

# 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.

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 **August 27** and will be responsible for the fee charged.

This form must be completed each enrollment year by the deadline of **August 27** and must be emailed to: [health-wellness@qatar.cmu.edu](mailto: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 a dependent or primary card holder 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.
- 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 the current academic year, or will expire on \_\_\_\_\_  
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.

\*A summary of covered benefits from your current medical carrier should accompany this form to be considered for waiving the university offered health insurance.

\_\_\_\_\_  
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)