

Table of Benefits

Health+ Premier



| Plan | Health+ Premier |
|---|--|
| Insured's Eligibility | 10 Employees - 150 Insured. Minimum 10 Employees Per Plan |
| Annual Limit | AED 3,600,000 |
| Geographical Scope | Worldwide* |
| HAAD Compliant Plan (Employees and dependents residing or working in Abu Dhabi or holding AUH visa should be covered under a HAAD compliant plan. The client should advise MetLife whenever this is applicable) | N/A |
| MetLife's Medical Network | Executive |
| Emergency Outside Network | Covered at 100% within UAE |
| Emergency Treatment | Worldwide* coverage at 100% R&C |
| MetLife's Medical Network Outside the Country of Work Residence | <ul style="list-style-type: none"> GCC - Direct Billing Network at Assigned Providers (for UAE, Qatar, Kuwait, Bahrain, Oman) India, Sri Lanka & Philippines - Direct Billing Network at Assigned Providers for In Patient Treatment Only |
| Deductible per insured | <p>In-Patient: NIL</p> <p><u>Out-Patient:</u></p> <ul style="list-style-type: none"> 20% of consultation fees up to a maximum of AED 50 NIL deductible for follow-up visits within 7 days at MetLife Medical Providers Network |
| Co-Insurance & Co-payment (within the Geographical Scope) | <ul style="list-style-type: none"> 100% within the MetLife Network inside UAE & ME, GCC, ISC and SE Asia 100% elsewhere on R&C basis |
| Maternity/Obstetrical: (includes Pre-natal & post-natal expenses) | <ul style="list-style-type: none"> Out-Patient Maternity Benefit: Up to Policy Limit Limit AED 30,000 Pre-mature Babies: Up to Policy Limit Waiting Period: Nil <p>Maternity Complication to be covered in full</p> |
| Daily Room and Board Limit for In-Patient Admissions (Average Private Room) | <ul style="list-style-type: none"> 100% on Direct billing basis within the MetLife Network Up to a AED 1,500 per day outside the MetLife Network inside UAE, ME, ISC & SE Asia Elsewhere up to AED 2,500 |
| Accommodation costs for one parent/ guardian staying in hospital with an insured child under age 16 | Covered in full |
| ICU (Intensive Care Unit) | <ul style="list-style-type: none"> 100% within MetLife Network within UAE Outside MetLife Network, Covered in full |
| Out-Patient Consultation Fee Limit | <ul style="list-style-type: none"> 100% inside MetLife Network within UAE Up to a maximum of AED 1,000 per visit elsewhere |
| Pre-existing Conditions | <ul style="list-style-type: none"> Covered up to AED 200,000 for Previously Insured Members subject to providing valid evidence of the previous insurance coverage Covered up to AED 3,000 for the first 6 months and covered up to 200,000 AED thereafter for first scheme membership insured members Where a Pre-existing condition or chronic condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit |
| Out-Patient Home Visits and Emergency Consultation | <ul style="list-style-type: none"> Up to a maximum of AED 300 and AED 450 per visit for General Practitioner and Specialist respectively inside UAE Reasonable and Customary up to a maximum of AED 1,000 elsewhere outside UAE within Geographical Scope |

Health+ is the MetLife pre-packaged solution offered for Small Medium Enterprises – Terms & Condition of Benefit Plus apply.

