

Kaohsiung Medical University [Student Group Insurance Waiver Declaration]

	ogram of Study: Bachelor □ Ph.D. □ Master's Degree □ In-service Master Program □ Two-year
	-service Master Program ease refer to the precautions before filling out the form) Date: (mm-dd-yyyy)
	ecautions:
1.	According to the regulations of MOE, students who decide to abandon the student group insurance
	will not be subsidized and are required to sign an affidavit letter. For students under the age of 18,
	the signature of a parent/guardian or legal representative is necessary.
2.	No liability or responsibility is accepted under any circumstance for those who abandon the
	student group insurance.
3.	Please refer to the Division of Health Service if any assistance is needed (07-3121101 to 2117).
	(Address: 807, No 100, Kaohsiung City, Sanmin District, Shihcyuan 1st road)
	KMU Division of Health Service [CS105] Applicant's Signature:
Na	ame :Student ID :Department:
	ue to □ Health □ Family □ Economy □ Occupational □ Academic □ Military service □ ersonal □ Re-taking exams □ Suspension □ Deferred graduation □ Other
	sues, abandon the student group insurance. (From(mm-dd-yyyy) +(mm-dd-yyyy)), hereby certify.
No	otice:
	Minors (under the age of 18) must have the signature of a parent/guardian or gal representative.
Αţ	pplicant : □Parents/Guardian □Students □Legal representative
Αţ	oplicant:Signature
ID	O No:
Co	ontact No: Cell No:
Αc	ddress:



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	in-service Master Program (Please refer to the precautions before filling out the form)	Date:	(mm-dd-yyyy)
Pr	Precautions:		
4.	4. According to the regulations of MOE, students who decide to	abandon the	student group insurance
	will not be subsidized and are required to sign an affidavit lett	er. For stude	nts under the age of 18,
	the signature of a parent/guardian or legal representative is nec	essary.	
5.	5. No liability or responsibility is accepted under any circum	stance for the	nose who abandon the
	student group insurance.		
6.	6. Please refer to the Division of Health Service if any assistan	ce is needed	(07-3121101 to 2117).
	(Address: 807, No 100, Kaohsiung City, Sanmin District, Shih	cyuan 1st roa	ad)
KN	KMU Division of Health Service [CS105] Applica	nt's Signatuı	re:
Na	Name:Student ID:Depa	artment:	
	Due to □ Health □ Family □ Economy □ Occupational □ Personal □ Re-taking exams □ Suspension □ Deferred gr		•
	issues, abandon the student group insurance. (Fromto+ (mm-dd-yyyy)), hereby certify.		(mm-dd-yyyy)
No	Notice:		
	◎ Minors (under the age of 18) must have the signatulegal representative.	re of a par	ent/guardian or
Αţ	Applicant : □Parents/Guardian □Students □Legal representation	entative	
Аţ	Applicant:Signature		
ID	ID No:		
Co	Contact No: Cell No:		_
Αc	Address:		



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	-service Master Program Lease refer to the precautions before filling out the form) Date: (mm-dd-yy	ууу)
	recautions:	
7.	According to the regulations of MOE, students who decide to abandon the student group insur	rance
Ī	will not be subsidized and are required to sign an affidavit letter. For students under the age of	of 18,
	the signature of a parent/guardian or legal representative is necessary.	
8.	No liability or responsibility is accepted under any circumstance for those who abandon	n the
	student group insurance.	
9.	Please refer to the Division of Health Service if any assistance is needed (07-3121101 to 2	117).
	(Address: 807, No 100, Kaohsiung City, Sanmin District, Shihcyuan 1st road)	
Κľ	MU Division of Health Service [CS105] Applicant's Signature:	
N	ame :Student ID :Department:	
	ue to Health Family Economy Occupational Academic Military serviersonal Re-taking exams Suspension Deferred graduation Other	
	sues, abandon the student group insurance. (From(mm-dd-yyy)+(mm-dd-yyyy)), hereby certify.	y)
N	otice:	
	Minors (under the age of 18) must have the signature of a parent/guardian ogal representative.	r
Aj	pplicant : □Parents/Guardian □Students □Legal representative	
$\mathbf{A}_{\mathbf{j}}$	pplicant:Signature	
ID) No :	
	ontact No: Cell No:	
A	ddress:	
Th	e student has chosen not to participate in the student group insurance, and I (the	
pa	rent/guardian) have signed this affidavit in agreement. Please approve the refund.	
徫	生保健組組長	