**Appendix D: Duplication of Allowances Guidelines**

**In order to receive incentives and allowances from TAMUQ, each employee is required to annually declare and certify if their sponsor, separately sponsored spouse or dependents’ sponsor is eligible to receive any of the incentives/allowances below. Employees must also indicate if anyone else living within the household receives any housing-related benefits provided by a QF entity. Supporting documentation may be required.** (The term “separately sponsored spouse” is used when the TAMUQ employee is sponsored by TAMUQ/QF, and his/her spouse is sponsored by someone other than the TAMUQ employee).

For employees who are not sponsored by QF/TAMUQ, their sponsor must pay applicable allowances for the employee and dependents first. Employees may not ask their sponsor to suspend or reduce any allowance.

**Housing or Housing Allowance\***

To be eligible for TAMUQ housing or a TAMUQ housing allowance, employees must indicate if their sponsor or separately sponsored spouse receives housing accommodation or is eligible to receive a housing allowance from their employer. Employees must also indicate if anyone else living within the household receives any housing-related benefits provided by a QF entity. What the TAMUQ employee is eligible for will depend on what is received or provided for the household as follows:

**Faculty, Tier 1, 2 and 3 Employees**

|  |  |
| --- | --- |
| **TAMUQ Employee’s****Sponsor or Separately Sponsored Spouse Provides/Receives:** | **\*TAMUQ Employee is Eligible for:** |
| Housing Accommodation | 30% of applicable housing allowance**OR**If the employee elects to live in TAMUQ housing:Other TAMUQ allowances received by the employee will be reduced by the amount of any allowances received by the sponsor or separately sponsored spouse (less the applicable nominal housing allowance) to avoid duplicationof allowances for the household |
| Receives housing allowance **less** than TAMUQ employee’s applicable housing allowance | Not in TAMUQ Housing: Receives difference up to the employee’s applicable housing allowance or 30% of applicable housing allowance (whichever is greater)**OR**In TAMUQ Housing: Other TAMUQ allowances received by the employee will be reduced by the amount of housing allowance received by the sponsor or separately sponsored spouse (less the applicable nominal housing allowance) to avoid duplication of allowances for the household |
| Receives housing allowance **greater** than TAMUQ employee’s applicable housing allowance | Not in TAMUQ Housing- Employee would receive 30% of the applicable housing allowance**OR**In TAMUQ Housing: other TAMUQ allowances received by the employee will be reduced by the amount of housing allowance received by the sponsor or separately sponsored spouse (less the applicable nominal housingallowance) to avoid duplication of allowances for the household |

**Tier 4 Employees**

|  |  |
| --- | --- |
| **TAMUQ Employee’s****Sponsor or Separately Sponsored Spouse Provides/Receives:** | **\*TAMUQ Employee is Eligible for:** |
| Receives housing allowance **less** than the TAMUQ employee’s applicable housing allowance | Receives difference up to the employee’s applicable housing allowance |
| Receives housing allowance **more** than the TAMUQ employee’s applicable housing allowance | No housing allowance will be provided by TAMUQ |

**Home Leave Allowance (HLA)\***

* To receive a TAMUQ home leave allowance (HLA) employees must indicate if their sponsor or separately sponsored spouse receives a home leave allowance or air tickets from their employer for themselves, the employee and/or the employee’s eligible Dependents.
* If the amount of home leave allowance received by the sponsor or separately sponsored spouse for eligible members of the household is **less** than the TAMUQ employee’s applicable home leave allowance, the employee will receive the difference up to the employee’s applicable home leave allowance.
* If the amount of home leave allowance received by the sponsor or separately sponsored spouse for eligible members of the household is **greater** than the TAMUQ employee’s applicable home leave allowance, no home leave allowance will be provided by TAMUQ.
* No home leave allowance will be provided by TAMUQ for any eligible member of the household who receives an air ticket from the TAMUQ employee’s sponsor or separately sponsored spouse.