Dubai Health Authority (DHA): <http://ipromes.eclaimlink.ae/>

| Plan | Health+ Premier |
|--|---|
| Preventive medical treatment (for employees and dependents) | Available at Prime Medical Centers (AED 150 Deductible). Once per annum and includes the following: Physical Examination by a Physician; Complete blood count including Hb, RBC, WBC & Platelets ; Kidney Function Test; Blood Sugar Fasting; Total Cholesterol; HDL Cholesterol; LDL Cholesterol; Triglycerides; Blood Grouping and Rh Typing; Resting ECG |
| Emergency Dental Treatment for accidental damage to natural teeth (Dental services rendered by a Physician, Dentist or Dental Surgeon for the treatment of accidental injuries to sound natural teeth through violent external means within six months of the accident. Treatment to include replacement of natural teeth within the said period) | Covered up to policy limit |
| Benefits Predetermination Review / Second Opinion Hospitalization Program | Applicable |
| Telemedicine | Provided by TruDoc |
| Wellness | Provided by TruDoc |
| Sleep Disorders (Sleep apnea is a type of sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep) | Covered up to policy limits |
| In-Patient Rehabilitation As specified by the DHA and applicable only to members holding a valid Dubai residence visa | Covered up to policy limits. Rehabilitation is treatment in the form of a combination of therapies such as physical, occupational and speech therapy and is aimed at the restoration of a normal form and/or function after an acute illness or injury. The rehabilitation benefit is only payable for treatment that starts within 14 days of discharge after the acute medical and/or surgical treatment ceases. |
| Preventive Services As specified by the DHA and applicable only to members holding a valid Dubai residence visa | Diabetes screening every 3 years from age 30. High risk Individuals annually from age 18 |
| Hepatitis C Virus Screening and treatment As specified by the DHA and applicable only to members holding a valid Dubai residence visa | Covered as per the guidelines laid out in the Hepatitis C support program |
| Cancer Screening and treatment As specified by the DHA and applicable only to members holding a valid Dubai residence visa | Covered as per the guidelines laid out in the Cancer support program |
| Adult Pneumococcal Conjugate Vaccine As specified by the DHA and applicable only to members holding a valid Dubai residence visa | As per DHA Adult Pneumococcal Vaccination guidelines |
| Newborn cover (Applicable only if dependents are not covered) | 30 days coverage from date of birth |
| Additional Preventive Services | DHA will notify MetLife as an Authorized insurance company of any preventative services that will be added to the basic package 3 months prior to the date of implementation. The new preventative services will be covered from the effective date |
| Vaccination As specified by the DHA | Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH) |
| Alternative Medical Treatment | Covered up to AED 3,000 per policy year Co-insurance: 90% (10% Co-pay) Means therapeutic and diagnostic services that exist outside the institutions where conventional allopathic medicine is provided. Such medicine includes, but is not limited to, acupuncture, acupressure, hypnotism, rolfing, massage therapy, aromatherapy, homeopathic treatment, ayurvedic treatment, chiropractic, herbal medicine, body technique, lymphatic drainage, magnetotherapy, holistic and spa treatments. Treatment is subject to a referral from an alternative medicine practitioner |
| Life Insurance Cover (Death to any cause) (Employees only) | AED 500,000 Lump sum |

Health+ is the MetLife pre-packaged solution offered for Small Medium Enterprises – Terms & Condition of Benefit Plus apply.
Dubai Health Authority (DHA): <http://ipromes.eclaimlink.ae/>

| Plan | Health+ Premier |
|--|---|
| Group Personal Accident (Employees only) | AED 100,000 Lump sum |
| Body Repatriation (due to any cause) (Employees & Dependents) | AED 50,000 Lump sum |
| Emergency Medical Evacuation / Medical Repatriation | Covered |
| Medical Expenses related to Work Related Accidents, Injuries and Illness | Covered |
| Injuries related to Road Traffic Accidents | Covered |
| Hormone replacement therapy | Covered as per medically necessary |
| Physiotherapy | Covered as per medically necessary up to policy limits subject to doctor referral |
| Hearing Aids & Vision Aids | Covered for medical emergency life threatening cases only |
| Psychiatric treatment | <ul style="list-style-type: none"> • Co-insurance 80% (20% co-pay) • Max OP Benefit Per Year: AED 1,500 (Available on cash reimbursement basis only) • Max IP Benefit Per Year: AED 8,500 (Covers IP Psychiatric Treatment following an accident or hospitalisation) |
| Congenital | Life threatening only covered up to Policy limit |
| Cash benefit for in-patient treatment received completely free of charge | Up to AED 1,000 per day upon receiving discharge receipt stamped by provider confirming no outstanding dues (up to max 20 days) |
| SOS Services | Covered |
| Critical Illness (additional benefit) | AED 36,000 (Option 3) |
| Optional Benefits (Dental & Optical with minimum of 10 members required / no selectivity) | <p>Maximum Benefit Per Insured Per Policy Year AED 7,000 (Dental & Optical)</p> <ul style="list-style-type: none"> • Co-insurance 90% (10% Co-pay) • Dental Coverage includes Amalgam, resin plastic & temporary fillings, Any Extraction, Medication, X-Rays, Root Canal Treatment & Tooth Cleaning (To be comprehensive) • Optical Coverage includes Vision tests for errors of refraction and lenses for spectacles (Add frame and lenses without sub-limit) • This benefit is available on cash reimbursement or direct billing (if available). |

*Coverage and Benefits cannot be provided in countries under International Sanctions.

