



Tzu Chi University

Petition to Waive Enrollment in TCU Student Group Insurance Coverage

Please indicate:

- I am 20 years old or older, and eligible to sign this petition
- I am less than 20 years old, and my parent/guardian will sign this petition for me

Last or Family Name	First	Middle	Student ID#
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Phone Number	Email Address
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Due to the reason that _____

I choose to waive enrollment in TCU student group insurance coverage
from Semester _____, Year _____, to Semester _____, Year _____.

In case illness or an accident occurs, which results in death, physical impairment or need for medical care, I will not be eligible to make any claim against Tzu Chi University or the insurance company.

Student's Signature	Date
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FOR OFFICE USE ONLY

On _____, a copy of this petition was

- Handed to the student Mailed to student/parent/guardian

Note:

1. University Act Article 34 specifies that the University shall pay group insurance for students, and each student has the right to join student group insurance.
2. Joining group insurance is not mandatory, and it is a student's right. If you do not want to participate, you are required to send this petition to the TCU Healthcare Section within 7 days after the first day of a new semester. If you fail to do so, you are considered agreeing to join the student group insurance.
3. Should you have any questions, you may contact our Healthcare Section by calling +886-3-856-5301#1208