**Dependent Education Allowance\***

* To receive a TAMUQ Dependent Education Tuition Assistance employees must indicate if their sponsor, separately sponsored spouse, or the Dependent’s sponsor receives a dependent education cost payment or allowance from their employer.
* TAMUQ may\* pay the difference between the sponsor’s or separately sponsored spouse’s or Dependent’s sponsor’s dependent education cost payment or allowance and the actual invoice amount up to the employee’s family pool cap.

**QF Provided Medical and Life Insurance**

* Employees are eligible to enroll in group medical and life insurance coverage provided by the Qatar Foundation and for the State of Qatar Health Card for themselves and their Dependents who are sponsored by the employee.
* If the employee has Dependents who are not sponsored by the employee that need coverage, the employee must provide evidence that these dependents are not covered under another policy within Qatar.

\**Amount of allowances paid by TAMUQ is dependent upon the total amount of all allowances received by sponsor, separately sponsored spouse, and/or dependents’ sponsor.*

**Appendix E: Declaration of Allowances and Benefits Form**

**EMPLOYEE NAME:**

**UIN:**

**TIER:**

**POINT OF ORIGIN\*:**

* Employee’s point of origin is based on the passport used to obtain residency in Qatar as stated in the employment offer letter.

**SPONSORSHIP**

Place an "X" next to the correct statements below regarding you and your family's sponsorship status:

**Employee's Sponsor:**

* + I am sponsored by QF/TAMUQ
	+ I am not sponsored by QF/TAMUQ

Name of Sponsor:

**Spouse's Sponsor:**

* + Not applicable; I am not married and/or my spouse does not reside in Qatar
	+ I am the sponsor of my spouse
	+ My spouse is separately sponsored by a QF sponsor\* (TAMUQ or another QF entity) as follows: Sponsoring QF Entity:
	+ My spouse is separately sponsored by a non-QF sponsor\* as follows: Sponsoring non-QF Entity:

**Dependent's Sponsor: (For dependents residing in Qatar)**

* + I do not have any dependents residing in Qatar
	+ I am the sponsor of my dependent(s) residing in Qatar
	+ My spouse is the sponsor of my dependent(s) residing in Qatar\*
	+ My dependent(s) are sponsored by someone other than myself or my spouse\* as follows: Name of Dependents’ Sponsor:

\*Additional documentation is required from the spouse’s sponsor (and/or the sponsor of the individual sponsoring the dependents) to certify the allowances that individual is eligible for. This may be a letter from the employer or pay slip(s) that accurately reflect all allowances the individual receives.

**HOUSING**

Place an "X" next to any and all applicable statements below regarding you and your family's housing accommodation and housing allowances:

* + I am sponsored by TAMUQ/QF and I currently reside in TAMUQ-provided housing
	+ I am sponsored by TAMUQ/QF and receive a housing allowance in lieu of TAMUQ-provided housing
	+ My sponsor or separately sponsored spouse does not provide or receive any housing benefits for my household (no housing accommodation; no housing allowance)
	+ My sponsor or separately sponsored spouse receives a housing accommodation for my household and this is my place of residence
	+ My sponsor or separately sponsored spouse receives a housing accommodation for my household, but I am eligible for, and have elected to live, in TAMUQ housing instead
	+ My sponsor or separately sponsored spouse is eligible for a housing allowance for my household as follows:

Housing allowance amount in U.S. Dollars per Year: $

*(Divide QAR amounts by 3.65 to obtain U.S. Dollar equivalency)*

* + Other individual(s) residing within my household receive housing-related benefits by a QF entity\* as follows:

\*Additional documentation is required from the individual(s) sponsor to certify the allowances that the individual(s) is eligible for. This may be a letter from the employer, or pay slip(s) that accurately reflect the housing benefits the individual is eligible for.

