

文藻外語大學【不參加】學生團體保險切結書

教育部法規(104.12.28)明載，學校需書面將學生不參加本保險之情事，通知家屬。

本人_____ (班級_____ 學號_____)自_____ 學年度第_____ 學期

起至_____ 學年度第_____ 學期止，因 健康 家庭 經濟 工作 兵役

其他_____ 因素，不參加「學生團體保險」，自願放棄任何理賠之權益，

日後亦不得有異議，特立此書。 此 致 文藻外語大學衛生保健組

立書人簽章：

身分證字號：

聯絡電話：

家長或配偶簽章：

聯絡電話：

聯絡住址：

備註：

中 華 民 國 年 月 日

請親筆填寫所有資料／欄位，勿使用電腦打字

編號：

※線上續休或郵寄休學者，可選擇以下一種方式繳回衛生保健組。

1. 郵寄掛號，至「文藻外語大學衛生保健組收」 (807 高雄市三民區民族一路 900 號)

2. 傳真電話：(07) 347-4102，傳真後請來電確認，衛生保健組電話為(07)342-6031 轉 2245。

※本表資料僅供學生團體保險使用，依個資保護法善盡收集與利用之責，所蒐集之資料由衛生保健組保存 3 年，屆期銷毀。

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.