

Carnegie Mellon University Qatar

Office of Health and Wellness

Sponsor provided Health Insurance Form

Use this form to indicate whether your sponsor provides private Health Insurance. Please print clearly.

This form must be completed each enrollment year by the deadline and must be uploaded to Health Connect:

<http://healthservices.qatar.cmu.edu/>

Student Information

Last Name	First Name	MI	Date of Birth (mm/dd/yyyy)
Carnegie Mellon Andrew I.D.			Gender
Email address	Phone #		Nationality

Sponsor Information

Name of Sponsor:
Does your Sponsor provide Private Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Private Insurance Company:

**Please provide a copy of the Summary of Covered Benefits

Signature (if student is under 18, parent must sign)

Date (mm/dd/yyyy)

DO NOT COMPLETE - FOR OFFICE USE ONLY

Date Received (mm/dd/yyyy)

Processed by

Waiver Status Sent To Ins (mm/dd/yyyy)