**元智大學兼任教師參加勞保、健保、提繳勞退金調查表**

**Application Form for** **Part-time Faculty Participating in Labor Insurance, National Health Insurance, Voluntary Contributions to the Pension Fund**

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| 元智大學聘任單位  Service unit at YZU | |  | 姓名  Name | |  | | |
| 其他身份  Other identities | | □身心障礙者（請檢附影本）  Disabled person (please attach photocopies of proof)  □原住民Indigenous person  □外籍人士Foreigner | | 連絡電話  Contact phone number | |  | |
| 具本職(本身有全職工作請填此欄)  With full-time employment  (For those who have full-time employment, please fill out this section) | 一、 目前在保中之險種Current enrollment of insurance:：  1.□公保(**勾選此項者不得重覆參加勞保**) The Civil Servant and School Staff Insurance (t**hose who select this option are not allowed to participate in Labor Insurance**)  2.□軍保(**勾選此項者不得重覆參加勞保**) The Insurance of the Military Personnel (**those who select this option are not allowed to participate in Labor Insurance**)  3.其他社會保險(**勾選下列各項者應再投保勞工保險**) Other social insurance programs (**those who select the following options shall enroll in Labor Insurance as well**)  □勞保Labor Insurance□國民年金National Pension Insurance  □農保Farmers Health Insurance□漁保Fishermen Health Insurance  (註Note:為農漁保類者請注意若涉及農/漁保退保後權益，請逕洽該單位For those withdraw from Farmers Health Insurance/Fishermen Health Insurance category and are dealing with the benefits to be received, please directly contact the relevant unit.)  二、是否領取養老給付Recipient of old-age payment：  1.□沒有None  2.有(請勾選下方選項) Yes (please select from the following options)：  □公保養老給付Civil Servant and School Staff Insurance old-age payment  (機關competent authority::　　　　　　　　)  □軍保退伍給付The Insurance of the Military Personnel retirement payment  (機關competent authority:　　　　　　　　)  □勞保老年給付Labor Insurance old-age payment  □國民年金老年給付National Pension Insurance old-age payment  三、是否自願提繳勞退金(已勾選公保及軍保者請勿勾選此項) Voluntary contributions to the pension fund (please do not select this option if you have already chosen the Civil Servant and School Staff Insurance or The Insurance of the Military Personnel):  1.□提繳[另申請自提勞退金：　　％(請填0％～6％)]  Participate in the voluntary contribution: \_\_\_% (please select from 0% to 6%)  2.□不提繳Not participate in the voluntary contribution | | | | | |
| 未具本職Without full-time employment  (本身無全職工作請填此欄For those who don’t have full-time employment, please fill out this section) | 一、是否參加全民健保Enrollment of National Health Insurance：  1.□是(未在其他單位加保者勾選，另眷屬如需加保，請檢附*[教職員眷屬參加全民健保調查表](https://www.yzu.edu.tw/admin/ho/files/Form/Health%20Insurance_in%20990318.doc)。下載路徑：人事室網頁/表單下載) Yes (For those who have not enrolled in insurance coverage with any other unit. If your dependents need to be covered, please attach the ‘YZU Application Form for Dependents of Employees to Subscribe National Health Insurance’. To download: Personnel Office/Downloaded Forms)  2.□否None  二、是否自願提繳勞退金Voluntary contributions to the pension fund::  1.□提繳[另申請自提勞退金：　　％(請填0％～6％)]  Participate in the voluntary contribution: \_\_\_% (please select from 0% to 6%)  2.□不提繳Not participate in the voluntary contribution | | | | | |
| 聲明事項Notices | 1.兼任教師於本校服務期間之投保悉以本表所填內容為據，調查表內容如有異動，請重新填寫，以書面通知人事室，前述資料如有不實，由填表人自負相關責任。  The information provided in this form by part-time teachers during the service at the University will be used for insurance purposes. If there are any changes to the information, please update it and notify the Personnel Office in writing. Any inaccuracies in the provided information will be the sole responsibility of the applicant.  2.為保障教師權益，請於聘期起始日14天前繳交此表，未能於起聘日以前送達本表者，以本表送達人事室為保險生效日期。  To ensure the rights of teachers, please submit this form 14 days before the start date of your contract. If the form is not delivered to the Personnel Office before the contract start date, the date of delivery to the Personnel Office will be considered the effective date of insurance. | | | | | |
| 填表人Applicant：　　　　　（簽名Signature） 日期date：　　年y　　月m　　日d | | | | | | | |

