

**Table 2**

**Application Form for the National Health Insurance Certificate of Major Illness and Injury**

Name of applicant		Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of birth	YY	MM	DD
Number of National Identification Card		Date of application	(Do not fill out)	Application number	(Do not fill out)	
Contact address	Email:			Cellphone Telephone		
Signature or seal of the applicant or agent	Signature:	Date Application Issued:			New application: <input type="checkbox"/>	
	Number of National Identification Card :				Renewal: <input type="checkbox"/>	
	Relationship between applicant and agent:				Application for review: <input type="checkbox"/>	
Review opinion of the National Health Insurance Bureau	1. <input type="checkbox"/> Approve the issuance of the certificate of major illness and injury 2. <input type="checkbox"/> Disapprove. The application fails to satisfy the requirement. Ground: 3. <input type="checkbox"/> Information is incomplete. Please provide supplementary information. 4. <input type="checkbox"/> Other Exclusive seal of the office: Date & Stamp:				Review physician	
	Case officer:	Reviewed by:	Section Chief:		Implement:	
Important reminders:	1. This application form may be submitted to the regional branch office of the National Health Insurance Bureau in person or by post. 2. The relevant information will be recorded in the National Health Insurance Certificate (National Health Insurance Card) upon the approval of the application. 3. The applicant shall provide a photocopy of his or her identification document for future reference when applying in person. If the application is made by an agent, the identification document of the agent shall be presented for verification.					