



<b>HUMAN RESOURCES</b>	QF-HR-MIRF-001
Medical Insurance Registration Form	1-February-08

Employee	<input checked="" type="checkbox"/>	Dependents	<input checked="" type="checkbox"/>
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<b>Employee Details</b>					
<b>Center Name**</b>	TAMUQ				
<b>Department Name**</b>	Academic Affairs				
<b>Section**</b>	Electrical Engineering				
<b>Staff No. **</b>	0000000000 (your UIN# )				
<b>Employee Name**</b>	John Doe				
<b>Position*</b>	Assistant Professor				
<b>Grade*</b>	Expat				
<b>Hire Date*</b>	1-July-2007 (This is your initial employment start date)				
<b>Date of Birth*</b>	1-Jan-1970				
<b>Nationality*</b>	USA				
<b>Gender*</b>	Male				
<b>Marital Status*</b>	Married				
<b>Employee Type*</b>	Faculty				
<b>Residence Permit No.*</b>	01234567891 (11 digit RP# on your Qatar ID card or passport)				
<b>Res. Telephone No.</b>	Optional				
<b>Office Telephone No.</b>	Optional				
<b>Mobile No.</b>	Optional				
<b>Email Address</b>	doe.john@qatar.tamu.edu				
<b>Dependent Details**</b>					
Name	Nationality	DOB	Gender	Relationship	RP No
Mary Doe	Canada	00- mont h-00	Female	spouse	19876543210 (11 digit RP# on Qatar ID card or passport)
Carl Doe	USA	00- mont h-00	Male	dependant	11987654320 (11 digit RP# on passport)
Ann Doe	USA	00- mont h-00	Female	dependant	11198765432 (11 digit RP# on passport)

<u>Department/Center/BC Representative*</u>	<u>Effective Date*</u>
Name :	
Signature :	

Medical Insurance Membership Request Form (if filled completely), Insurance Cards will be delivered to you within ONE WEEK (7 Working Days)