

## DESCRIPTION OF THE COMPREHENSIVE MAJOR MEDICAL PLANS



Please select the Applicable Plan by tick (✓) the box below.

MINIMUM 10 EMPLOYEES AND MAXIMUM 100 MEMBERS (EMPLOYEES & DEPENDENTS)		
PLAN	<input type="checkbox"/> GLOBAL	<input type="checkbox"/> INTERNATIONAL
Maximum Policy Year Benefit Per Insured	AED 350,000	AED 350,000
Geographical Scope	Worldwide*	Worldwide excluding USA and Canada*
Emergency outside network	Covered at 100% within UAE	Covered at 100% within UAE
Emergency WW Treatment Please tick the box if applicable <input type="checkbox"/>	N/A	Extended for emergency non-elective treatment Worldwide whilst insured is on vacation or business trips for a maximum of 60 days
HAAD Compliant Plan <i>(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)</i>	N / A	N / A
Deductible per insured	In-Patient: NIL Out-Patient: <ul style="list-style-type: none"> <li>20% of consultation fees up to a maximum of AED 50</li> <li>NIL deductible for follow-up visits within 7 days at MetLife Medical Providers Network</li> </ul>	In-Patient: NIL Out-Patient: <ul style="list-style-type: none"> <li>20% of consultation fees up to a maximum of AED 50</li> <li>Nil deductible for follow-up visits within 7 days at MetLife Network</li> </ul>
Co-Insurance & Co-payment <i>Co-insurance: is defined percentage of the eligible benefit which the Insurance Company is responsible for the payment. An Insured Member is responsible for the balance payment of the benefit. Co-payment: is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs.</i>	<ul style="list-style-type: none"> <li>100% within the MetLife Network inside UAE (0% Co-pay)</li> <li>80% Reasonable and Customary outside the MetLife Network inside UAE (20% Co-pay)</li> <li>100% Reasonable and Customary outside UAE in ME, ISC and SE Asia*(0% Co-pay)</li> <li>70% Reasonable and Customary elsewhere within Geographical Scope (30% Co-pay)</li> <li>100% Reasonable and Customary on Re-imbursment basis in Govt Hospitals within UAE (0% Co-pay)</li> </ul>	<ul style="list-style-type: none"> <li>100% within the MetLife Network inside UAE (0% Co-pay)</li> <li>80% Reasonable and Customary outside the MetLife Network inside UAE (20% Co-pay)</li> <li>100% Reasonable and Customary outside UAE in ME, ISC and SE Asia* (0% Co-pay)</li> <li>70% Reasonable and Customary Worldwide elsewhere excluding USA and Canada* (30% Co-pay)</li> <li>100% Reasonable and Customary on Re-imbursment basis in Govt Hospitals within UAE (0% Co-pay)</li> </ul>
Maternity/Obstetrical <i>(Includes Pre-natal and post-natal expenses)</i>	<ul style="list-style-type: none"> <li>Out-Patient Maternity Benefit: Up to Policy Limit</li> <li>Normal Delivery: AED 10,000</li> <li>Cesarean Section / Ectopic / Extra-Uterine Pregnancy: AED 15,000</li> <li>Miscarriage / Legal Abortion: AED 10,000</li> <li>Maternity Complication: Up to Policy Limit</li> <li>Pre-mature Babies: Up to Policy Limit</li> <li>Waiting Period: Nil</li> </ul> <p>Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.</p> <p>Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the new born is eventually enrolled as a dependent member under the insurer's policy</p> <p>Newborn cover: 30 days coverage from date of birth BCG, Hepatitis B and neo-natal screening test (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)</p>	<ul style="list-style-type: none"> <li>Out-Patient Maternity Benefit: Up to Policy Limit</li> <li>Normal Delivery: AED 10,000</li> <li>Cesarean Section / Ectopic / Extra-Uterine Pregnancy: AED 15,000</li> <li>Miscarriage / Legal Abortion: AED 10,000</li> <li>Maternity Complication: Up to Policy Limit</li> <li>Pre-mature Babies: Up to Policy Limit</li> <li>Waiting Period: Nil</li> </ul>
Daily Room and Board Limit for In-Patient Admissions <i>(Average Private Room)</i>	<ul style="list-style-type: none"> <li>100% on Direct billing within the MetLife Network</li> <li>Up to a maximum of AED 675 per day outside the MetLife Network inside UAE, ME, ISC and SE Asia*</li> <li>Up to a maximum of AED 1,200 elsewhere within Geographical Scope</li> </ul>	<ul style="list-style-type: none"> <li>100% on Direct billing within the MetLife Network</li> <li>Up to a maximum of AED 675 per day outside the MetLife Network inside UAE, ME, ISC and SE Asia*</li> <li>Up to a maximum of AED 1,200 Worldwide elsewhere excluding USA and Canada*</li> </ul>
Accommodation costs for one parent/guardian staying in hospital with an insured child under age 16	Maximum AED 100 per night	Maximum AED 100 per night
ICU <i>(Intensive Care Unit)</i>	<ul style="list-style-type: none"> <li>100% within MetLife Network within UAE</li> <li>Outside MetLife Network, double the daily room and board limit for up to a maximum of 14 days and thereafter, daily room and board limit will apply</li> </ul>	<ul style="list-style-type: none"> <li>100% within MetLife Network within UAE</li> <li>Outside MetLife Network, double the daily room and board limit for up to a maximum of 14 days and thereafter, daily room and board limit will apply</li> </ul>
Out-Patient Consultation Fee Limit	<ul style="list-style-type: none"> <li>100% inside MetLife Network within UAE</li> <li>Up to a maximum of AED 225 (less any applicable co-insurance) per visit, outside the MetLife Network within UAE</li> <li>Reasonable and Customary up to AED 300 outside of UAE within ME, ISC and SE Asia*</li> <li>Reasonable and Customary up to AED 450 elsewhere within Geographical Scope</li> </ul>	<ul style="list-style-type: none"> <li>100% inside MetLife Network within UAE</li> <li>Up to a maximum of AED 225 (less any applicable co-insurance) per visit, outside the MetLife Network within UAE</li> <li>Reasonable and Customary up to AED 300 outside of UAE within ME, ISC and SE Asia*</li> <li>Reasonable and Customary up to AED 450 elsewhere within Geographical Scope</li> </ul>

