**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.