



Medical Coverage Waiver Form (for compulsory coverage)
due to external alternative coverage

This is to certify that I am currently covered under _____
_____ company (attached is the document of
proof).

I hereby undertake to inform HR in writing in case that my above coverage comes to an
end.

I will be fully responsible for any consequences that take place in case of not notifying
HR with any related updates or end of above coverage status.

Also, 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 is
provided through the AUC Clinic which are mentioned in the HR Policies & Procedures
Manual.

Name: _____

AUC ID: _____

Mobile #: _____

Date: _____

Signature: _____