

Southern Taiwan University of Science & Technology

[Do not participate] Student group insurance cut-off book

(Please read the notes carefully before fill in this form)

Number:

Attention :

1. Students still benefits the student's group insurance coverage during the period of suspension.
2. According to the Ministry of Education, they will not subsidize any cost to students who do not participate in student group Insurance and students need to sign this document in order to notify their family. For those students who sign this document, students need to be fully responsible on their own if any accidents or incidents occur.
3. For those students who is not willing to participate the student's group insurance now but changing their minds later on, you still has a chance. If you still want to participate in the student's group insurance during the period of suspension, you should pay the insurance fees to the accounting office within 2 weeks of the start of every semester. Then show the receipt to the health center to be insured.
4. Please contact the health center if you got any questions related to student group insurance.
(Tel : 06-2533131-2231)

(Address : No. 1, Nan-Tai Street, Yongkang Dist., Tainan City 710, Taiwan R.O.C)

Signing Date: _____(y/m/d)

(This document must be signed by students who are above 18 years old and for those under 18 years old, it must be signed by their parents.)

Student Name _____, Department grade _____ , Student ID
Identification Number _____, Date of birth _____, Sex Male Female

Reason Health Family Economy Work Military Service

Others _____

No student group insurance from ____ school year ____ semester~ ____ school year ____ semester, Total semester.

If an accident occurs during the uninsured period, the relevant matters are the sole responsibility.

Hereby Prove

Filler: _____ Identity card number _____ Signature _____

Filler identity (please tick): Parent/legal representative student himself other _____

Contact Tel: _____, Mobile: _____

"Student's emergency contact data"

Student parent or emergency contact person Name: _____

Contacts Address: _____

Contacts Telephone: _____