

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 enrolment year by the deadline and must be uploaded to Health Connect:

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)

To be completed by Qatar Nationals:

| |
|--|
| I waive the Student Health Insurance Plan (SHIP): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, reason for waiving the SHIP: |

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

Date (mm/dd/yyyy)

DO NOT COMPLETE – OFFICE USE ONLY

Date Received (mm/dd/yyyy)

Processed by

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