For the purpose of this Policy:

- Gulf Co-Operation Council (GCC) and Middle East (ME) – Bahrain, Egypt, Jordan, Kuwait, Lebanon, Oman, Qatar , Saudi Arabia, Iraq, Morocco, Tunisia, UAE and Yemen
- Indian Sub-Continent (ISC) – Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka
- South East Asia (SE ASIA) – Brunei, Indonesia, Malaysia, Philippines, Laos, Myanmar, Singapore, Thailand and Vietnam

Part A - Company Details

Company Name: Nature of Business:

Company Address:

Country City

P.O. Box Area Street

Building Flat / Villa No

Telephone Country Code - Area Code - Fax Country Code - Area Code -

E-mail ID Mobile Country Code - Area Code -

Company Administrator Details:

First Name Last Name

Job Title Contact No.

Effective Date (Must be later than the application date)

Plan Option Premier Advantage Standard Economy

Network Option Executive Gold Card Standard Silver Card Limited Blue Card Restricted Green Card

| | Premier | Advantage | Standard | Economy |
|--|---------|--------------------------|--------------------------|--------------------------|
| Cost Containment | | | | |
| 20% Co-pay on Pharmacy | N/A | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| 20% Co-pay on all Out Patient Services | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Mode of Payment Annual Semi-Annual (within min. Annual Premium of AED 92,000) Quarterly (within min. Annual Premium of AED 367,000)

Type of Coverage For Employees Contributory Non Contributory

For Dependants Contributory Non Contributory

Part B - Employees/Dependants Details*

A) How many people are employed by your company?

B) Number of employees to be insured?

C) Number of eligible dependents? Spouses Children

*Kindly fill the Electronic Data Interchange (EDI) format with the FULL details, and Enrollment Form (G42) for each employee (if applicable).
Enrollment Form (G42) is required only for Members above 65 years and any late addition or member added after the policy inception date

Part C - Optional Cover

Kindly tick the following box if you wish to obtain optional coverage and fill the optional cover census sheet:

- "Basic Dental and Optical" for Premier, Advantage or Standard Plan
- "Basic Dental" for Economy Plan

Declarations

- (a) **International and Local Sanction and Exclusion Clause: I Understand that MetLife is bound by and must comply with all applicable trade and economic sanctions laws and regulations, including those set forth by the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC) and the United Nations. MetLife will NOT provide COVERAGE AND/OR PAYMENT** under the Policy and/or any Supplementary Contract if the policyholder, insured, or person entitled to receive such payment is: (I) residing in any sanctioned country; (II) listed on the Office of Foreign Asset Control (OFAC) Specially Designated Nationals (SDN) list or any other International or local sanction list; or (III) claiming the payment for any services received in any sanctioned country. The Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction, under applicable law.
- (b) **Data Transfer:** I hereby give MetLife unambiguous consent, to process, share, and transfer my personal data to any recipient whether inside or outside the country, including but not limited to MetLife Headquarters in the USA, branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of the business and products; (iii) improving MetLife customers experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to MetLife.
- (c) I hereby certify that all information provided within this application form is correct and complete to the best of my knowledge.
- (d) I also authorize MetLife to obtain, from any source it deems appropriate, information concerning my financial and/or professional and/or personal status, as well as information related to my driving history. A photocopy of this authorization shall be valid as the original.
- (e) I hereby certify that I have read, understand and accepted the benefits, terms and conditions of MetLife Health+ Plan.
- (f) I have read the above declarations and understand their impact on the insurance policy and affix my signature in acceptance and agreement thereof.
- (g) Acceptance of risk is subject to group underwriter approval and policy issuance with confirmation of coverage.

