

## Application Form

### DHA Family - Healthcare Insurance

#### For person with a salary of AED 4,000 or less and their eligible dependents

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Sponsor Details			
A. Insurance cover for:	Self <input type="checkbox"/>	Child <input type="checkbox"/>	Spouse <input type="checkbox"/>
B. Policy Start Date	dd/mm/yyyy		
C. First Name			Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name			Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>
D. Date of Birth	dd/mm/yyyy		
E. Address	Street:		
	PO Box:	City:	Emirates:
F. Contact Number	Mobile:	Tel:	
G. Email Address			
H. I confirm my Gross Salary is AED 4,000 or below			Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Sponsor Type*	Resident <input type="checkbox"/>	Citizen <input type="checkbox"/>	Establishment <input type="checkbox"/> Property Owner <input type="checkbox"/>
J. UID # (on Visa page)			

2. Details of First Person to be Insured			
A. First Name			Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name			Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>
B. Relation with Proposer	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>
C. Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widow <input type="checkbox"/> Divorced <input type="checkbox"/>
D. Nationality		Date of Birth (dd/mm/yyyy)	
E. Passport #		UID Number (on visa page)	
F. Emirates ID #		Emirates of Visa Issuance	
G. Work Status	Working <input type="checkbox"/>	Not Working <input type="checkbox"/>	
H. Gross Salary / Month	Below AED 4,000 <input type="checkbox"/>	AED 4,001 to AED 12,000 <input type="checkbox"/>	No Salary <input type="checkbox"/>
I. Email Address			
J. Residential Location**	Work Location**		
K. Mobile Number			
L. Do you currently have healthcare insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify insurer name and expiry date			
M. Have you been diagnosed with any pre-existing medical conditions/diseases?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate nature of disease			
N. Are you pregnant?			Yes <input type="checkbox"/> No <input type="checkbox"/>

\*Resident – person on spouse/parent visa; Citizen - GCC national; Establishment – person on company visa; Property Owner - person owns a property in UAE and has a property visa type.

\*\*Please choose from the list provided on page 4.

### 3. Details of Second Person to be Insured

A.	First Name			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
	Last Name			Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	
				Mr.	<input type="checkbox"/>		<input type="checkbox"/>	
B.	Relation with Proposer	Self	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	
C.	Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow	<input type="checkbox"/>	
				Divorced	<input type="checkbox"/>			
D.	Nationality			Date of Birth	(dd/mm/yyyy)			
E.	Passport #			UID Number	(on visa page)			
F.	Emirates ID #			Emirates of Visa	Issuance			
G.	Work Status	Working	<input type="checkbox"/>	Not Working	<input type="checkbox"/>			
H.	Gross Salary / Month	Below AED 4,000	<input type="checkbox"/>	AED 4,001 to AED 12,000	<input type="checkbox"/>			
		AED 12,001 and above	<input type="checkbox"/>	No Salary	<input type="checkbox"/>			
I.	Email Address							
J.	Residential Location**			Work Location**				
K.	Mobile Number							
L.	Do you currently have healthcare insurance?						Yes	<input type="checkbox"/>
							No	<input type="checkbox"/>
	If yes, please specify insurer name and expiry date							
M.	Have you been diagnosed with any pre-existing medical conditions/diseases?						Yes	<input type="checkbox"/>
							No	<input type="checkbox"/>
	If yes, please indicate nature of disease							
N.	Are you pregnant?						Yes	<input type="checkbox"/>
							No	<input type="checkbox"/>

### 4. Details of Third Person to be Insured

A.	First Name			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
	Last Name			Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	
				Mr.	<input type="checkbox"/>		<input type="checkbox"/>	
B.	Relation with Proposer	Self	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Child	<input type="checkbox"/>	
C.	Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow	<input type="checkbox"/>	
				Divorced	<input type="checkbox"/>			
D.	Nationality			Date of Birth	(dd/mm/yyyy)			
E.	Passport #			UID Number	(on visa page)			
F.	Emirates ID #			Emirates of Visa	Issuance			
G.	Work Status	Working	<input type="checkbox"/>	Not Working	<input type="checkbox"/>			
H.	Gross Salary / Month	Below AED 4,000	<input type="checkbox"/>	AED 4,001 to AED 12,000	<input type="checkbox"/>			
		AED 12,001 and above	<input type="checkbox"/>	No Salary	<input type="checkbox"/>			
I.	Email Address							
J.	Residential Location**			Work Location**				
K.	Mobile Number							
L.	Do you currently have healthcare insurance?						Yes	<input type="checkbox"/>
							No	<input type="checkbox"/>
	If yes, please specify insurer name and expiry date							
M.	Have you been diagnosed with any pre-existing medical conditions/diseases?						Yes	<input type="checkbox"/>
							No	<input type="checkbox"/>
	If yes, please indicate nature of disease							
N.	Are you pregnant?						Yes	<input type="checkbox"/>
							No	<input type="checkbox"/>

