



Kaohsiung Medical University Application Form for Student Group Insurance

Program of Study:

- Bachelor Ph.D.
 Master's Degree In-service Master Program

Transfer Information

Bank code: 009
 East Kaohsiung Branch **8140**
 Account Number: 67259 + Student ID
 Payment Amount: TWD 475

(Please refer to the declaration before filling out the form)

Date : _____ (mm-dd-yyyy)

Declaration:

1. Students in their suspension still enjoy the benefits of participating in student group insurance and subsidies from the Ministry of Education for insurance fees.
2. Students who wish to apply for the group insurance should complete the premium payment at the **Cashier within the first 2 weeks of each semester. (Alternatively, payment can be made by proxy or bank transfer- Bank code: 009; East Kaohsiung Branch; Account number: 67259 + Student ID)**
3. Payment amount per person for each academic year will be based on the contract fees for that year. Please refer to the <https://reurl.cc/eOdolR>
4. Failure to pay **within the first 2 weeks of each semester** means no insurance coverage and forfeiture of MOE subsidy. Individuals are responsible for all insurance matters during uninsured periods.
5. **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 **【CS108】** Applicant's Signature: _____



Name _____, Student ID _____, Department _____

Due to Health Family Economy Occupational Academic Military service

Personal Re-taking examines Other _____ issues,

From the _____ semester of the _____ academic year Suspend Defer _____ year(s). I have read and fully understood the content of the declaration, and hereby declare.

Applicant: _____ Signature

ID No: _____

Contact No: _____ Cell No: _____

Address: _____