保單號碼/合約編號：

活動日期:

聯絡人/電話:

朝陽科技大學理財諮詢服務中心

管理大樓609.1室

辦公室電話:04-23323000校內分機:8300

傳真:04-23742343 連炳裕0936279205

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 編號 |  姓名及簽署 | 身分證統一號碼(外籍人士填居留證號) | 出生年 月 日例85年1月25日請填085.01.25 | 國別 | 性別男M女F | 意外身故及失能保額新台幣萬元 | 意外傷害醫療保額新台幣萬元 | 目前是否受有監護宣告 | 身故受益人 | 身故受益人與被保險人關係 | 保險費 |
| 姓名 | 身分證統一號碼 | 出生 年 月 日 |
| 01 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 07 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 08 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 09 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  | 否 |  |  |  |  |  |