## 5. Proposer Details (to be filled if different from Sponsor)

A. Insurance cover for:	Self <input type="checkbox"/>	Dependents <input type="checkbox"/>
B. Policy Start Date	dd/mm/yyyy	
C. First Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name		Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>
D. Relation	Principal Member <input type="checkbox"/> Sponsor <input type="checkbox"/>	Date of Birth (dd/mm/yyyy)
E. Address	Street:	
	PO Box:	City: Emirates:
F. Contact Number	Mobile:	Tel:
G. Email Address		

## 6. Declaration

I hereby declare that to the best of my knowledge and belief the above particulars are true and complete and full information has been disclosed. I understand that non-disclosure or misrepresentation of any fact may lead to the refusal of any claim or the cancellation of any policy. I hereby agree that this proposal and declaration or any written statement made by me in reference to the proposal shall be the basis of the contract between the Company and me. I am aware of the provisions of the "Law No. 23 of 2005 regarding Health Insurance in the Emirate of Abu Dhabi and the Regulations" and its executive regulation. I hereby confirm that neither I nor my dependent/employee working/residing within the borders of the Emirate of Abu Dhabi or having visa issued from the Emirate of Abu Dhabi will be enrolled under this policy. I hereby agree to the terms, exceptions, limitations and exclusions of the policy and as indicated quotation bearing number DHA 2016.

Sponsor Name \_\_\_\_\_  
Emirates ID \_\_\_\_\_  
Date \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

## Documentation Checklist

Please submit the below documents together with the signed application form.

### Requirements

<input type="checkbox"/>	<b>Family / Individual Application Form</b>	Complete form as requested, sign and stamp. Confirm 'policy commencement date'.
<input type="checkbox"/>	<b>Photographs</b>	Provide photos for each member respecting the following: <ul style="list-style-type: none"> <li>One passport size picture per member</li> <li>Picture should be in JPEG format</li> <li>File name should be unique and as per the following format: "First name-Last name"</li> <li>Save all pictures in one folder called "Pictures"</li> </ul> Note: If the above is not strictly respected, the process to issue medical card will take longer.
<input type="checkbox"/>	<b>Passport &amp; Visa Copy</b>	Provide Passport copy and valid Visa page copy for each member and of sponsor.
<input type="checkbox"/>	<b>If sponsor/proposer is not applying for insurance</b>	Certificate of insurance / copy of a valid card.
<input type="checkbox"/>	<b>Proof on income</b>	Labor contract of insured and all employed dependents.

