**新光人壽-活力平安傷害保險要保資料**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **會員姓名** | |  | | **服務學校** |  | | **會員卡號** |  | **聯絡電話** |  | | **email** |  | | |
|  | | | | | | | | | | | | | | | |
| **編號** | **被保險人** | | **身分證字號** | | | **住址** | | | | | **聯絡電話** | | | **投保方案**  **(例如:A1+2或B1)** | **金額** |
| 1 |  | |  | | |  | | | | |  | | |  |  |
| 2 |  | |  | | |  | | | | |  | | |  |  |
| 3 |  | |  | | |  | | | | |  | | |  |  |
| 4 |  | |  | | |  | | | | |  | | |  |  |
| 5 |  | |  | | |  | | | | |  | | |  |  |
| 6 |  | |  | | |  | | | | |  | | |  |  |
| 7 |  | |  | | |  | | | | |  | | |  |  |
| 8 |  | |  | | |  | | | | |  | | |  |  |

￭參加對象：會員及家屬皆可參加

￭投保方式：1.填寫要保資料後回傳新北市教育人員產業工會

2.工會彙整要保資料轉交保險公司

3.保險公司與投保會員連繫相關細節

￭回傳方式：1.傳真(02)2263-9468 2.e-mail：[tpctc@ms75.hinet.net](mailto:tpctc@ms75.hinet.net)

￭聯 絡 人：新北市教育人員產業工會：02-2261-1170分機221李寧鴒小姐