**Student Group Insurance Opt-Out Procedure and Declaration**

1. Students who wish to opt out of the insurance must, within one week after the semester starts, send an email to Professional Nurse Yang Yi-Ching of Health Center at ycyang1021@ncu.edu.tw. In the email, please provide the student’s name, department, student ID number, and attach a digital image of the cover of your bank account passbook (showing your name and account number).
2. The Student Group Insurance Opt-Out Declaration must be personally signed by a parent or spouse and submitted in hard copy either in person or by mail to Health Center.
3. According to Article 4, Section 1, Item 5 of the Ministry of Education’s Guidelines for Student Group Insurance for Private Colleges and Universities, students who choose not to participate in the group insurance must inform their family in writing of their decision not to participate in this insurance.

-------------------------------------------------------------------------------------------------------

**Student Group Insurance Opt-Out Declaration**

I, (Your Full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department and Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Student ID: \_\_\_\_\_\_\_\_\_\_\_), decide to opt out Student Group Insurance for the \_\_\_\_\_\_semester of the \_\_\_\_\_\_ academic year. I acknowledge that during the period of non-coverage, in the event of illness, accident, death, disability, or medical treatment, I will not be entitled to claim compensation from the school or the insurance company.

To: National Central University

Sincerely,

**Signature of Student**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Spouse**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**
(Year)\_\_\_\_\_\_\_\_\_\_ (Month)\_\_\_\_\_\_\_\_\_ (Day)\_\_\_\_\_\_\_\_\_