## DHA Approved Location Names

Other Emirates (Outside Dubai)	Aleyas	Ayal Nasir	Bu Kadra	Dubai Intl Airport	Ghadeer Barashy
Abu Hail	Al Awir First	Al Awir Second	Business Bay	Enkhali	Hatta
Al Badaa	Al Baraha	Al Barsha First	Dubai (District Unknown)	Hadaeq Sheikh Mohammed Bin	Hessyan Second
Al Barsha Second	Al Barsha South Fifth	Al Barsha South First	Dubai Investment Park Second	Hessyan First	Jabal Ali First
Al Barsha South Fourth	Al Barsha South Second	Al Barsha South Third	Grayteesah	Hor Al Anz East	Jabal Ali Industrial Third
Al Barsha Third	Al Buteen	Al Corniche	Hefair	Jabal Ali Industrial Second	Jumeira First
Al Daghaya	Al Fagaa	Al Garhoud	Hor Al Anz	Jabal Ali Third	Jumeira Third
Al Hamriya	Al Hamriya Port	Al Hathmah	Jabal Ali Industrial First	Jumeira Second	Lehbab Second
Al Hebiah Fifth	Al Hebiah First	Al Hebiah Fourth	Jabal Ali Second	Lehbab First	Mankhool
Al Hebiah Second	Al Hebiah Third	Al Hudaiba	Jumeira Island One	Madinat Dubai Al Melaheyah	Marsa Dubai
Al Jadaf	Al Jafiliya	Al Karama	Le Hemaira	Margham	Mena Jabal Ali
Al Khabaisi	Al Khairan First	Al Khairan Second	Madinat Al Mataar	Meaisem Second	Muhaisanah Fifth
Al Kheeran	Al Khwaneej First	Al Khwaneej Second	Margab	Mugatrah	Muhaisanah Third
Al Kifaf	Al Layan 1	Al Layan 2	Meaisem First	Muhaisanah Second	Mushraif
Al Lesaily	Al Maha	Al Mamzar	Mereiyeel	Murdaf	Nadd Al Shiba Fourth
Al Manara	Al Marmoom	Al Merkadh	Muhaisanah Fourth	Nadd Al Shiba First	Nadd Hessa
Al Meryal	Al Mizhar First	Al Mizhar Second	Muhaisnah First	Nadd Al Shiba Third	Nakhlat Deira
Al Muraqqabat	Al Murar	Al Muteena	Nadd Al Hamar	Naif	Nazwah
Al Nahda First	Al Nahda Second	Al Oshoosh	Nadd Al Shiba Second	Nakhlat Jumeira	Oud Al Muteena Second
Al Qouz First	Al Qouz Fourth	Al Qouz Second	Nadd Shamma	Oud Al Muteena First	Port Saeed
Al Qouz Third	Al Qouze Ind.First	Al Qouze Ind.Fourth	Nakhlat Jabal Ali	Oud Metha	Ras Al Khor Ind. Second
Al Qouze Ind.Second	Al Qouze Ind.Third	Al Qusais First	Oud Al Muteena Third	Ras Al Khor Ind. First	Riggat Al Buteen
Al Qusais Ind. Fifth	Al Qusais Ind. First	Al Qusais Ind. Fourth	Ras Al Khor	Remah	Saih Shuaalah
Al Qusais Ind. Second	Al Qusais Ind. Third	Al Qusais Second	Ras Al Khor Ind. Third	Saih Al Salam	Saih Shuaib 3
Al Qusais Third	Al Raffa	Al Rashidiya	Saih Al Dahal	Saih Shuaib 2	Trade Center Second
Al Rass	Al Rigga	Al Rowaiyah First	Saih Shuaib 1	Trade Center First	Umm Al Sheif
Al Rowaiyah Second	Al Rowaiyah Third	Al Sabkha	Saih Shuaib 4	Umm Al Momeneen	Umm Hurair Second
Al Safa First	Al Safa Second	Al Safouh First	Umm Al Daman	Umm Hurair First	Umm Nahad Second
Al Safouh Second	Al Satwa	Al Selal	Umm Eselay	Umm Nahad Fourth	Umm Suqeim First
Al Shindagha	Al Souq Al Kabeer	Al Thanyah Fifth	Umm Nahad First	Umm Ramool	Wadi Al Asafa 6
Al Thanyah First	Al Thanyah Fourth	Al Thanyah Second	Umm Nahad Third	Umm Suqeim Third	Wadi Al Safa 3
Al Thanyah Third	Al Twar First	Al Twar Second	Umm Suqeim Second	Wadi Al Safa 2	Wadi Alamardi
Al Ttay	Al Twar Third	Al Wajehah Al Bhariyah	Wadi Al Asafa 7	Wadi Al Safa 5	Warsan Fourth
Al Warqaa Fifth	Al Warqaa First	Al Warqaa Fourth	Wadi Al Safa 4	Warsan First	World Island
Al Warqaa Second	Al Warqaa Third	Al Wasl	Wadi Alshabak	Warsan Third	Zaabeel Second
Al Wochoosh	Al Wuheida	Al Yalayis 1	Warsan Second	Zaabeel First	
Al Yalayis 2	Al Yalayis 3	Al Yalayis 4	Yaraah	Corniche Deira	
Al Yalayis 5	Al Yufrah 1	Al Yufrah 2	Burj Khalifa	Dubai Investment Park First	