

Program Country and Name _____

Training Class Number _____

**WAIVER OF COVERAGE
PEACE CORPS LIFE INSURANCE**

Name of Volunteer (Please Print)

SSN

Birth Date

(Last) (First) (Middle)

I hereby waive coverage under the Peace Corps Life Insurance. I understand that (1) in waiving this insurance, I am not eligible to subscribe to the policy at a later date, and (2) if I were to elect to take the coverage now, I could subsequently cancel it.

(Date)

(Signature of Volunteer)

WITNESSES TO SIGNATURE (2 required):

(Name of Witness)

(Address)

(Name of Witness)

(Address)