**Note: If you are sponsored by QF/TAMUQ, and you are the sponsor of your spouse and your child dependents (if applicable), you do not need to complete the remainder of the form. Please sign below and return to Human Resources.**

**HOME LEAVE ALLOWANCE (HLA)**

Based on the TAMUQ eligibility criteria for Dependents, indicate below the total number of family members eligible for home leave allowance including yourself (Maximum of 6):

Number of family members eligible for HLA, including myself:

Place an "X" next to the correct statements below regarding you and your family's home leave allowances:

**Employee:**

* + My sponsor or separately sponsored spouse does not provide or receive air tickets or a home leave allowance for me
	+ My sponsor or separately sponsored spouse provides or receives air tickets for me
	+ My sponsor or separately sponsored spouse provides or receives a home leave allowance for me as follows:

Home leave allowance amount in U.S. Dollars per Year: $

*(Divide QAR amounts by 3.65 to obtain U.S. Dollar equivalency)*

**Dependents (including spouse and eligible child dependents):**

* + I do not have any dependents
	+ My sponsor, separately sponsored spouse, or dependent's sponsor does not provide or receive air tickets or home leave allowance for themselves or my dependent children
	+ My sponsor, separately sponsored spouse, or dependent's sponsor provides or receives air tickets for themselves and/or some or all of my dependent children as follows:
	+ Number of air tickets received for my eligible dependents (including spouse):
	+ My sponsor, separately sponsored spouse, or dependent's sponsor provides or receives a home leave allowance for them self or some or all of my dependent children as follows:

Home leave allowance amount in U.S. Dollars per Year: $

*(Divide QAR amounts by 3.65 to obtain U.S. Dollar equivalency)*

**DEPENDENT EDUCATION ALLOWANCE**

* + I do not have any dependents enrolled in school in Qatar (skip to the next section of the form)
	+ I do have dependents enrolled in school in Qatar:

Based on the TAMUQ eligibility criteria for dependent education allowance, indicate the total number of dependents eligible for dependent education allowance (Maximum of 4):

Place an "X" next to the correct statements below regarding dependent education allowance for your dependents:

* + My sponsor, separately sponsored spouse, or dependent's sponsor does not provide or receive dependent education allowance for my dependents
	+ My sponsor, separately sponsored spouse, or dependent's sponsor provides or receives a dependent education allowance for some or all of my dependents (to include homeschool allowance) as follows:

Dependent education allowance amount in U.S. Dollars per Year: $

*(Divide QAR amounts by 3.65 to obtain U.S. Dollar equivalency)*

*(If the education allowance is provided as a percentage of tuition, please calculate that amount)*

**QATAR FOUNDATION MEDICAL AND LIFE INSURANCE**

Place an "X" next to the correct statements below regarding your dependent’s medical/life insurance coverage:

**Dependents:**

* + I do not have any dependents
	+ My sponsor, separately sponsored spouse, or dependent's sponsor does not provide or receive medical/life insurance coverage for my dependents
	+ My sponsor, separately sponsored spouse, or dependent's sponsor provides or receives medical/life insurance coverage for my dependents

**ADDITIONAL COMMENTS/NOTES:**

Employees may insert any additional comments or notes in this section for further clarification, as necessary:

Click here to enter text.

**Declaration and Certification**

**BY SIGNING BELOW, I declare and certify that I have provided accurate information to TAMUQ concerning any duplication of benefits and allowances.** I understand that providing false information or failing to provide updated information within 30 days of any changes may be grounds for disciplinary action, up to and including termination. If applicable, I hereby authorize TAMUQ to contact my sponsor, or applicable employer, concerning the information I provide in this declaration. In addition, I will notify TAMUQ Human Resources within 30 days should any changes take place pertaining to my sponsor, separately sponsored spouse, or Dependent’s sponsor or any other related sponsorship benefits or allowances.

Employee Name (PLEASE PRINT):

Signature of Employee Date