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| 單位  印章 | 保險證號  (8位數字+1位英文檢查碼) | |  |  |  |  |  | |  |  | |  | |  | 勞工職業災害保險退保申報表  〈※勞工退休金停止提繳申報表〉 | | | | | | | | | | | | | | | | | | | (請投保單位影印1份自行存查) | | | | | | | | | |  |
| 單位統一編號或  非營利扣繳編號 | |  | | | | | | | | | | | | 民國 | |  | 年 | |  | 月 |  | | 日填表 |
| 姓 名 | | | | | | | 國民身分證統一編號  （居留證或護照號碼） | | | | | | | | | | | | | | | | 出 生 年 月 日 | | | | | | | | 備註 | | | | | | | | | | | |
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| **以上資料請依國民身分證、戶籍證明文件、居留證或護照號碼所載資料以正楷填寫** | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  | | | | |  | 勞動部勞工保險局填用 | | | | | | | | | |
| 單位名稱： |  | | | | | | | | | | | | | | | | | |
| 單位地址： |  | | | | | | | | | | | | | | | | | | 受理號碼 | | | |  | | | | | |
| 單位電話： |  | | | | | | | | | | | | | | | | | | 人 數 | 名 | | | 退保日期 | | | |  | |
| 注意事項： | | | | | | | | | | | | | | | | | | | 負責人印章 | | | | | 經辦人印章 | | | 填表範例 |
| 一、本表應於被保險人離職、退會之當日，由投保單位填寫並加蓋投保單位及負責人、經辦人印章後，以掛號郵寄或派人專送  勞保局，並影印1份留存備查（請將掛號執據貼於存底聯保存)，否則如有遺失，無從查考。  二、**表列已申報提繳勞工退休金之人員，本表並為勞工退休金停止提繳申報表，勞保局將以本表投遞日期為勞工退休金最後提繳日期，據以計算應提繳退休金。**勞工退休金最後提繳日期與本表投遞日期不同者，請另填具「勞工退休金停止提繳申報表」送勞保局憑辦。  三、下列情形，請另填具「勞工退休金停止提繳申報表」寄送勞保局辦理勞工退休金停止提繳手續:  (一)在職勞工停止個人自願提繳。  (二)實際從事勞動之雇主、不適用勞動基準法之勞工或受委任工作者仍在職，停止個人自願提繳。  (三)不適用勞動基準法之勞工或受委任工作者仍在職，惟雇主不再為其提繳。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 審核 | | | | 鍵錄 | | | | 校對 | |
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| 請貼足郵資  掛號郵寄 |  | 寄件人 | | | | | | | | |  |  |
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| 保險證號： | | | |  | | | | |
| 單位名稱： | | | |  | | | | | |
| 單位地址： | | | |  | | | | | |
| 一、請於被保險人離職、退會、結訓當日申報退保。  二、不同單位（保險證號不同）文件請分開郵寄。  三、黏貼請勿超過裁切線。上下兩端請勿裝訂或黏貼。 | 單位電話： | | | |  | | | | | |
| 100232  臺北市中正區羅斯福路一段4號  勞動部勞工保險局 啟 | | | | | | | | | |