

Survey on Leave-of-Absence Students' Willingness to Participate in Student Group Insurance and An Affidavit for Non-Participation

Dear Students,

According to the regulation of MOE, you have right to participate in Student Group Insurance during your leave of absence. To safeguard your personal rights, please carefully consider whether you wish to participate in the insurance (especially students who take a leave of absence due to hospitalization, surgery, traffic accidents, or unexpected injuries—please pay particular attention to your rights. All information regarding the insurance company, coverage details, policy terms, and premiums is announced on the website.) Claims for student insurance may be filed using duplicate copies of receipts and do not conflict with personal commercial insurance or compulsory automobile liability insurance. If you wish to participate in the insurance should complete the process within the specified time (before **Oct. 31** for the Fall Semester and **Mar. 31** for the Spring Semester). **Failed of doing so will mean voluntary forfeit of the insurance and the subsidy offered by MOE.** Without insurance, no claim of any kind can be made to TKU or the insurance company.

Guidance Section
TEL: 02-2621-5656Ext. 2217

- ① I have read *the Notification on Collecting, Processing, and Utilization of Personal Data*, issued by Guidance Section, Office of Student Affairs.

Your Signature : _____

Participate in insurance: fill in parts 1+2+4.
Not to participate in insurance: fill in parts 1+3+4.

- ② Survey on Leave-of-Absence Students' Willingness to Participate in Student Group Insurance (Year 2026)

Yes, I am **willing** to participate in the Student Group Insurance.

(Insurance premium: NT\$225 per semester. Please contact the staff to obtain the payment slip.)

Name: _____ Student ID: _____

Department: _____ Phone Number: _____

- ③ No, I am **Not willing** to participate; I will sign an Affidavit.

An Affidavit for Non-Participation in Student Group Insurance

I, _____ (name) the undersigned leave-of-absence student, fully understand the above explanation and hereby declare that I will not participate in the Student Group Insurance during my leave of absence (from the 2nd semester, 2026, one-semester leave). I acknowledge that during the uninsured period, if I experience death, disability, or require medical treatment due to illness or accident, the university and the insurance company will bear no responsibility for compensation.

Department: _____ Student ID: _____ Phone Number: _____

- ④ Signature of Declarant: _____ or

Signature of Authorized Representative: _____

Date: ____ / ____ / ____