

Wenzao Ursuline University of Languages
Affidavit of waive student group insurance

According to the regulations of the Ministry of Education in Taiwan (2015.12.28), school shall notify parents/guardian/spouse of the student's non-participation in this insurance in writing.

I _____ (Class: _____ Student ID: _____) have declined to join the student group insurance since _____ semester of _____ Academic year till _____ semester of _____ Academic year due to Health Family Economic Work Military service Other _____.

I'm willing to give up all rights of claim settlement with no further argument.

To Health section of Wenzao Ursuline University of Languages

Signature:

ID Number:

Mobile Phone:

Signature of Parent/Guardian/ Spouse:

Phone Number:

Address:

Remark:

Date : _____

Please fill in by hand writing, DO NOT type then print.

Serial NO.:

※Apply for temporary suspension online or by postal, please choose one of the following methods to submit this form to Health section:

1. **Postal Registered mail** to 文藻外語大學衛生保健組 (807 高雄市三民區民族一路 900 號)

2. **Fax: 07-347-4102.** Please call 07-342-6031 ext.2245 to confirmed after faxed.

※The information in this form is for student group insurance only. According to the Personal Information Protection Law, the Health section is responsible for collect, using and keep the information for 3 years then destroy them on expiration.