

**AMERICAN UNIVERSITY OF BEIRUT
BENEFITS COORDINATOR'S OFFICE
HEALTH INSURANCE PLAN**

REQUEST FOR STATUS CHANGE

The Health Insurance Plan's Rules and Regulations stipulate that any change in status, e.g., marriage, birth of a child, adoption of a child, must be reported within a maximum period of 21 days to the Benefits Coordinator's Office in order to take advantage of the benefits available. In such cases, the fee and the benefits begin with the date of the change of status. In case of birth of a child whose parents are members of the HIP, the benefits for the child begin from the fourth day. After the lapse of 21 days, enrollment and coverage will be available if requested in writing and then only in the following October. Accordingly, I hereby request to change my HIP status as stated below:

Employee's No	Family Name	First Name
Department	Position	Employment Date
I. <u>CLASS CHANGES</u>	1 st 2 nd	1 st 2 nd
HIP	[] []	HIP [] []
FROM CLASS		TO CLASS
HIP/NSSF	[] []	HIP/NSSF [] []

II. ADDITION/S TO PRESENT STATUS

(documents attached)

	<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
-Spouse	.....	.....	.....
-Child	1. ....	.....	.....
	2. ....	.....	.....
	3. ....	.....	.....
-Maternity	.....	.....	.....

III. DELETION/S FROM PRESENT STATUS

(documents attached)

-Adult	.....	.....	.....
-Maternity	.....	.....	.....
-Other	.....	.....	.....

Employee's Signature

Benefits Coordinator's Office

Date

Date

FOR HIP USE ONLY