

National Chung Cheng University

Student Group Insurance Waiver Form

Submit To: Health Center, Office of Student Affairs

Waiver Statement & Liability Release

I hereby knowingly and voluntarily decline enrollment in the National Chung Cheng University Student Group Insurance for the coverage period from **August 1, 2026, to January 31, 2027**.

By signing below, I understand and agree that if any illness, injury, medical emergency, or accidental death occurs during this period, no insurance claims or financial demands shall be made against the University or its insurance carrier. I assume full financial responsibility for any resulting medical expenses.

I certify that I have read, fully understand, and agree to the terms of this waiver.

Student Information & Signatures

Full Name (Signature): _____

Student ID Number: _____

Academic Department: _____

ARC ID Number: _____

Phone Number: _____

Parent / Guardian Signature (if under 18): _____

Family Member Signature (if adult): _____

(For Office Use Only / 學校主管核章)

Department Chair / Director: _____ (Signature)

Date: _____ / _____ / _____