ASSUMPTION UNIVERSITY
OFFICE OF GRADUATE STUDIES

Insurance Petition Form

Program: _____ Semester: _____ Date: __/__/___

Fill up your request clearly and completely. This petition will be accepted when all sections are completed. This petition may be used to request several actions by the University and a separate petition is required for each request. **(Exempting insurance fee: Students are required to request this before the tuition fees payment, otherwise the fee will be non-refundable.)**

Mr. / Ms. / Mrs.: _____ _____
(Name) (Surname)
Student's ID No.: _____ Phone: _____ E-mail: _____

Request for:

☐ Insurance Exemption ☐ Insurance claim ☐ Renew Insurance Membership

Required Documents:

Exempting Insurance Fee	Insurance Claim	Renew Insurance
☐ 1 copy of the student's insurance card ☐ Insurance Petition	☐ Original Medical Certification ☐ Original Receipt from the hospital ☐ 1 copy of the first page of the bank account ☐ 1 copy of the insurance card ☐ Insurance Petition	☐ Insurance Petition ☐ 1 copy of the insurance card

*(Remark: If student fails to submit any of the required documents, the request would be automatically **rejected**)*

For Staff Only

OGS Recommendation:	Dean / Director:
_____ _____ Staff's name: _____ Date: __/__/___	_____ _____ ☐ Approved ☐ Rejected Signature_____ Date: __/__/___

Tear off----------
Student's name: _____ ID: _____ Program: _____

To Receive the result, please contact the Office of Graduates, call: 02-300-4543 Ext: 1360, 1361
Contact Person: _____
Staff's name: _____ Date: __/__/___
(In order to follow up for the insurance claim result / process, the tear off slip is required)