



學生團體保險拒保办理流程說明及切結書

Student Group Insurance Waiver Application and Declaration

一、拒保办理流程 I. Waiver Procedures

1. 參加拒保者，請於開學後一週內 E-mail 衛生保健組公務信箱（ncu7270@ncu.edu.tw），來信請告知拒保學生姓名、系所、學號，並檢附本人金融帳戶存摺正面影本圖檔（含戶名、帳號）。
2. 學生團體保險拒保切結書，請學生及家長、監護人或配偶親自簽名後，將紙本親送或郵寄至衛生保健組。
3. 依據教育部補助私立大專校院辦理學生團體保險作業原則第四條第一項第五款規定，選擇不參加團體保險之學生，仍應以書面將不參加本保險之情事通知家屬。

Students applying for a waiver of Student Group Insurance are required to email the Health Center at ncu7270@ncu.edu.tw within one week after the beginning of the semester. The email should include the student's name, department, and student ID number, together with a copy of the front page of the student's bank account passbook (showing the account holder's name and account number) for refund processing purposes.

This declaration must be signed by the student and the student's parent, guardian, or spouse and submitted to the Health Center either in person or by mail.

Pursuant to Article 4, Paragraph 1, Subparagraph 5 of the Ministry of Education's Regulations Governing Student Group Insurance for Colleges and Universities, students who choose not to participate in the Student Group Insurance program must notify their parent(s), guardian, or spouse in writing of their decision.

二、學生團體保險拒保切結書 II. Student Group Insurance Waiver Declaration

本人 _____（系所／年級：_____
_____；學號：_____）
自願選擇不參加本校 _____ 學年度第 _____ 學
期學生團體保險。

本人充分了解並同意，於未投保期間，如因疾病、傷害、意外事故、失能、身故或接受醫療等情形所衍生之相關費用或損失，均不得向國立中央大學或保險公司申請任何保險給付或理賠。

I, _____ (Department/Year: _____; Student ID No.: _____), hereby voluntarily waive participation in the Student Group Insurance program for the _____ semester of the _____ academic year.

I fully understand and acknowledge that, during the period in which I am not enrolled in the Student Group Insurance program, I will not be entitled to any insurance benefits or compensation from either National Central University or the insurance provider in the event of illness, injury, accident, disability, death, or medical treatment.

此致 / To

國立中央大學 National Central University

學生資料 / Student Information

姓名：_____

Name: _____

學號：_____

Student ID No.: _____

系所 / 年級：_____

Department / Year: _____

家長 / 監護人 / 配偶同意欄 Parent's / Guardian's / Spouse's Consent

本人已知悉並了解學生放棄參加學生團體保險之決定。

I have been informed of and understand the student's decision to waive participation in the Student Group Insurance program.

姓名：_____

Name: _____

與學生關係：_____

Relationship to Student: _____

電話：_____

Phone Number: _____

地址：_____

Address: _____

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日期：_____年_____月_____日

Date: _____ / _____ / _____ (YYYY/MM/DD)

衛生保健組收件日期(Health Center Received Date) : _____