保險證號：　　　　　　　　　　單位名稱：

附件3全職員工清冊

中華民國109年3月份

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序號 | 姓名 | 身分證字號 | 出生日期 | 投保薪資 | 最近  異動別 | 最近  異動日期 | 特殊身分別 | | | 保費 | |
| 個人負擔 | 單位負擔 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |

註1：表格得依實際情形自行擴充。

註2：本清冊應僅表列**全職員工**。

註3：特殊身分別若為部分工時工作者，將不計入補貼金額之計算。