PLAN	GLOBAL	INTERNATIONAL
Pre-existing Conditions	<ul style="list-style-type: none"> <li>Covered in full for Previously Insured Members subject to providing valid evidence of the previous insurance coverage</li> <li>Covered up to AED 3,000 for the first 6 months and covered in full thereafter for first scheme membership insured members</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for Previously Insured Members subject to providing valid evidence of the previous insurance coverage</li> <li>Covered up to AED 3,000 for the first 6 months and covered in full thereafter for first scheme membership insured members</li> <li>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</li> </ul>
Out-Patient Home Visits and Emergency Consultation	<ul style="list-style-type: none"> <li>Up to a maximum of AED 300 and AED 450 per visit for General Practitioner and Specialist respectively inside UAE</li> <li>Reasonable and Customary up to a maximum of AED 550 elsewhere outside UAE within Geographical Scope</li> </ul>	<ul style="list-style-type: none"> <li>Up to a maximum of AED 300 and AED 450 per visit for General Practitioner and Specialist respectively inside UAE</li> <li>Reasonable and Customary up to a maximum of AED 550 elsewhere outside UAE within Geographical Scope</li> </ul>
Emergency Dental Treatment for accidental damage to natural teeth	Covered up to policy limit <i>(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)</i>	Covered up to policy limit <i>(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)</i>
Basic Dental & Optical Optional Benefits. (Min. of 10 members required/ no selectivity) Please tick the box if applicable <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Maximum Benefit Per Insured Per Policy Year AED 2,000.</li> <li>Co-insurance 70% (30% Co-pay)</li> <li>Dental Coverage includes Amalgam, resin plastic &amp; temporary fillings, Any Extraction, Medication, X-Rays, Root Canal Treatment &amp; Tooth Cleaning</li> <li>Optical Coverage includes Vision tests for errors of refraction and lenses for spectacles</li> <li>This benefit is available on cash reimbursement basis only.</li> </ul>	<ul style="list-style-type: none"> <li>Maximum Benefit Per Insured Per Policy Year AED 2,000.</li> <li>Co-insurance 70% (30% Co-pay)</li> <li>Dental Coverage includes Amalgam, resin plastic &amp; temporary fillings, Any Extraction, Medication, X-Rays, Root Canal Treatment &amp; Tooth Cleaning</li> <li>Optical Coverage includes Vision tests for errors of refraction and lenses for spectacles</li> <li>This benefit is available on cash reimbursement basis only.</li> </ul>
Benefits Predetermination Review / Second Opinion Hospitalization Program	Applicable	Applicable
Telemedicine Benefit	Applicable	Applicable
Sleep Disorders	Covered up to policy limits <i>(Sleep apnea is a type of sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep.)</i>	Covered up to policy limits <i>(Sleep apnea is a type of sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep.)</i>
In-Patient Rehabilitation	Covered up to policy limits <i>(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.)</i>	Covered up to policy limits <i>(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.)</i>
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 and Platelets; Kidney Function Test; Blood Sugar Fasting; Total Cholesterol; HDL Cholesterol; LDL Cholesterol; Triglycerides; Blood Grouping and Rh Typing; Resting ECG	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 and Platelets; Kidney Function Test; Blood Sugar Fasting; Total Cholesterol; HDL Cholesterol; LDL Cholesterol; Triglycerides; Blood Grouping and Rh Typing; Resting ECG
Preventive Services As specified by the DHA	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18
Additional Preventive Services	The 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 preventive services will be covered from the effective date.	The 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 preventive 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)	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	Limit: AED 1,000 per annum 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.	Limit: AED 1,000 per annum 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.

