

Waiver of Benefits Recovery

This Waiver of Benefits Recovery ("Waiver") is made and entered into by the undersigned, who acknowledges and agrees as follows:

1. I hereby voluntarily waive any and all rights, claims, or causes of action to recover any benefits under the relevant policy, plan, or agreement.
2. I understand that by signing this waiver, I relinquish all rights to pursue recovery of specified benefits, whether presently known or unknown.
3. This waiver is made of my own free will, without any coercion or duress.

I have read and understand the contents of this Waiver and agree to its terms.

Name:

Signature:

Date: