

Southern Taiwan University of Science & Technology

Letter of Undertaking for [Do Not Sign Up] Student Group Insurance

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

Number: _____

Notices:

1. Students could still enjoy benefits of the student group insurance during a leave of absence.
2. If students do not sign up the student group insurance, they must sign the letter of undertaking. We will inform their parents in written form. According to the regulation of the Ministry of Education, they will not subsidize group insurance funds for students who do not participate in student group Insurance. In the uninsured period, student who suffers an accident must be responsible by self.
3. Students do not participate the group insurance, but then they change their mind in a leave of absence. Students could join the group insurance afterward. Students should go to the accounting office to pay the insurance fees within 2 weeks of the start of every semester, and take the receipt to the health center for signing up the student group insurance.
4. Please contact the health center as you have any questions about the 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 20 years old and for those under 20 years old, it must be signed by their parents.)

Student Name: _____, Department/Class/Grade: _____, Student ID:
Identification Number: _____, Date of Birth: _____, Sex: Male Female

Reasons: Health Family Economy Work Military Service

Others _____

Do not sign up the student group insurance from the ____semester of the ____school year ~ the
semester of the ____school year. Totally semesters: ____ .

In the uninsured period, if an accident occurs, I will be responsible by myself.

Hereby to Certify

Form completed by: _____, Identity card No.: _____, Signature: _____

Relationship to student (Check mark): Parents/legal representative Myself Other _____

Contact Tel: _____, Mobile: _____

Student's Emergency Contact Information

Student's parents or Emergency contact person: _____

Contact address: _____

Contact telephone number: _____