**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

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

**I hereby confirm that I have selected the benefit as marked above.**

Full Name:

Signature

## DESCRIPTION OF THE COMPREHENSIVE MAJOR MEDICAL PLANS

Please select the Applicable Plan by tick (✓) the box below.



PLAN	MINIMUM NUMBER OF EMPLOYEES 10 AND MAXIMUM 100 MEMBERS (EMPLOYEES & DEPENDENTS)	MINIMUM NUMBER OF EMPLOYEES 4 AND MAXIMUM 100 MEMBERS (EMPLOYEES & DEPENDENTS)
	<input type="checkbox"/> REGIONAL PLUS	<input type="checkbox"/> REGIONAL
Maximum Policy Year Benefit Per Insured	AED 200,000	AED 200,000
Geographical Scope	UAE, ME, GCC, ISC and SE ASIA*	<ul style="list-style-type: none"> <li>UAE and ISC*</li> <li>Emergency non-elective treatment in the Middle East and SE Asia* whilst on business trips or vacation</li> </ul>
Emergency outside network	Covered at 100% within UAE	Covered at 100% within UAE
Emergency WW Treatment Please tick the box if applicable <input type="checkbox"/>	Extended for emergency non-elective treatment Worldwide whilst insured is on vacation or business trips for a maximum of 60 days	N/A
HAAD Compliant Plan <i>(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)</i>	N/A	N/A
Deductible per insured	In-Patient: NIL Out-Patient: <ul style="list-style-type: none"> <li>20% of consultation fees up to a maximum of AED 50.</li> <li>NIL deductible for follow-up visits within 7 days at MetLife Medical Providers Network</li> </ul>	In-Patient: NIL Out-Patient: <ul style="list-style-type: none"> <li>20% of consultation fees up to a maximum of AED 50.</li> <li>NIL deductible for follow-up visits within 7 days, at MetLife Network</li> </ul>
Co-Insurance & Co-payment <i>Co-insurance: is defined percentage of the eligible benefit which the Insurance Company is responsible for the payment. An Insured Member is responsible for the balance payment of the benefit. Co-payment: is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs.</i>	<ul style="list-style-type: none"> <li>100% within the MetLife Network inside UAE (0% Co-pay)</li> <li>80% Reasonable and Customary outside the MetLife Network inside UAE (20% Co-pay)</li> <li>100% Reasonable and Customary outside UAE in ME, GCC, ISC and SE Asia* (0% Co-pay)</li> <li>100% Reasonable and Customary on Re-imbursment basis in Govt Hospitals within UAE (0% Co-pay)</li> <li>Nil elsewhere</li> </ul>	<ul style="list-style-type: none"> <li>100% within the MetLife Network inside UAE (0% Co-pay)</li> <li>80% Reasonable and Customary outside the MetLife Network inside UAE (20% Co-pay)</li> <li>100% Reasonable and Customary outside UAE in ISC (0% Co-pay)</li> <li>80% Reasonable and Customary outside UAE and ISC within the Middle East and SE Asia* for Emergency non-elective treatment whilst on business trips or vacation (20% Co-pay)</li> <li>100% Reasonable and Customary on Re-imbursment basis in Govt Hospitals within UAE (0% Co-pay)</li> <li>Nil elsewhere</li> </ul>
