi.gov.tw or contact us via toll free 0800-030-598

Contact List of the National Health Insurance Administration and its Regional Divisions

■Taipei Division | 02-21912006

P.O.BOX 30 – 200 Taipei Taipei City 10099

Northern Division | 03-4339111

No. 525, Sec 3, Zhongshan E. Rd., Jhongli Dist.,

Taoyuan City 32005

■Central Division | 04-22583988

No.66, Xizheng N. $1^{\rm st}$ Rd., Xitun Dist., Taichung City 40709

■Southern Division | 06-2245678

No. 96, Gongyuan Rd., Zhongxi Dist., Tainan City 70006

■Kaoping Division | 07-2315151

No. 259, Zhongzheng 4th Rd., Qianjin Dist.,

Kaohsiung City 80147

■Eastern Division | 03-8332111

No. 36, Shuanyuan Rd., Hualien City, Haulien

Country 97049