## 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	(斑級	學號		)自	_學年度第_	學期	
起至學年	F度第學	期止,因 □6	建康 □家	庭 □經	濟 □工作	□兵役	
□其他	因素,不	参加「學生團體	豊保險」、自	<b>調放棄</b> 個	任何理賠之權	<b>灌益</b> ,	
日後亦不得有	· 異議,特立此	書。	比 致文	藻外語	大學衛生保	建組	
立書人簽章:		身分證字	<b>謊:</b>		聯絡電記	ā:	
家長或配偶簽	章:		聆	絡電話	:		
聯絡住址:							
備註:							
	中華民國	有	Ē	月		日	
請親筆填寫所	有資料/欄位	1,勿使用電腦	劉打字		編號:		
※線上續休或郵	答休學者,可選	擇以下一種方式	式繳回衛生仍	呆健組。			
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 grou	p insurance since	semester	of	Academic year		
tillsemester o	ofAcaden	nic year due to	Health	<b>□</b> Family		
<b>Economic</b> Wo	rk Military s	service Other_				
I'm willing to give	up all rights of cl	aim settlement w	ith no fu	ırther argument.		
To Health section of	of Wenzao Ursuli	ne University of	Langua	ges		
Signature:	gnature: ID Number:		Mobile Phone:			
Signature of Parent/Guardian/ Spouse:				Phone Number:		
Address:						
Remark:						
		Date :				
Please fill in by hand	l writing, DO NO	Γ type then print.	Serial	NO.:		

- XApply 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.