



澳門大學  
UNIVERSIDADE DE MACAU  
UNIVERSITY OF MACAU

Ref.: S-086/F/SRS

### Declaration of Medical Insurance Exemption

I, \_\_\_\_\_ (Name in full), Student ID \_\_-\_\_-\_\_\_\_\_, decide not to enroll in the UM Student Medical Insurance for the academic year of 2019/2020 as I am

- a local student, I have purchased my own insurance plan(s) with coverage on hospitalization in Macao that is valid during the UM medical coverage year (1 Aug 2019 - 31 Jul 2020);
- a civil servant, I have medical benefits with coverage on hospitalization in Macao that is valid during the UM medical coverage year (1 Aug 2019 - 31 Jul 2020);
- a postgraduate student, I am not staying in Macau now and I have scheduled and will finish my oral defense by end of October 2019;
- joining the outgoing exchange programmes for the coming academic year of 2019/2020.

I shall inform Student Affairs Office once the above exemption condition changes and will enroll in the UM Student Medical Insurance for the rest of the coverage period.

This is to declare that I understood and accepted that I will not be covered by the UM Student Medical Insurance for academic year of 2019/2020. I declare that I will bear any consequence of disclaiming from the UM Student Medical Insurance and all the expenses in case of any medical consultancy.

Declared by

Date

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(DD/MM/YYYY)