Date Completed Signature & Company Stamp

Name and Position of Authorized Signatory

For MetLife use only

Full Name of Consultant: Code:
 Agency: Manager's Name:
 Consultant's Signature: Manager's Signature:
 Date: Date:

Permitted Health Intermediary Representative ID

Company Name: Sheet of

| | Full Name | Date of Birth | Gender | Marital Status | Nationality | Residency | Emirates ID No | Previous Insurance | | Salary is above the LSB Band (AED 4,000) | |
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Signature & Company Stamp

Date

- Note:**
- This form is not required if the completed EDI is provided.
 - Using age at last birthday applied to rates on enclosed Rates / CI Benefit Tab
 - Medical Premium includes (GL+PA+CMM+CI for Employees) and (CMM+BR for Dependents)

- Enrollment Form (G42) is required for:**
- members above 65 years and
 - any member added after the policy inception date

I. General Exclusions

War Restriction Clause

It is hereby agreed that, notwithstanding the provisions of this Policy and any Riders attached to this Policy, if an Insured dies or becomes disabled as a direct or indirect consequence of war or warlike operations, (whether war be declared or not) or of invasion, act of foreign enemy, hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, no payment shall be made under the terms of this Policy.

Acquired Immune Deficiency Syndrome (AIDS) (only applicable for African based Insured)

No benefits shall be paid under this Group Insurance Policy or any other Insurance Rider attached, in the event of an Insured's or a covered Dependent's death, disability and / or incurred medical expenses caused by an opportunistic infection, a malignant neoplasm or suicide, if at the time of such death, disability and / or incurred medical expenses there is present in the subject Insured (or covered Dependent) an acquired immune deficiency syndrome.

For the purpose of this Clause, the terms **"Acquired Immune Deficiency Syndrome"** shall have the meanings assigned to it by the World Health Organization. A copy of the definition is maintained in the Company's Head Office in the country of issue of the Policy.

Opportunistic infection includes but is not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and / or disseminated fungi infection.

Malignant neoplasm shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma, hairy cell leukemia and / or other malignancies now known or which become known as immediate cause of death disability and the incurring of medical expenses in the presence of acquired immune deficiency.

Acquired Immune Deficiency Syndrome shall include HIV (Human Immune Deficiency Virus), encephalopathy (dementia), and HIV (Human Immune Deficiency Virus) Wasting Syndrome.

International and Local Sanction Limitation and Exclusion

MetLife is bound by and must comply with all applicable trade and economic sanctions laws and regulations, including those set forth by the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC) and the United Nations.

MetLife will not provide coverage and/or payment under the Policy and / or any Supplementary Contract if the policyholder, insured, or person entitled to receive such payment is:

- (I) residing in any sanctioned country;
- (II) listed on the Office of Foreign Asset Control (OFAC) Specially Designated Nationals (SDN) list or any other International or local sanction list; or
- (III) claiming the payment for any services received in any sanctioned country.

The Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction under applicable laws.

II. Exclusions - Group Life and Body Repatriation

If any Employee commits suicide, while sane and aware, within one year from the date his coverage under this Rider commences, no benefits shall be payable.

III. Exclusions - Group Critical Illness

1. Any loss caused by or resulting from:

- a) Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- b) Congenital anomalies and conditions arising out of or resulting there from;

2. Any Pre-Existing Condition.

3. Any loss caused by or resulting from:

- a) Any Illness other than a Diagnosis of Critical Illness as defined in the Schedule of Covered Critical Illness; or
- b) Any Critical Illness, of which the signs or symptoms first occurred prior to the Coverage Commencement Date, which was disclosed or not disclosed in the Application or health statement; or
- c) Willful misuse of drugs or alcohol.

4. Any loss occurring while:

- a) The Insured is flying in an aircraft or device for aerial navigation except as a fare paying passenger (not as an operator or crew member) on a commercial airline operated by a properly certified pilot, flying between duly established and maintained airports.
- b) The Insured is participating in competitions, races, contests, matches in land, air or sea; or in any sport related to the following hobbies: mountain climbing, pot holing, paragliding, bungee jumping, parachuting or scuba diving.

