

**AMERICAN UNIVERSITY OF BEIRUT**  
**HUMAN RESOURCES DEPARTMENT - CAMPUS**  
***Benefits Coordinator's Office***

<b>HEALTH INSURANCE PLAN WAIVER</b> <b>- STUDENT-</b>
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I, the undersigned (**Name**) \_\_\_\_\_ **St. Id** \_\_\_\_\_,  
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 medical care expenses incurred at the American University Hospital or any other health care provider.

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

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

**Phone/Email/POBox:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

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

- Notes:** 1. Copy of the health insurance policy is required with this waiver form.  
2. Copy of the renewal of the health insurance policy is required if it expires during academic year 2010-2011.