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| 注意事項Notes | 一、**專科以上學校兼任教師聘任辦法第12條規定**，兼任教師符合勞工退休金條例所定資格者，學校於聘約有效期間，應依勞工退休金條例規定，按月為未具本職兼任教師提繳退休金。  **According to Article 12 of“Regulations Governing the Appointment of Part-time Teachers at Educational Institutions at Junior College Level and Higher”,** during the validity of the contract period of part-time faculty who meet the eligibility requirements specified in the “Labor Pension Act”, the University shall make monthly contributions to the pension fund of the part-time faculty without full-time employment.  前項所稱**未具本職，指兼任教師未具下列身分之一**  The aforementioned term: **without full-time employment refers to the person without one of the following statuses**：  (一)軍人保險身分者  A person participating in the Insurance of the Military Personnel.。  (二)公教人員保險身分者  A person participating in the Civil Servant and School Staff Insurance.。  (三)農民健康保險身分者  A person participating in the Farmers Health Insurance.。  (四)勞工保險身分之下列全部時間工作者  A person participating in the Labor Insurance who is employed on a full-time basis under one of the following circumstances：  1.以機關學校為投保單位：機關學校專任有給人員  Insured by an agency, a school, or an institution being the group insurance applicant: a full-time paid employee in an agency, a school, or an institution.。  2.非以機關學校為投保單位  Not insured by an agency, a school, or an institution：  (1)公、民營事業、機構之全部時間受雇者  A full-time employee of publicly or privately owned enterprises or institutions;。  (2)雇主或自營業主  Employers or self-employed owners of business。  (3)專門職業及技術人員自行執業者  Independently practicing professionals and technicians。  (五)已依相關退休（職、伍）法規，支（兼）領退休（職、伍）給與者  A person who receives a retirement (discharge) payment in accordance with relevant statutes and provisions governing retirement (discharge)。  二、依行政院勞工委員會98年5月1日勞保2字第0980140222號令核釋勞工保險條例第六條規定，年滿15歲以上，65歲以下，**受僱從事2份以上工作之勞工**，並符合第1項第1款至第5款規定者，**應由所屬雇主分別為其辦理參加勞工保險，不得選擇僅由某一投保單位申報加保**。  According to No. 0980140222 issued by the Council of Labor Affairs of the Executive Yuan on May 1, 2009, in interpretation of Article 6 of “Labor Insurance Act”, workers who are over 15 years old but under 65 years old and **are employed in more than one job must be insured separately by each employer**, provided they meet the requirements set out in items 1 to 5 of the first paragraph. **They may not choose to be insured by only one of the employing units.**  三、另依銓敘部96年5月11日部退一字第09627749231號令釋規定：「為避免社會資源重複配置及政府重複補貼，公教人員保險法第6條明定，**公保被保險人除參加全民健康保險（以下簡稱健保）外，不得重複參加**軍人保險（以下簡稱軍保）、**勞工保險**（以下簡稱勞保）或農民健康保險；如有違反強制性規定者，其已重複參加之公保，不生保險效力；此外，除具有不可歸責於服務機關學校或被保險人之因素外，其已繳納之保險費，不予退還。」  Additionally, according to No. 09627749231 issued by the Ministry of Civil Service on May 11, 2007, in interpretation of Article 6 of “Civil Servant and School Staff Insurance Act”, in order to prevent the redundant allocation of social resources and repeated government subsidies, **insured individuals under Civil Servant and School Staff Insurance, except for those participating in the National Health Insurance (NHI), may not concurrently participate in** the Insurance of the Military Personnel, Labor Insurance, or Farmers Health Insurance. Any violation of this mandatory provision renders the additional insurance under the Civil Servant and School Staff Insurance void. Moreover, except for factors that cannot be attributed to the employing agency or the insured, any premiums already paid will not be refunded.  四、為辦理兼任教師投保、提繳勞退金作業，兼任教師應依聘約規定**於聘期起始日14天前**交回應聘書時，**提供**保險及是否具本職調查資料**（元智大學兼任教師參加勞保、健保、提繳勞退金調查表），轉兼課單位送人事室**，以維護教師之保險權益。**前述資料日後如有異動，應即以書面通知本校人事室。**如為續聘者，曾繳交調查表且內容無異動者，無須重新填表。  In order to help the University to process the application for insurance and make monthly contributions to the pension fund, part-time faculty shall submit their acceptance letter, along with insurance and primary employment information **(Application Form for Part-time Faculty Participating in Labor Insurance, National Health Insurance, Voluntary Contributions to the Pension Fund), to the department managing their teaching duties as well as the Personnel Office 14 days before the start date of their contract**. This is to ensure the protection of their insurance rights. **If there are any changes to the above information in the future, part-time faculty shall notify Personnel Office in writing.** For those being reappointed, if the application form has already been submitted and there are no changes in the information, there is no need to complete a new form.  五、勞健保加保及勞退金提繳期間以聘書起迄日為限，未能於起聘日以前送達本表者，以本表送達人事室為保險生效日期。聘期屆滿由本校逕為辦理保險轉出及勞退金停繳。在每學期課程加退選完成前，保險及勞退金暫以最低投保/提繳金額辦理，待課程加退選完成後，則改依教師實際授課鐘點調整投保/提繳金額。  The period for enrolling in Labor Insurance and National Health Insurance, as well as for the voluntary contributions to the Pension Fund, is limited to the start and end dates specified in the employment contract. If the form is not delivered to the Personnel Office before the contract start date, the date of delivery to the Personnel Office will be considered the effective date of insurance. Upon the completion of the contract period, the University will automatically handle the termination of the insurance and cessation of pension contributions. Before the completion of course add/drop periods each semester, insurance and pension contributions will be processed at the minimum insurable/contributable amount. After the course add/drop period is finalized, the insurable/contributable amount will be adjusted based on the faculty’s actual teaching hours.  六、本案聯絡人：人事室黃小姐（電話：03-4638800分機2224，傳真：03-4631718）  Person in charge: Ms. Huang of Personnel Office (Tel.: 03-4638800 ext.2224 Fax:03-4631718) |

**The English translation is for reference only. In case of any discrepancy between Chinese version and English version, the Chinese version shall prevail.**