

## Procedural Notice pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai

### Procedural Notice Number 1 of 2016 (PN 01/2016)

Subject of this Procedural Notice	Certification that employees of entities that operate SFTA or SFIA (that is self-funded TPA administered or self-funded insurance company administered schemes) have current coverage under such schemes
Applicability of this Procedural Notice	This Procedural Notice applies to all third party administrators and insurance companies who administer self-funded health schemes in the Emirate of Dubai
Purpose of this Procedural Notice	To detail the requirements for administrators to issue certificates of health coverage
Authorised by	Dr Haidar Al Yousuf, Director, Health Funding Department
Drafted by	Robin Ali, Consultant, Health Funding Department
Publication date	10 April 2016
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this Procedural Notice	Immediately upon publication
Grace period for compliance	7 calendar days from the effective date

#### Preamble

In November 2014 we issued Procedural Notice 02-2014 requesting insurers to issue paper (or pdf) Certificates of Health Insurance (CHI) to enable sponsors to obtain visas in readiness for the integration with GDRFA visa system as a means of ensuring compliance with the Law.

At that time it was expected that most employers would take out insurance. However, there are a small number of entities that are Government or Government related which are self-funded and administered by a TPA (or, in an isolated case, by an insurance company) where there is no insurance based cover. As a consequence of the insurance checking system now being activated at GDRFA, some of these employers are experiencing difficulty in obtaining visas.

By way of this PN, the temporary requirement for insurance companies to issue certificates as required in PN 02-2014 is extended to all TPAs or insurers who are administering such SFTA and SFIA schemes.

These certificates will be known as Certificates of Health Coverage (CHC) rather than CHI since there is no insurance plan in place.

#### Objectives of this Procedural Notice

- To detail the procedure to be followed by administrators of self-funded health coverage schemes to issue a "Certificate of Health Coverage" (CHC) to employers and other sponsors of expatriate residents to enable them to obtain or renew residence visas for those under their sponsorship
- To detail the required wording for the certificates
- This will be a temporary procedure pending finalisation of an electronic solution under development by HFD in conjunction with the concerned authorities which will include an electronic check against the Member Register

#### Reasons for issuing this Procedural Notice

- Sponsors are required to procure health coverage for all those on their sponsorship who hold Dubai residence visas. There are well publicised rules on the timeframes for implementation
- Compliance with the Law will be in the form of checks carried out at the time that sponsors apply for or renew residence visas for those on their sponsorship
- These checks will be carried out by the relevant visa issuing authorities ("the Authorities")

- An electronic system is about to be launched. Until such time that it is operational, a manual system must be implemented involving the administrator issuing a CHC to employers for presentation to the Authorities with their visa applications.

### Contents of the CHC

- The CHC must contain the following information:
  - a) Name of the employer;
  - b) That the employer has a self-funded program of health coverage in place for those residents under its sponsorship that complies with the minimum benefit levels stipulated by Dubai Health Authority;
  - c) The “Effective Date” (i.e. date the coverage came into force) and “Expiry Date” (i.e. the date that the coverage ends);
  - d) The number of those holding residence visas under the sponsor’s sponsorship at the effective date broken down by category (i.e. Lower Salary Band (LSB) workers , other workers, spouse and dependants)
  - e) Details of those under the sponsor’s sponsorship who are the subject of the visa application and confirmation that health coverage has been effected upon their behalf

### Spouse and dependants

- Regardless of whether or not an employer is paying for coverage for its employees’ spouses and dependants, the individual employee is responsible for applying for a new (or renewing an existing) residence visa for his or her spouse or dependants on his or her sponsorship (i.e. not under the sponsorship of another employer).
- However, many employer’s do facilitate the visa application process for their employees’ spouses and dependants which will determine who needs to receive the CHC

### Issuing the CHC

The administrator should issue the CHC according to the circumstances shown below

Person that pays	Person insured	Sponsor	CHC issued to
Employer	Employee	Employer	Employer
Employer	Spouse/dependants	Employee	Employer upon receiving a request from the employee. The employer will then pass the CHC to the employee or (where the employer is applying for the visas on behalf of the employee) will submit the CHC with the visa application for the spouse/dependants

### Format of the CHC

- The CHI must be on the administrator’s official notepaper;
- It must be dated as at the date of its issue;
- The wording of the CHC must clearly satisfy the requirements of items a) – e) above;
- It must show the sponsor’s name;
- In respect of e) above, it must show full name (as on the passport) and the UID number;
- It must be signed by an authorised signatory of the administrator company;
- It must bear the administrator company’s official stamp;
- Electronic versions are acceptable.

DHA has provided a template to be adopted by all administrators. (See Appendix A).

## APPENDIX A

Administrator  
company logo

## Certificate of Health Coverage

شهادة التغطية الصحي

Name of employer/sponsor	_____	اسم صاحب العمل / الكفيل
Effective date of health coverage	_____	التاريخ الفعلي لبوليصة تأمين تاريخ سريان شهادة التغطية الصحية
Enrolment date for this member (if different to the above)	_____	تاريخ قيد العضو المؤمن عليه (إذا كان مختلفاً عما سبق)
Member's full name	_____	الاسم الكامل للمؤمن
Member's UID number	_____	الرقم الموحد للمؤمن
Expiry date of health coverage	_____	تاريخ انتهاء بوليصة التأمين
Number of persons holding a visa under this employer/sponsor (complete as applicable)	_____	عدد الأشخاص الذين يحملون تأشيرة صاحب العمل / الكفيل (تملاً حسب الحالة)
• Lower salary band employees	_____	شعبة الموظفين منخفضي الرواتب
• Other employees	_____	باقي شعب الموظفين
• Total employees	_____	العدد الاجمالي للموظفين
• Spouses covered (if any)	_____	أزواج المؤمن (إن وجد)
• Dependents covered (if any)	_____	أبناء المؤمن (إن وجد)

This certificate confirms that the above named member has been provided with health coverage that meets or exceeds the minimum benefit levels as stipulated by Dubai Health Authority.

(This certificate is valid for 30 days from its issue date)

هذه الشهادة تؤكد أن العضو المذكور المؤمن أعلاه توفر له للتأمين التغطية الصحية التي تلبى او تتجاوز للذي يلبي أو يتجاوز المستوى الأدنى من منافع التغطية الصحية كما هو منصوص عليه من قبل هيئة الصحة في دبي.  
(هذه الشهادة صالحة لمدة 30 يوماً من تاريخ الاصدار)

Authorised signatory	_____	التوقيع المعتمد
Full name	_____	الاسم بالكامل
Designation/job title	_____	المسمى الوظيفي
Date of this certificate	_____	تاريخ هذه الشهادة
Company stamp	_____	ختم الشركة