Maternity/Obstetrical <i>(Includes Pre-natal and post-natal expenses)</i>	<ul style="list-style-type: none"> <li>Out-Patient Maternity Benefit: Up to Policy Limit</li> <li>Normal Delivery: AED 10,000</li> <li>Cesarean Section / Ectopic / Extra-Uterine Pregnancy: AED 15,000</li> <li>Miscarriage / Legal Abortion: AED 10,000</li> <li>Maternity Complication: Up to Policy Limit</li> <li>Pre-mature Babies: Up to Policy Limit</li> <li>Waiting Period: Nil</li> </ul>	<ul style="list-style-type: none"> <li>Out-Patient Maternity Benefit: Up to Policy Limit</li> <li>Normal Delivery: AED 10,000</li> <li>Cesarean Section / Ectopic / Extra-Uterine Pregnancy: AED 15,000</li> <li>Miscarriage / Legal Abortion: AED 10,000</li> <li>Maternity Complication: Up to Policy Limit</li> <li>Pre-mature Babies: Up to Policy Limit</li> <li>Waiting Period: Nil</li> </ul>
	Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.	
	Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the new born is eventually enrolled as a dependent member under the insurer's policy	
	Newborn cover: 30 days coverage from date of birth BCG, Hepatitis B and neo-natal screening test (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)	
Daily Room and Board Limit <i>(Average Private Room)</i>	<ul style="list-style-type: none"> <li>100% on Direct billing basis within the MetLife Network</li> <li>Up to a maximum of AED 675 per day outside the MetLife Network inside UAE, ME, GCC, ISC and SE Asia*</li> </ul>	<ul style="list-style-type: none"> <li>100% on Direct billing basis within the MetLife Network</li> <li>Up to a maximum of AED 675 per day outside the MetLife Network inside UAE and ISC*</li> </ul>
Accommodation costs for one parent/guardian staying in hospital with an insured child under age 16	Maximum AED 100 per night	Maximum AED 100 per night
ICU <i>(Intensive Care Unit)</i>	<ul style="list-style-type: none"> <li>100% within MetLife Network within UAE</li> <li>Outside MetLife Network, double the daily room and board limit for up to a maximum of 14 days and thereafter, daily room &amp; board limit will apply</li> </ul>	<ul style="list-style-type: none"> <li>100% within MetLife Network within UAE</li> <li>Outside MetLife Network, double the daily room &amp; board limit for up to a maximum of 14 days and thereafter, daily room &amp; board limit will apply</li> </ul>
Out-Patient Consultation Fee Limit	<ul style="list-style-type: none"> <li>100% inside MetLife Network within UAE</li> <li>Up to a maximum of AED 225 (less any applicable co-insurance) per visit, outside the MetLife Network within UAE</li> <li>Reasonable and Customary up to AED 300 outside of UAE elsewhere within Geographical Scope</li> </ul>	<ul style="list-style-type: none"> <li>100% inside MetLife Network within UAE</li> <li>Up to a maximum of AED 225 (less any applicable co-insurance) per visit, outside the MetLife Network within UAE</li> <li>Reasonable and Customary up to AED 300 outside of UAE elsewhere within Geographical Scope for Emergency non-elective treatment whilst on business trips or vacation</li> </ul>

