

Procedural Notice pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai
Procedural Notice Number 2 of 2014 (PN 02/2014)

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|------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Subject of this Procedural Notice | Certification that employers and other sponsors hold health insurance policies |
| Applicability of this Procedural Notice | This Procedural Notice applies to all insurance companies selling health insurance plans in the Emirate of Dubai |
| Purpose of this Procedural Notice | To detail the requirements for insurers to issue certificates of health insurance |
| Authorised by | Dr Haidar al Yousuf, Director, Health Funding Department |
| Drafted by | Robin Ali, Consultant, Health Funding Department |
| Publication date | 27 November 2014 |
| 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| This document has been replaced by | Not applicable |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 | 21 calendar days from the effective date |

Objectives of this Procedural Notice

- To detail the procedure to be followed by insurers to issue a “Certificate of Health Insurance” (CHI) 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 Person Register

Reasons for issuing this Procedural Notice

- Sponsors are required to procure health insurance 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 under development. Until such time that it is fully tested and operational, a manual system must be implemented involving the insurer issuing a CHI to employers or other sponsors for presentation to the Authorities with their visa applications.

Contents of the CHI

- The CHI must contain the following information:
 - a) Name of the employer or other sponsor;
 - b) That the employer or other sponsor has a policy of health insurance 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 policy came into force) and “Expiry Date” (i.e. the date that the policy 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 insurance coverage has been effected upon their behalf

Spouse and dependants

- Regardless of whether or not an employer is paying for insurance cover 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 CHI

Issuing the CHI

The insurer should issue the CHI according to the circumstances shown below

| Person that pays | Person insured | Sponsor | CHI issued to |
|-------------------------------------------------------------------------------------------------|-------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employer | Employee | Employer | Employer |
| Employer | Spouse/dependants | Employee | Employer upon receiving a request from the employee. The employer will then pass the CHI to the employee or (where the employer is applying for the visas on behalf of the employee) will submit the CHI with the visa application for the spouse/dependants |
| Individual | Spouse/dependants | Individual | Individual |
| Self-sponsoring individual (this could be an individual holding a property visa for example) | Individual | Individual | Individual |

Format of the CHI

- The CHI must be on the insurer's official notepaper;
- It must be dated as at the date of its issue;
- The wording of the CHI 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 insurance company;
- It must bear the insurance company's official stamp;
- Electronic versions are acceptable.

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

APPENDIX A

Insurance company
logo

Certificate of Health Insurance

شهادة التأمين الصحي

| | | |
|------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------|
| Name of employer/sponsor | _____ | اسم صاحب العمل / الكفيل |
| Effective date of insurance policy | _____ | التاريخ الفعلي لبوليصة تأمين |
| Enrolment date for this insured member (if different to the above) | _____ | تاريخ قيد العضو المؤمن عليه (إذا كان مختلفاً عما سبق) |
| Insured member's full name | _____ | الاسم الكامل للمؤمن |
| Insured member's UID number | _____ | الرقم الموحد للمؤمن |
| Expiry date of insurance policy | _____ | 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 insured (if any) | _____ | أزواج المؤمن (إن وجد) |
| • Dependents insured (if any) | _____ | أبناء المؤمن (إن وجد) |

This certificate confirms that the above named insured member has been provided with health insurance 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 المؤمن أعلاه توفر له التأمين الصحي الذي 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 الإصدار)

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