

自愿放弃参加昆山市城镇居民基本医疗保险的声明

Statement on Voluntary Waiving Basic Social Insurance for Urban Residents of Kunshan City

昆山杜克大学:

Duke Kunshan University,

本人已完全知晓并理解政府及学校关于大学生参加昆山市城镇居民基本医疗保险的参保手续、费用、政策实施意义等方面的内容。我因为以下原因_____, 自愿放弃参加____年1月1日至____年12月31日昆山市城镇居民基本医疗保险:

I have been well informed and fully understood both the government's and the University's policies on University Students Basic Social Insurance for urban residents of Kunshan City, including enrollment procedures, expenses, significance of insurance policy etc. I voluntarily give up the right of participating in the Basic Social Insurance for urban residents of Kunshan City from 01/01/2022 (MM/DD/YY) to 12/31/2022 (MM/DD/YY) for the following reason(s) _____.

1. 本人在本人家庭所在地已经购买了当地居民医保;
1. I have purchased medical insurance for local residents at the city where my family is located.
2. 本人已购买商业医疗保险;
2. I have purchased commercial medical insurance.
3. 因个人原因, 不需要购买医保。
3. For personal reasons, there is no need for me to purchase medical insurance.

本人承诺上述内容符合事实。因未参加昆山市城镇居民基本医疗保险而造成的一切后果完全由本人承担, 与昆山杜克大学无关。

I promise that the above content is correct and true. All consequences caused by failure to participate in the Basic Social Insurance for urban residents in Kunshan City shall be borne entirely by myself for which Duke Kunshan University is not responsible.

中英文版本如有歧义, 概以中文版本为准。

If there is any inconsistency between the English and Chinese versions, the Chinese version shall prevail.

承诺人 (签字) Promisee (Signature):

监护人 (签字, 承诺人未满 18 岁须填)

Guardian (Please sign when the promisee is under 18 years old):

学生类别: 本科生/研究生/访问学生

Student Group: Undergraduate/Graduate/Visiting Student

年级 Grade:

校园 ID DKU ID:

日期 Date: