

WAIVER OF PARTICIPATION

I, the undersigned, acknowledge that the Life Insurance Policy offered by the American University of Beirut has been explained to me, and I understand that unless I sign the Group Life Application Form, I shall receive no benefits as described in that Policy.

With full acknowledgement of these facts, I elect not to participate in the Policy at this time.

Name: _____:

ID #: _____:

Date: _____:

Signature: _____: