

Carnegie Mellon University Qatar

Office of Health and Wellness

Medical Insurance Waiver Form

Use this form to request a credit of the default medical insurance fee. Please print clearly. An email is sent to your andrew email account when a waiver is approved. Questions? Visit <http://www.qatar.cmu.edu/health-wellness>.

Failure to submit this form will result in automatic enrollment and your student account will be charged. You will not be able to waive the plan after **July 1st** and will be responsible for the fee charged.

This form must be completed each enrollment year by the deadline and must be emailed to: health-wellness@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

Insurance Policy Information - Complete the information below and provide a copy of your insurance card, front and back

Student is listed on the policy as the: <input type="checkbox"/> Principal Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
If student is not the principal subscriber, provide the name of the individual who is the policy holder: _____		
Insurance Company Name and, if applicable, employer name		Policy ID # and/or Group #
Claims billing Address and/or claims billing phone number		
Student's Insurance Number	Policy Start Date	Policy End Date

Terms and Conditions for Waiving

Insurance Requirements: You must be able to answer Yes to all seven conditions listed below to qualify for a waiver

- ☐ Yes ☐ No Your insurance coverage must be continuing coverage that verifies enrollment as the dependent, partner/spouse or principal in an employer or government sponsored private insurance plan.
- ☐ Yes ☐ No Your policy must provide coverage for routine, urgent and emergent care for both inpatient & outpatient medical care and mental health coverage. (A POLICY THAT PROVIDES ONLY EMERGENCY OR URGENT CARE COVERAGE DOES NOT MEET THIS REQUIREMENT)
- ☐ Yes ☐ No Your policy must not contain any clauses limiting/excluding coverage based on pre-existing conditions.
- ☐ Yes ☐ No Your policy provides coverage in the State of Qatar with no less than \$ 100,000 per illness and \$ 100,000 per injury.
- ☐ Yes ☐ No It must provide Emergency Evacuation and Repatriation coverage

Insurance Expiration Date: This insurance will be effective or renewed through December 31, or will expire on _____ Date(mm/dd/yyyy)
If I am still a full-time degree seeking student at the time my insurance expires, I will enroll in Carnegie Mellon's contracted medical insurance plan. I will complete my enrollment prior to this date.

Certification of Waiver: The information I've presented here is true, and Carnegie Mellon may contact my insurance company for verification. I will resubmit this form if my insurance changes in any way.

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)
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