National Taiwan Normal University

# Application Form for Currently Enrolled Students to Opt Out of Student Group Insurance

Program: ☐Bachelor's ☐Master's/Doctoral
☐EMBA ☐Summer In-Service Program ☐Night/Weekend Program
☐Weekend Summer Program ☐GF-EMBA

To: NTNU Division of Student Services

I am opting out of [Student Group Insurance] for the _____ Semester, _____ Academic Year (current semester only).

I request a refund of the premium after payment has been collected. I acknowledge that I am opting out of the Insurance and understand that I will not be eligible for any insurance claims arising from accidents or illnesses occurring during the current semester.

(Leave blank if not yet paid)

| Only the student's own Post Office account may be used. | Post Office No. (7 digits) | Account No. (7 digits) |
|---|---|---|
| | | |

Student's Name:_____

Department/Graduate Institute & Year of Study:_____

Student ID:_____

Date of Birth: _____ Mobile: _____

Applicant

**Student (Applicant): _____(Signature)**

**Spouse's Signature:_____(married applicant only)**

**Father's Signature:_____ (unmarried student only)**

**Mother's Signature:_____ (unmarried student only)**

Date: (YYYYMMDD) _____/_____/_____

(All fields above must be fully completed.)