



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 2025/2026 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;
- ☐ a civil servant, I have medical benefits with coverage on hospitalization in Macao that is valid during the UM medical coverage year;
- ☐ a postgraduate student, I am not staying in Macau now and I have scheduled and will finish my oral defense by end of October 2025;
- ☐ joining the outgoing exchange programmes for the coming academic year of 2025/2026.

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 2025/2026. 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)