

# National Health Insurance Dividend Income Supplementary Premium Bill

## Application Form for Mailing Address Designation

※ Online application and change of mailing address requests may be made online; please take advantage of such services (see Directions 1 for details).

※ The Administration will send the dividend income supplementary premium payment slip to the address designated by the beneficiary. Such payment slips will be sent once a year.

Date form filled in \_\_\_\_\_ (YYYY/MM/DD)

Applicant	First Name	Last Name	<b>Sign or affix your personal seal</b>
ID number			
Household location: County/City	Current insurance category: <input type="checkbox"/> Category 1 (Employee) <input type="checkbox"/> Category 4 (Serving military)	<input type="checkbox"/> Categories 2 and 3 (Member of occupational union, farmers' association or fishers' association) <input type="checkbox"/> Category 6 (Heads of households or household representatives who are not employed)	
Mailing address: Postal code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Contact number: (    )		Cellphone:	
E-mail:			
※ Field need only be filled in when not the applicant him/herself: Relationship to applicant: _____ Agent: _____ (Signature)			
Review Unit, National Health Insurance Administration, Ministry of Health and Welfare	Handling person's signature	Reviewing officer's signature	Supervisor's signature

### ◎Directions:

1. A Citizen Digital Certificate or registered health insurance card may be used to log into the NHIA's "Personal Health Insurance Information Online Services" and designate the payment slip mailing address. (Go to the website (<http://www.nhi.gov.tw>), select "General public > Online application and inquiry > Personal Health Insurance Information Online Services", or type in <https://eservice.nhi.gov.tw/Personal1/System/Login.aspx> directly), or download the National Health Insurance App and access the "Mobile Counter" to designate the payment mailing address after completing device authentication.
2. After the applicant **completes the form above and signs in person, attach a copy of the identity documentation**; if application is not made by the applicant him/herself, **applicant and agent must sign**, and **copies of identity documentation for applicant and agent** must be attached. After proper sealing, send envelope to the divisional offices of the National Health Insurance Administration, MOHW via registered mail. When visiting divisional offices in person, **an original copy of the identity documentation** must be presented for processing.

Designated mailing address	Divisional office	Address	Telephone
Taipei City; New Taipei City; Keelung City; Yilan County; Kinmen County; Lienchiang County	Taipei Division	P.O. Box 30-200 Taipei City 10099	(02)2191-2006
Taoyuan City; Hsinchu City; Hsinchu County; Miaoli County	Northern Division	No. 525, Sec. 3, Zhongshan E. Rd., Zhongli Dist., Taoyuan City 32005	(03)433-9111
Taichung City; Changhua County; Nantou County	Central Division	No. 66, Shizheng N. 1st Rd., Xitun Dist., Taichung City 40709	(04)2258-3988
Yunlin County; Chiayi City; Chiayi County; Tainan City	Southern Division	No. 96, Gongyuan Rd., Zhongxi District, Tainan City 70006	(06)224-5678
Kaohsiung City; Pingtung County; and Penghu County	Kaoping Division	No. 259, Zhongzheng 4th Rd., Qianjin Dist., Kaohsiung City 80147	(07)231-5151
Hualien County; Taitung County	Eastern Division	No. 36, Xuanyuan Rd., Hualien City, Hualien County 97049	(03)833-2111