The Insured shall, if so required, and as condition precedent to any liability of the Insurance Company, prove that the loss did not in any way arise under or through any of the excepted circumstances or causes under this Rider.

IV. ACCIDENT DEFINITION

Any bodily injury sustained by a Scheme Member as a consequence of sudden and unpredictable intervention of external forces. This includes Bodily Injury to a Scheme Member as an innocent victim of Terrorism. Bodily Injuries which occur before the Policy Effective Date or the date of Enrolment of the Scheme Member (whichever is the later) are not covered by this Policy. Bodily injuries resulting from the following events shall not be considered as an Accident:

- illness (for example, heart attacks, strokes, convulsions, medical disturbances and impaired consciousness); or
- suicide, attempted suicide or intentional self-infliction of a Bodily Injury; or
- the commission of, or attempted commission of, an assault or any other unlawful act or being engaged in any illegal activity.

A. Limitations:

1. The Insurance Company shall be entitled to all rights of recovery for the reasonable value of services and benefits provided by the Insurance Company to any Insured Member, from any third party or entity that either provides or is obligated to provide benefits or payments to the Insured Member. The Insured Member agrees to execute and deliver such documents (including a written confirmation of assignment, and consents to release medical reports), and provide such help as may be reasonably requested by the Insurance Company.
2. All benefit in relation to pregnancy, childbirth and any complications thereof shall be payable under clause 8 if provided for.

B. Exclusions:

This Rider does not insure and no benefits shall be payable for or on account of the below except as set forth under Item (c) - Insurance Coverage of the Rider Specifications or unless specifically provided for by an endorsement:

This schedule sets out the non basic (excluded) healthcare services:

- 1) Healthcare Services, which are not medically necessary.
- 2) All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- 3) Custodial care includes:
 - 1) Non-medical treatment services; or
 - 2) Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
- 4) Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
- 5) Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
- 6) Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body. Breast reconstruction following a mastectomy for cancer is covered.
- 7) Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.
- 8) Healthcare Services that are not performed by Authorized Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
- 9) Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
- 10) Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
- 11) Non-medically necessary Amniocentesis.
- 12) Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
- 13) Treatment and services for contraception.
- 14) Prosthetic devices and consumed medical equipment's, unless approved by the insurance company.
- 15) Growth hormone therapy.
- 16) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- 17) Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
- 18) Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
- 19) Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
- 20) Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
- 21) Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.
- 22) All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport.
- 23) Elective diagnostic services and medical treatment for correction of vision.
- 24) Nasal septum deviation and nasal concha resection unless medically necessary.
- 25) Any services related to Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.
- 26) Healthcare services for Senile dementia and Alzheimer's disease.
- 27) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
- 28) Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.
- 29) All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners or air purifying systems, arch supports, convenience items / options, exercise equipment and sanitary supplies.
- 30) More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
- 31) Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
- 32) Treatments and services related to viral hepatitis C and associated complications.
- 33) Inpatient treatment received without prior approval from the insurance company including cases of Medical Emergency which were not notified within 24 hours from the date of admission.
- 34) Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
- 35) Services and educational program for handicaps.
- 36) Services which do not require continuous administration by specialized medical personnel.
- 37) Domiciliary care; private nursing care; care for the sake of travelling.
- 38) Organ acquisition or donation costs, cost of body organs, blood and cost of medical treatment; However, Health services and associated expenses for organ and tissue transplants, is covered for both the recipient and the donor.
- 39) Healthcare services and treatments) by acupuncture; acupressure, hypnosis, Roling, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.

Healthcare Services outside the Scope of Health Insurance

- 1) Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
- 2) Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
- 3) Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.
- 4) Diagnosis and treatment services for complications of exempted illnesses.
- 5) Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
- 6) Injuries resulting from criminal acts or resisting authority by the Insured Person.
- 7) Healthcare services for patients suffering from AIDS and its complications.
- 8) All cases resulting from the use of alcohol, drugs and hallucinatory substances.
- 9) Any test or treatment not prescribed by a doctor.
- 10) Injuries resulting from attempted suicide or self-inflicted injuries.
- 11) All healthcare services for internationally and locally recognized epidemics.

