

# 長榮大學學生團體平安保險拒保切結書

茲因學生保障需要，本校學生團體平安保險除教育部補助每位學生每學年新臺幣壹佰元外，每位學生需每學期尚需自費繳交部份保險費用，保障內容有身故理賠、殘障、住院及手術理賠等權益。

本人\_\_\_\_\_因故辦理☐休學☐延修，不同意繳交費用，自願放棄任何法律及理賠之權利，因恐口說無憑，特立此書。

立切結書人：\_\_\_\_\_（簽章）學 號：\_\_\_\_\_系級：\_\_\_\_\_

聯 絡 電 話：\_\_\_\_\_

拒 保 學 期：\_\_\_\_\_學年度第\_\_\_\_\_學期至\_\_\_\_\_學年度\_\_\_\_\_學期

家 長 手 機：\_\_\_\_\_法定代理人或委託人：\_\_\_\_\_（年滿18歲者免家長簽章）

中 華 民 國\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日

## 長榮大學履行個人資料保護法告知義務暨當事人同意書

長榮大學（以下稱「本校」）依據個人資料保護法（以下簡稱「個資法」）第八條第一項規定，向 台端告知下列事項，請 台端詳閱並同意本校於下列事項一~三範圍內，得蒐集、處理及利用 台端資料：

一、 蒐集之目的：執行人身保險業務

二、 蒐集之個人資料類別：長榮大學學生團體平安保險拒保切結書之個人資料

三、 個人資料利用之期間、地區、對象及方式：

（一） 期間：切結日起算 4 年。

（二） 地區：本國。

（三） 對象：本校、學生保險承保之保險公司。

（四） 方式：紙本保存學務處衛保組。

四、 依據個資法第三條規定，台端就本校保有台端之個人資料得行使下列權利：

（一） 得向本校查詢、請求閱覽或請求製給複製本，而本校依法得酌收必要成本費用。

（二） 得向本校請求補充或更正，惟依法台端應為適當之釋明。

（三） 得向本校請求停止蒐集、處理或利用及請求刪除，惟依法本校因執行業務所必須者，得不依台端請求為之。

五、 台端不提供個人資料所致權益之影響： 台端得自由選擇是否提供相關個人資料，惟台端若拒絕提供相關個人資料者，恐無法辦理退保相關作業，將視同繼續加保。

☐ 經 貴校向本人告知上開事項，本人已清楚瞭解 貴校蒐集、處理或利用本人個人資料之目的及用途，並同意 貴校於上開告知事項一~三範圍內，得蒐集、處理及利用本人資料。

受告知人：\_\_\_\_\_（簽章） 法定代理人：\_\_\_\_\_（簽章）

## Chang Jung Christian University Student Group Accident Insurance Refusal Agreement

In the University's student group accident insurance purchased for student protection, the Ministry of Education subsidizes NT\$100 per student per academic year. However, each student is required to pay in each semester the part of premium that is not subsidized to ensure compensation in case of death, disability, hospitalization or surgery claims.

I, \_\_\_\_\_, state my non-agreement to pay premium because I am applying for ☐ leave of absence from school ☐ delayed graduation, and voluntarily waive any legal and compensation rights. I hereby sign this agreement as prove of my non-agreement.

Affiant : \_\_\_\_\_ ( Signature ) Student Number: \_\_\_\_\_ Department and Class: \_\_\_\_\_

Telephone : \_\_\_\_\_

Semester of insurance refusal: \_\_\_\_\_ From Academic Year \_\_\_\_\_ Semester \_\_\_\_\_ to Academic Year \_\_\_\_\_ Semester \_\_\_\_\_.

Parent Cell Phone: \_\_\_\_\_ Legal Guardian or Authorized Agent: \_\_\_\_\_ (Parent signature is not required for students aged 18 or above)

Date: (yy) (mm) (dd)

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Chang Jung Christian University is obligated to inform the affiant of the Personal Information Protection Act.

In compliance with Article 8 Paragraph 1 of the Personal Information Protection Act (hereinafter referred to as the Personal Act), Chang Jung Christian University (hereinafter referred to as the University) hereby informs the affiant of the following. Please read carefully and consent to the collecting, processing and use of the information within the scope of Items 1-3 delineated below:

1. Purpose for collecting information: Implementation of matters pertaining to personal insurance.
2. Category of collecting personal information collected: Chang Jung Christian University Student Group Accident Insurance Refusal Agreement
3. Duration, region, target and method of personal information use:
  - ( 1 ) Duration : 4 years from the date of agreement.
  - ( 2 ) Region: Taiwan
  - ( 3 ) Object : The University, underwriter of the student insurance.
  - ( 4 ) Method: Paper copy filed at the Health Services Section, Office of Student Affairs.
4. In accordance with Article 3 of the Personal Information Protection Act, the affiant may exercise the following rights in respect to his or her personal information held by the University:
  - (1) Check, request to read or request a copy of the information from the University. In accordance with the law, the University may request payment for necessary cost.
  - (2) Request the University to supplement or correct the information. However, in accordance with the law, the affiant shall provide appropriate explanation.
  - (3) Request the University to stop collecting, processing or utilizing the information, and request the information to be deleted. However, in accordance with the law, the University may refuse the request on account of necessary operations.
5. Impact on personal rights and interests if affiant fails to provide information: The affiant has the right to not provide relevant personal information. However, those who refuse to provide relevant personal information may not be able to have their insurance withdrawal processed, and shall be regarded as continuing to be enrolled in the insurance.

☐ I have been informed of the above matters by the University, and clearly understand the purpose of my information collection, processing and utilization by the University. I consent to the collection, processing and utilization of my personal information as delineated within the scope of Items 1-3 in the above notification.

Informed person : \_\_\_\_\_ ( Signature ) Authorized agent : \_\_\_\_\_ ( Signature )