PLAN	REGIONAL PLUS	REGIONAL
Pre-existing Conditions	<ul style="list-style-type: none"> <li>Covered in full for Previously Insured Members subject to providing valid evidence of the previous insurance coverage</li> <li>Covered up to AED 3,000 for the first 6 months and covered in full thereafter for first scheme membership insured members</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for Previously Insured Members subject to providing valid evidence of the previous insurance coverage</li> <li>Covered up to AED 3,000 for the first 6 months and covered in full thereafter for first scheme membership insured members</li> <li>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</li> </ul>
Out-Patient Home Visits and Emergency Consultation	<ul style="list-style-type: none"> <li>Up to a maximum of AED 300 and AED 450 per visit for General Practitioner and Specialist respectively inside UAE</li> <li>Reasonable and Customary up to a maximum of AED 550 elsewhere outside UAE within Geographical Scope</li> </ul>	<ul style="list-style-type: none"> <li>Up to a maximum of AED 300 and AED 450 per visit for General Practitioner and Specialist respectively inside UAE</li> <li>Reasonable and Customary up to a maximum of AED 550 elsewhere outside UAE within Geographical Scope</li> </ul>
Emergency Dental Treatment for accidental damage to natural teeth	Covered up to policy limit <i>(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)</i>	Covered up to policy limit <i>(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)</i>
Basic Dental & Optical Optional Benefits. (Min. of 10 members required/ no selectivity) Please tick the box if applicable <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Maximum Benefit Per Insured Per Policy Year AED 2,000.</li> <li>Co-insurance 70% (30% Co-pay)</li> <li>Dental Coverage includes Amalgam, resin plastic &amp; temporary fillings, Any Extraction, Medication, X-Rays, Root Canal Treatment &amp; Tooth Cleaning</li> <li>Optical Coverage includes Vision tests for errors of refraction and lenses for spectacles</li> <li>This benefit is available on cash reimbursement basis only.</li> </ul>	<ul style="list-style-type: none"> <li>Maximum Benefit Per Insured Per Policy Year AED 2,000.</li> <li>Co-insurance 70% (30% Co-pay)</li> <li>Dental Coverage includes Amalgam, resin plastic &amp; temporary fillings, Any Extraction, Medication, X-Rays, Root Canal Treatment &amp; Tooth Cleaning</li> <li>Optical Coverage includes Vision tests for errors of refraction and lenses for spectacles</li> <li>This benefit is available on cash reimbursement basis only.</li> </ul>
Benefits Predetermination Review / Second Opinion Hospitalization Program	Applicable	Applicable
Telemedicine Benefit	Applicable	Applicable
Sleep Disorders	Covered up to policy limits <i>(Sleep apnea is a type of sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep.)</i>	Covered up to policy limits <i>(Sleep apnea is a type of sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep.)</i>
In-Patient Rehabilitation	Covered up to policy limits <i>(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.)</i>	Covered up to policy limits <i>(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.)</i>
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	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
Preventive Services As specified by the DHA	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18
Additional Preventive Services	The 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 preventive services will be covered from the effective date.	The 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 preventive 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)	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	Limit: AED 1,000 per annum 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, chiropody, herbal medicine, body technique, lymphatic drainage, magnetotherapy, holistic and spa treatments. Treatment is subject to a referral from an alternative medicine practitioner.	Limit: AED 1,000 per annum 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, chiropody, herbal medicine, body technique, lymphatic drainage, magnetotherapy, holistic and spa treatments. Treatment is subject to a referral from an alternative medicine practitioner.

**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

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

**I hereby confirm that I have selected the benefit as marked above.**

Full Name:

Signature

# Benefits Plus

## Annual Rates



Currency : United Arab Emirates Dirham (AED) (Inclusive of Admin Fee)

**EMPLOYEES - Group Life + Group Personal Accident + Comprehensive Major Medical (including Telemedicine)**  
**DEPENDENTS - Comprehensive Major Medical (including Telemedicine) and Body Repatriation only**

### I – Executive Network Plans:

Please select the Applicable Plan by tick (✓) the box below.

