

臺北市立大學
境外學生保險聲明書
Declaration of Insurance for International Students
University of Taipei

本聲明書適用於至臺北市立大學就讀之境外學生，包含但不限來校交換生及學位生。

我是 _____ (正楷)，

為 _____ 學年度第 _____ 學期之 來臺交換生 學位生 國際專修部華語先修生

其他 _____，本人聲明下列事項：

This declaration applies to international students studying at University of Taipei, including but not limited to exchange students and degree students.

I, _____ (printed name),

am a exchange student degree student student of the International Foundation Program

other _____ for the _____ academic year, _____ semester. I hereby declare the following:

勾選 Check	次序 No.	事項 Item
	1	我已於抵臺前於母國購買個人醫療及意外險，且保險期間完整涵蓋就讀期間。 I have purchased personal medical and accident insurance in my home country prior to arriving in Taiwan, and the insurance coverage fully encompasses the duration of my study at the University of Taipei.
	2	我已參加境外學生新生說明會，並了解在臺保險宣導事項。我明白如有需要，可向兩校區健促中心詢問保險相關事宜，並辦理團體保險（5人始得成團）。 I have attended the orientation for international students and understand the information provided regarding insurance policies in Taiwan. I am aware that I can contact the Health Promotion Center of University of Taipei for inquiries related to insurance matters and to arrange group insurance (requiring a minimum of five participants to form a group).
	3	我了解持有外僑居留證（ARC）且在臺停留時間滿六個月以上，必須加入全民健康保險（NHI），需攜帶 ARC 至兩校區健促中心申請加入全民健康保險（NHI）。 I am aware that if I hold an Alien Resident Certificate (ARC) and have met the six-month minimum residency requirement, I can contact the Health Promotion Center of University of Taipei to join the National Health Insurance (NHI) with limited coverage.

聲明人 Declarant：_____（簽署 Signature）

國籍 Nationality：_____ 護照號碼 Passport Number：_____

簽署日期 Date of Signature：_____ 繳交期限 Submission Deadline：2025.02.19