



Medical Coverage Waiver Form

This is to confirm that I do not wish to join the AUC local medical plan maintained by AUC at this time. In this regard, I do understand the following:

- I am aware that enrollment in the AUC medical plan is set on compulsory basis.
- I am fully responsible for any medical services needed for me and I hereby understand that the AUC will not cover any corresponding cost, except services that are provided through the AUC Clinic as per the HR Policies & Procedures Manual.
- In case of enrollment in the local medical plan maintained by AUC, this waiver form shall be automatically cancelled. And I will fill out the required medical plan enrollment form and send it to the HR Office, as enrollment cannot be effective without filling the related enrollment form.
- In case of enrolling in a medical insurance plan coverage outside AUC, I shall inform the HR Office – Benefits Unit, through filling out the corresponding form, attaching a copy of my Medical Insurance ID card or a proof that confirms such coverage.

Name: _____

AUC ID: _____

Mobile #: _____

Date: _____

Signature: _____