



# Kaohsiung Medical University

## 【Student Group Insurance Waiver Declaration】

Program of Study:

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

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

Date : (mm-dd-yyyy)

**Precautions :**

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:**

Name : \_\_\_\_\_ Student ID : \_\_\_\_\_ Department: \_\_\_\_\_

Due to  Health  Family  Economy  Occupational  Academic  Military service  Personal  Re-taking exams  Suspension  Deferred graduation  Other \_\_\_\_\_

issues, abandon the student group insurance. (From \_\_\_\_\_ (mm-dd-yyyy) to+ \_\_\_\_\_ (mm-dd-yyyy) ), hereby certify.

**Notice:**

**© Minors (under the age of 18) must have the signature of a parent/guardian or legal representative.**

Applicant :  Parents/Guardian  Students  Legal representative

Applicant: \_\_\_\_\_ Signature:

ID No : \_\_\_\_\_

Contact No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Address: \_\_\_\_\_



# Kaohsiung Medical University

## 【Student Group Insurance Waiver Declaration】

Program of Study:

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

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

Date :

(mm-dd-yyyy)

**Precautions :**

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 letter. For students under the age of 18, the signature of a parent/guardian or legal representative is necessary.
5. No liability or responsibility is accepted under any circumstance for those who abandon the student group insurance.
6. 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:**

Name : \_\_\_\_\_ Student ID : \_\_\_\_\_ Department: \_\_\_\_\_

Due to  Health  Family  Economy  Occupational  Academic  Military service  Personal  Re-taking exams  Suspension  Deferred graduation  Other \_\_\_\_\_

issues, abandon the student group insurance. (From \_\_\_\_\_ (mm-dd-yyyy) to+ \_\_\_\_\_ (mm-dd-yyyy) ), hereby certify.

**Notice:**

**© Minors (under the age of 18) must have the signature of a parent/guardian or legal representative.**

Applicant :  Parents/Guardian  Students  Legal representative

Applicant: \_\_\_\_\_ Signature:

ID No : \_\_\_\_\_

Contact No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Address: \_\_\_\_\_



# Kaohsiung Medical University

## 【Student Group Insurance Waiver Declaration】

Program of Study:

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

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

Date :

(mm-dd-yyyy)

**Precautions :**

7. 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.
8. No liability or responsibility is accepted under any circumstance for those who abandon the student group insurance.
9. [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:**

Name : \_\_\_\_\_ Student ID : \_\_\_\_\_ Department: \_\_\_\_\_

Due to  Health  Family  Economy  Occupational  Academic  Military service  Personal  Re-taking exams  Suspension  Deferred graduation  Other \_\_\_\_\_

issues, abandon the student group insurance. (From \_\_\_\_\_ (mm-dd-yyyy) to+ \_\_\_\_\_ (mm-dd-yyyy) ), hereby certify.

**Notice:**

**© Minors (under the age of 18) must have the signature of a parent/guardian or legal representative.**

Applicant :  Parents/Guardian  Students  Legal representative

Applicant: \_\_\_\_\_ Signature:

ID No : \_\_\_\_\_

Contact No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Address: \_\_\_\_\_

The student \_\_\_\_\_ has chosen not to participate in the student group insurance, and I (the parent/guardian) have signed this affidavit in agreement. Please approve the refund.

衛生保健組組長