**文藻外語大學全民健康保險眷屬加退保申請書**

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| 員工姓名 | |  | | | 職編 | |  | |
| 身分證字號 | |  | | | 申請日期 | |  | |
| 眷屬姓名 | 關係 | | 身分證字號 | 生日 | | 加保/退保 | | 生效日期 |
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| 申請人簽名: | | | | | | | | |
| ※親筆簽名後，掃瞄成pdf檔並email ps1002@mail.wzu.edu.tw辦理。 | | | | | | | | |