

Dear Valued Customer,

Please note that the Department of Health (DOH)* - Abu Dhabi has set guidelines for all medical insurance providers to comply with. As a result, we need to update our criteria for all employees and dependents under our policies that are operating out of Abu Dhabi.

If your Company, an employee or a dependent fall within the below criteria, you are required by law to be covered under DOH compliant schemes. For the purposes of this communication, those members will be referred to as "Abu Dhabi Members":

A) Your company is licensed & operating in the Emirate of Abu Dhabi

B) If any employee/dependent is: Holding a Residency Visa issued from the Emirate of Abu Dhabi (even if working/residing outside the Emirate of Abu Dhabi)

If any of the above apply, please provide the following documents via e-mail to your MetLife service representative (as softcopies)

- At the policy level: Trade License of the Company.
- At Employee/Dependent level (Please ensure the Employees & Dependents details are entered in the updated Electronic Data Interchange form (EDI) - which can be obtained from MetLife Customer Services):

A) Enrollment Requirements

Requirements/Scenarios	 Passport size photo in JPG format 	 PP Copy 	 Visa Copy 	Emirate ID No.	 Nationality 	Continuity Certificate	 Authorized copy of labor contract, or Copy of Labor card issued by Department of Labor, or For government or semi- government entities, a certificate issued by the employer to confirm the employee is part of the organization
New comer to the Emirate of AD (AD Visa)	YES	YES	YES	YES ³	YES	NO	Yes (Undertaking letter is acceptable)
New Visa issued from AD (Change status)	YES	YES	YES	YES ³	YES	NO	Yes (Undertaking letter is acceptable)
AD member moving to a new employer in AD	YES	NO	NO	YES ³	YES	YES	YES
Dependent of New Comer to the Emirate of AD (AD Visa)	YES	YES	YES	YES ³	YES	NO	NO
Dependent of AD member moving to a new employer in AD	YES	NO	NO	YES ³	YES	YES	NO
New Born Baby for AD member (Born in UAE)	YES	Birth certificate (hospital birth note, to be followed by the Birth Certificate is accepted)					

*Previously known as Health Authority of Abu Dhabi (HAAD).

B) Violation cases requirements

• If an Abu Dhabi Member has violated DOH Regulations and has not been covered within the required period (i.e. in line with the below time scales), the fines will be applicable as per DOH Circular No. CEO/254/11 and Circular No. 35. (Both Circulars are attached for your reference).

Requirements/Scenarios	РР Сору	Visa Copy	Emirates ID No.	Continuity Certificate	Ministry of labor List	TL	Payment. Deposit. Receipt, Cheque Deposit /transfer slip	Penalty declaration letter
New comer to the Emirate of AD (AD Visa)	YES	YES	YES ³	No	YES	YES	YES ⁴	YES ⁵
AD member moving to a new employer in AD	No	No	YES ³	YES	YES	YES	YES	YES ⁵
	The Abu Dhabi Member can appeal directly to DOH for Dependent violations providing the following requirements:							
Dependent's Violation	 Dependent Appeal Form (properly filed and signed by individual sponsor) Copy of the dependent's previous health card/ Continuity Certificate if applicable 							
(Individual sponsorship only "Father, Husband…")	 Dependent's Passport copy with valid Residency visa Sponsor's passport copy 							
"Circular CEO 254- 11"	Sponsor's phone number							
	Abu Dhabi Member's phone number							
	• An AED 100 fee ⁴							
Dependent's Violation (Under Company Sponsorship)	Will be treated as employee violation following the same 3 scenarios as highlighted above for new comers and transfers.							
	To avoid penalties, the above notifications should be completed within.							
	• The f	ïrst thirty day	rs for New Bo	orn Baby.				
Note	The first week for new comer, change status visa.							
	• The first thirty days for transfers within AD (employees holding Abu Dhabi Visa Transferred to work with another employer in Abu Dhabi), subject to providing the COC.					d to work with		

- 1 AD member: is the employee who is holding a Residency issued from AD and insured under DOH approved scheme.
- 2 Non AD member: is the employee who is not holding a Residency issued from AD and not insured under DOH approved scheme.
- 3 If the Emirate ID is under process a copy of the Stamped Application Form or the old Emirate ID No. is accepted subject to submitting the New Emirates ID No. once processed. Emirates ID No. for children under the age of 15 Years is also mandatory as per DOH circular No (D6 48/14) Issued 23/10/2014.
- 4 All employee's and dependent's fines should be paid via wire transfer to MetLife's bank account as per the below details or by company cheque issued in favor of MetLife:

Account No	:	6200505419
Bank Name	:	First Abu Dhabi Bank
Account Name	:	American Life Insurance Co.
IBAN No	:	AE11035000006200505419
Swift Code	:	NBADAEAA

Important notes:

- Payments should be done via wire transfer ONLY and NOT paid in cash. If you pay by cash, MetLife may delay and/or refuse your payment.
- Transfer Slip copy should be forwarded to MetLife.
- Original Cheques should be forwarded to MetLife's office and not deposited directly to MetLife's account.
- All employee's and dependent's penalty and/or appeal fees must be paid directly to MetLife Bank Account.

5 Kindly complete and submit the following Penalty Declaration along with each Employee's penalty payment:

I/We ______ in our capacity as the policyholder of the group insurance policy number (______) issued by American Life Insurance Company "MetLife" declare that we have not approached the Department of Health (DOH) to appeal for or to waive the penalty applicable on (______) for the amount of AED (_____).

Note: The above Declaration should be printed on the company letter head and duly signed, dated and stamped.

C) Certificate of Continuity:

Certificates of Continuity should include the following	 Name of Insurer Health Insurance policy number Effective Date of Health Insurance policy Expiry Date of Health Insurance policy Policy Type (Thiqa, enhanced, basic, emergency) Name of insured Nationality of insured Sex of insured: male / female Date of birth of insured Authorized signatory (insurance company) Insurance company seal Certificate issuance date The following text: "This is to certify that the person/persons insured under the above mentioned health policy, is/are covered as per Law No. 23 of 2005 regarding health
	• The following text: "This is to certify that the person/persons insured under the above

To re-confirm, the above requirements are applicable to any Abu Dhabi Member holding an Abu Dhabi Residency Visa.

MetLife reserves the rights to take all necessary actions in case non-compliance to laws and circulars mentioned above; and these actions may include the suspension or termination of one of group of employees/dependents insurance in the event of failure to provide the mandatory requirements within the time frame specified by the Authority.

For any further information you may refer to the Department of Health (DOH) site www.haad.ae

We are committed to offering you our continued support.

If you have any enquiries or comments, please contact your insurance consultant or MetLife Customer Services on the following:

E-mail	:	customerservices.gulf@metlife.ae
Toll Free (U.A.E only)	:	800 - 6385433
Telephone	:	+971 4 415 4555
Fax	:	+971 4 415 4445
Website	:	www.metlife.ae

On behalf of MetLife, we thank you and look forward to providing you with the personalized services you expect and deserve from us.