For easy enrollment to Health+ follow the steps below:

- a) Fill in the application form, mark the tick box where applicable, for all Employees & covered Dependents complete details shall be reported through the standard Electronic Data Interchange (EDI) format provided by MetLife (same apply for future additions & Deletions),
- b) Maternity claims are settled as a package (pre-natal, post-natal checks and actual delivery expenses) up to the maximum provided and is not subject to a deductible or co-insurance.
 - Maternity benefits are not selective; it has to be applied to the entire Group.
- c) If you would like to obtain Optional Benefits (Dental/Optical), kindly indicate so by ticking the box where applicable.
 - Benefit is applied at additional cost, please refer to the rates sheet inserted.
- d) Enrollment Form (G42) is required for:
 - Members above 65 years and
 - Any late addition or member added after the policy inception date. A stock of Enrollment Forms (G42) can be obtained from your MetLife Consultant.
 - If you would like to introduce any cost containment option (co-pay for Pharmacy or co-pay for all Outpatient services), kindly indicate so by ticking the box where applicable.
- e) Each eligible employee and his eligible dependents should provide evidence of the previous insurance; if applicable.
- f) Issue a cheque* payable in the name of American Life Insurance Company (MetLife) for the Annual premium or the first Semi-Annual or Quarterly installment.
- g) Submit: Company Profile Form (KYC) and applicable identification documents, Application Form, the Electronic Data Interchange (EDI) and Enrollment Forms (G42 - if applicable) along with a cheque to your MetLife Consultant.
- h) Submit: Completed beneficiary designation form (if applicable), the form can be obtained from your MetLife Consultant.

Notes

- 1) All applications are subject to underwriting approval.
- 2) *Cheques should be issued in the name of American Life Insurance Company (MetLife) ONLY.
- 3) All cheques should be stamped with A/C PAYEE ONLY & NOT TRANSFERABLE.
- 4) Acceptance of risk is subject to group underwriter approval and policy issuance with confirmation of coverage.
- 5) "Family business" are subject to additional underwriting consideration.
- 6) Please refer to underwriter should companies require a combination of plans.
- 7) No initial cash Premium payment is accepted against new / renewal group policy at all times.
- 8) Third party payment on behalf of the policyholder is not accepted irrespective of payment method at all times
- 9) Due premiums must be paid in full as billed shown in the invoice and to be paid on its due date.
- 10) Wire transfer must be transferred to MetLife Acc and should be drawn from the policyholder bank Acc directly.

DHA Requirements for Group Medical Policies



Dear Valued Customer,

In accordance with Dubai Health Authority (DHA) mandates, and with reference to:

- Health Insurance Law (No 11 of 2013) of the Emirate of Dubai,
- The Employer Information pack circulated on October 1st, 2014; and
- DHA Procedural Notice Number 2 of 2014 (PN 02/2014).
- DHA General Circular Number 6 of 2015 (GC 06/2015).

The Policyholders licensed in Dubai are required to provide the following:

At the Employer level:

- Dubai Trade License
- Number of employees with a gross monthly salary of AED 4,000 or less
- Employer Contact Details:
 - ✓ Employer name
 - ✓ Contact Person First Name, Last Name, Job Title, Direct Tel No, Mobile No and Email

At Employee / Dependent level:

- To provide the details listed below (by filling the Updated Electronic Data Interchange form (EDI), which can be obtained from your MetLife Representative).

| DHA REQUIREMENTS | |
|--|---|
| Data required from employers and other sponsors for Member Register | |
| Note: missing or erroneous data could prevent the issue of an employment visa | |
| First Name | The First Name as spelled in the Passport. |
| Middle / Second Name | The Middle / Second Name as spelled in the Passport. |
| Last / Family Name | The Last / Family Name as spelled in the Passport. |
| Mobile Number | This is the primary mobile contact number of the insured member. <ul style="list-style-type: none">• Use the standard format (Country code) (Area Code) (Number).• If the insured member is a minor, the number should be that of a parent / guardian.• If the insured member does not have or does not disclose a mobile number, then the mobile number should be that of their emergency contact. |
| Birth Date | Is the date where a person was born or is officially declared born. If the date is not known but the age is identified, then the date of birth should be assumed to be on the 1st of January of the current year minus the age of the person. <ul style="list-style-type: none">• Example: A person is 54 years old in 2015, then his birth date should be assumed to be 01/01/1961. |
| Gender | The person's gender. |
| Nationality | The person's current nationality as defined by the passport. |
| Passport Number | The passport number of the passport that has the UAE visa, or if not available, the National ID (for example GCC Nationals). |
| Marital Status | Married / Unmarried. |
| Email | The personal email address of the insured member. <ul style="list-style-type: none">• It is highly recommended to provide this field as per the DHA. |

