

**AMERICAN UNIVERSITY OF BEIRUT**  
**HUMAN RESOURCES DEPARTMENT (Campus)**  
**Benefits Coordinator's Office**

<b>HEALTH INSURANCE PLAN</b> <b><i>WAIVER</i></b>
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I, the undersigned **name** \_\_\_\_\_ **I.D. No.** \_\_\_\_\_,  
hereby declare that I have been informed about the Health Insurance Plan and that its  
regulations have been explained to me.

I also hereby request exemption from enrolling in the Health Insurance Plan. Further,  
I fully understand that I will be responsible for payment in full of all expenses incurred  
at the American University Hospital or any other Hospital.

<b>FOR OFFICE USE ONLY</b>
<b>Witness:</b> _____

**Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_