Age at last birthday	ANNUAL RATE - EXECUTIVE NETWORK							
	<input type="checkbox"/> Global		<input type="checkbox"/> International		<input type="checkbox"/> Regional Plus		<input type="checkbox"/> Regional	
	Per Employee	Per Dependent	Per Employee	Per Dependent	Per Employee	Per Dependent	Per Employee	Per Dependent
Up to 35	AED 8,937	AED 8,617	AED 8,136	AED 7,816	AED 7,178	AED 6,858	AED 6,397	AED 6,077
36 - 45	AED 10,650	AED 10,270	AED 9,439	AED 9,059	AED 8,672	AED 8,292	AED 7,741	AED 7,361
46 - 55	AED 15,281	AED 14,731	AED 13,767	AED 13,217	AED 12,586	AED 12,036	AED 10,899	AED 10,349
56 - 65	AED 16,859	AED 15,939	AED 15,314	AED 14,394	AED 14,082	AED 13,162	AED 12,391	AED 11,471
65 - 70 (CMM* only)	AED 31,678	AED 31,678	AED 28,588	AED 28,588	AED 26,124	AED 26,124	AED 22,743	AED 22,743

### II – Standard Network Plans:

Age at last birthday	ANNUAL RATE - STANDARD NETWORK							
	<input type="checkbox"/> Global		<input type="checkbox"/> International		<input type="checkbox"/> Regional Plus		<input type="checkbox"/> Regional	
	Per Employee	Per Dependent	Per Employee	Per Dependent	Per Employee	Per Dependent	Per Employee	Per Dependent
Up to 35	AED 5,136	AED 4,816	AED 4,694	AED 4,374	AED 4,166	AED 3,846	AED 3,735	AED 3,415
36 - 45	AED 6,174	AED 5,794	AED 5,500	AED 5,120	AED 5,071	AED 4,691	AED 4,550	AED 4,170
46 - 55	AED 10,027	AED 9,477	AED 9,056	AED 8,506	AED 8,301	AED 7,751	AED 7,224	AED 6,674
56 - 65	AED 11,168	AED 10,248	AED 10,181	AED 9,261	AED 9,391	AED 8,471	AED 8,309	AED 7,389
65 - 70 (CMM* only)	AED 20,296	AED 20,296	AED 18,322	AED 18,322	AED 16,743	AED 16,743	AED 14,578	AED 14,578

### III – Limited Network Plans:

Age at last birthday	ANNUAL RATE - LIMITED NETWORK							
	<input type="checkbox"/> Global		<input type="checkbox"/> International		<input type="checkbox"/> Regional Plus		<input type="checkbox"/> Regional	
	Per Employee	Per Dependent	Per Employee	Per Dependent	Per Employee	Per Dependent	Per Employee	Per Dependent
Up to 35	AED 3,797	AED 3,477	AED 3,482	AED 3,162	AED 3,104	AED 2,784	AED 2,798	AED 2,478
36 - 45	AED 4,540	AED 4,160	AED 4,062	AED 3,682	AED 3,754	AED 3,374	AED 3,386	AED 3,006
46 - 55	AED 6,638	AED 6,088	AED 6,020	AED 5,470	AED 5,540	AED 4,990	AED 4,852	AED 4,302
56 - 65	AED 9,647	AED 8,727	AED 8,806	AED 7,886	AED 8,136	AED 7,216	AED 7,217	AED 6,297
65 - 70 (CMM* only)	AED 17,254	AED 17,254	AED 15,572	AED 15,572	AED 14,233	AED 14,233	AED 12,395	AED 12,395

\*CMM – COMPREHENSIVE MAJOR MEDICAL (Applicable for Employee & Dependent Spouse)

	Global	International	Regional Plus	Regional
Maternity Premium (Rates Applicable per Married Female Employee/ Married Female Spouse)	AED 2,710			

Optional Benefits Under Comprehensive Major Medical				
Emergency WW Treatment (Rates Applicable per insured for the full insured members)	N/A	AED 120 <input type="checkbox"/>	AED 120 <input type="checkbox"/>	N/A
Basic Dental & Optical <input type="checkbox"/>	AED 500 Per Person Per Year			

I hereby confirm that I have selected the benefit as marked above.

Full Name:

Signature

# Benefits Plus

## Group Critical Illness Package



MetLife's Group Critical Illness plan offers a lump-sum cash payment to the insured upon diagnosis of any of the following conditions or dread diseases.

### Critical Illness Package (Options)

Please select the Applicable Plan by tick (✓) the box below.

