



### WAIVER OF MEDICAL CLAIM

TO: Medical Director  
 Medical Division, (HR/MED)  
 U.S. Department of State

I do not wish to complete the Medical examination for separation medical insurance for the name(s) listed below. I thoroughly understand that I hereby waive all claims to future medical services to which I might be entitled pursuant to regulations contained in 3 FAM 1900 Appendix B-Old 3 FAM 680 (printed on Page 2)

**NAME OF ANY DEPENDENTS INCLUDED IN WAIVER:**


**EMPLOYEE OR AUTHORIZING SPOUSE**

Signature

Date (mm-dd-yyyy)	Name of Employing Agency
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**WITNESS**

Date (mm-dd-yyyy)	Signature
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**INSTRUCTIONS**

Waiver of Medical Claim should be provided to the appropriate personnel officer of the employee's agency for transmittal to the Medical Division, (HR/MED), U.S. Department of State.

## **EXTRACT FROM 3 FAM (*FOREIGN AFFAIRS MANUAL*)**

### **680 POST-EMPLOYMENT MEDICAL SERVICES**

The Medical Director is authorized to approve payment for the cost of examination and/or treatment otherwise payable under 3 FAM 1900 Appendix B-Old 3 FAM 680 for an employee after separation, and for a dependent after the employee's separation, death, or divorce. Medical services for former employees and their eligible dependents are limited to the following:

- a. Medical treatment for an illness or injury discovered in the course of examination at the time of separation or upon death of the employee;
- b. Treatment for an illness or injury where treatment has begun or is urgently needed on or before the date of separation or death;
- c. Examination and treatment for a latent illness not discovered at the time of the separation and which in the opinion of the medical Director was clearly caused or aggravated by the individual's presence abroad as an employee or a dependent.

Payment of post-employment expenses will be made in accordance with 3 FAM 1900 Appendix B-Old 3 FAM 680.