宏國德霖科技大學**勞僱型學生**參加勞、健保、勞退金【**加退保­】**申請表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 以下資料由學生(被保險人)填寫 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓　　名  (請以正楷書寫) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 身分證字號  或居留證號碼 | |  | |  |  |  | |  |  |  |  |  |  |
| 出生日期 |  | |  | | | |  | | | 年 | | | |  | | | |  | | | | 月 | | |  | | | | |  | | 日 | 聯絡電話 | |  | | | | | | | | | | | |
| 健保 | □加保  □不加保 (若**未勾選**，則視同**不加健保**。) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 勞工退休金  個人提繳率 | | □自願提繳【 %】（不得超過6%）  □不提繳 (若**未勾選**，則視同**不提繳**。) | | | | | | | | | | | |
| 其他身份 | □無 | | | | □原住民(請檢附戶籍謄本影本) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □身心障礙(□輕度□中度□重度)(請附身障手冊影本) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □外籍人士(請檢附工作許可證影本) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人已據實填報，並依事實辦理申請，如經審核不符參加資格者，同意學校逕依勞保及健保規定另處。  以上資料若有不實，本人願負一切法律責任。  申請人簽章： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以下資料由用人單位或計畫主持人填寫 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聘任單位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 薪　　資 | | | | | (**按日加保**請參閱注意事項四) | | | | | | | | | | |
| 加保方式 | | □全月加退保(**科技部**、**專案計畫**、**生活獎助生**皆為全月加退保)  □按日加退保(適用臨時性工讀生) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聘僱期間  (適用**全月**加退保) | |  | |  | |  | | | 年 | | |  | | |  | | 月 | | |  | | |  | | | 日 | | 起 | | | **預計**聘僱日期  (適用**按日**加退保) | | | | |  | | | | | | | | | | |
|  | |  | |  | | | 年 | | |  | | |  | | 月 | | |  | | |  | | | 日 | | 止 | | |
| 經費來源 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 聘任單位  承辦人E-mail | | | | |  | | | | | | | | | | |
| 計畫名稱 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聘任單位  承辦人簽章 | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 分機或聯絡電話 | | | | |  | | | | | | | | | | |
| 單位主管簽章 | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 專案、生活獎助生窗口確認簽章 | | | | |  | | | | | | | | | | |
| 注意事項 | | 1. 擬聘人員**應於到職前5日**辦理**加保**申請，以利到職當日順利投保；另將依**聘僱到期日**為**退保日**，本室於加退保後將以E-mail方式通知承辦人。 2. **超過生效日送件，則以人事室保險承辦人收到申請表時間為加退保生效日。** 3. 此計算方式**僅適用按日加退保**，其餘皆以當月給付薪資填寫。   如薪資為時薪或日薪皆請換算成月薪，計算規則如下：  時薪：時薪\*每日工作時間=日薪；日薪\*30天(不論大小月皆以30天計算)=月薪。  日薪：日薪\*30天(不論大小月皆以30天計算)=月薪。   1. **若未依規定辦理進用人員之保險，致發生保險事故而無法申請勞保給付或衍生勞保局對本校之罰鍰時，或所屬人員中途離職卻未通知人事室辦理勞(健)保及勞工退休金退保，致產生逾期退保之勞(健)保保費及勞工退休金費用，均由用人單位或計畫主持人自行負繳款之責任。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以下資料由人事室填寫 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 收件日 | | | |  |  | | |  | | | 年 | |  | | |  | | | 月 | |  | | |  | | | 日 | | 本次異動 | | | | | □勞保及勞退、□勞保、□勞退、□健保 | | | | | | | | | | | | |
| 實際加保日(全月) | | | |  |  | | |  | | | 年 | |  | | |  | | | 月 | |  | | |  | | | 日 | | 加保方式 | | | | | □系統、□函文、□紙本 | | | | | | | | | | | | |
| 實際加保日(按日) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保險承辦人簽章 | | | | | |  | | | | | | |

108.08.21修改