| | |
|--|--|
| Emirate Insured Currently Living In | The Emirate the person is currently living in, from following list: Dubai, Abu Dhabi, Ajman, Fujairah, Ras Al Khaimah, Sharjah, Umm Al Quwain. |
| Residential Location (City) | The person's actual place of residence. <ul style="list-style-type: none"> Use the corresponding Location code from the predefined location listed in the Electronic Data Interchange (EDI). |
| Work Location | <ul style="list-style-type: none"> The person's actual place of work based on the location listed in the Electronic Data Interchange (EDI). If the place of work varies, use the location of the head office of the sponsor. |
| Salary Bracket | The salary bracket of the insured member. <ul style="list-style-type: none"> The field must have one of the four values below: <ol style="list-style-type: none"> 1 = Salary less than 4,000 AED per month. 2 = Salary between 4,001 and 12,000 AED per month. 3 = Salary greater than 12,000 AED per month. 4 = No salary. This will be used for dependants or children that do not acquire a salary. |
| Salary Type | The field should reflect if the member is acquiring income based on a commission based plan. <ul style="list-style-type: none"> The field must have one of the values below: <ol style="list-style-type: none"> 1 = Yes, some (or all) of the member's income is based on a commission plan. 2 = No, the member's income is not based on a commission plan. |
| Emirates ID Number | <ul style="list-style-type: none"> The unique number the government assigns to a citizen (15 digits no dashes). When an Emirates ID Number is not yet available please provide the application no. |
| U.I.D Number | Unified Identity Number issued at the time of entry by the Ministry of Interior (MOI). <ul style="list-style-type: none"> The number is available on the Visa or residency document of the member under U.I.D. Number. |
| Visa Sponsor Type | This is the type of the sponsoring entity: use the corresponding number when you fill in the field. <ol style="list-style-type: none"> 1 = Resident 2 = Citizen (e.g. UAE locals, GCC locals) 3 = Establishment 4 = Property Owner |
| Visa Sponsor ID | <ol style="list-style-type: none"> If the sponsor is a Resident, then use the UID of the resident (Residence File number). If the sponsor is a Citizen, then use the UID of the Citizen (Citizen File number). If the sponsor is an Establishment, then use the Establishment Code (Trade license Number or Company Name). If the sponsor / applicant is a Property Owner, then use the property owner's UID. |
| Contact number of the policy holder | This is the primary contact number of the policy holder. <ul style="list-style-type: none"> Use the standard format (Country code) (Area Code) (Number). |
| Email address of the policy holder | The email address of the policy holder. If the policy holder is an establishment, this should be the email ID of an individual or a department responsible for health insurance related matters. |

This information is required to populate the person register. Missing or erroneous data could prevent the issue of an employment visa upon renewal.

For any further information about DHA law and circulars you may refer to <http://www.isahd.ae/Home/LawAndRegulations>

American Life Insurance Company is a MetLife, Inc. Company

Health+ is the MetLife pre-packaged solution offered for Small Medium Enterprises – Terms & Condition of Benefit Plus apply.

Dubai Health Authority (DHA): <http://ipromes.eclaimlink.ae/>



Our experience and superior standards demonstrate our commitment to paying claims quickly and fairly.

We make customers' lives easier

We're constantly working to make sure our customers have the right tools and personal support to submit and track a claim—quickly, conveniently, seamlessly.

We go above and beyond

We're not only committed to paying our claims; we're also passionate about helping customers prevent illness to further protect their wellbeing.

We have proven experience

We've been providing transparent, customer-centric insurance services to individuals and businesses across the Middle East since 1962.

For more information please visit metlife.ae/claims

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