<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3
Cancer Only	Cancer	Cancer
	Stroke	Stroke
	Heart Attack	Heart Attack
	Serious Coronary Disease	Serious Coronary Disease
	Heart Valve Replacement	Heart Valve Replacement
	Pulmonary Hypertension	Pulmonary Hypertension
		End Stage Lung Disease
		End Stage Liver Disease
		Fulminant Hepatitis
		Kidney Failure
		Coma
		Aplastic Anemia
		Major Organ Transplant
		Bone Marrow Transplant

### ANNUAL PREMIUM PER INSURED for AED 18,360 Cash Benefit

Please select the Applicable Plan by tick (✓) the box below.

AGE	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3
Up to 35	AED 36	AED 61	AED 69
36 - 45	AED 108	AED 184	AED 206
46 - 55	AED 237	AED 403	AED 451
56 - 65	AED 356	AED 605	AED 676

### ANNUAL PREMIUM PER INSURED for AED 36,720 Cash Benefit

Please select the Applicable Plan by tick (✓) the box below.

AGE	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3
Up to 35	AED 73	AED 123	AED 138
36 - 45	AED 217	AED 368	AED 412
46 - 55	AED 474	AED 806	AED 901
56 - 65	AED 711	AED 1,209	AED 1,352

- Covered up to age 65 only.
- Exclusions: All Pre-existing Conditions: 120 day waiting period to apply.
- This is compulsory to all insured members under the Group Benefits Plus Policy.

I hereby confirm that I have selected the benefit as marked above.

Full Name:  Signature

# Benefits Plus

## Application form



### PART A - COMPANY DETAILS

Company Name:	<input type="text"/>	Nature of Business:	<input type="text"/>
Company Address:	<input type="text"/>		
Country	<input type="text"/>	City	<input type="text"/>
P.O. Box	<input type="text"/>	Area Street	<input type="text"/>
Building	<input type="text"/>	Flat / Villa No	<input type="text"/>
Telephone	<input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/>	Fax	<input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/>
E-mail ID	<input type="text"/>	Mobile	<input type="text" value="Country Code"/> - <input type="text" value="Area Code"/> - <input type="text"/>

### Company Administrator Details:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Job Title	<input type="text"/>	Contact No.	<input type="text"/>
Effective Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Must be later than the application date)		
PLAN OPTION	<input type="checkbox"/> Global	<input type="checkbox"/> International	<input type="checkbox"/> Regional Plus <input type="checkbox"/> Regional
NETWORK OPTION	<input type="checkbox"/> Executive Gold Card	<input type="checkbox"/> Standard Silver Card	<input type="checkbox"/> Limited Blue Card
Critical Illness OPTION (Choose One Option)	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3 <input type="checkbox"/> AED 18,360 <input type="checkbox"/> AED 36,720
Mode of Payment	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual (within minimum of AED 15,000)	
Type of Coverage	<input type="checkbox"/> For Employees	<input type="checkbox"/> Contributory	<input type="checkbox"/> Non Contributory
	<input type="checkbox"/> For Dependants	<input type="checkbox"/> Contributory	<input type="checkbox"/> Non Contributory

### PART B - EMPLOYEES / DEPENDANTS DETAILS\*

A) HOW MANY PEOPLE ARE EMPLOYED BY YOUR COMPANY?	<input type="text"/>
B) NUMBER OF EMPLOYEES TO BE INSURED?	<input type="text"/>
C) NUMBER OF ELIGIBLE DEPENDENTS?	<input type="text"/> Spouses <input type="text"/> Children <input type="text"/>

\* Kindly fill the Electronic Data Interchange (EDI) format with the FULL details, and Enrollment Form (G42) for each employee

### PART C - OPTIONAL COVER

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

<input type="checkbox"/>	Supplemental Group Life
<input type="checkbox"/>	How many employees to be enrolled under the Supplemental Life Cover? <input type="text"/>
<input type="checkbox"/>	Extension of Geographical Scope
<input type="checkbox"/>	Basic Dental & Optical

### DECLARATIONS

(a) I understand that Coverage and / or Payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.

I also understand that 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, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable laws.

(b) I hereby provide MetLife my unambiguous consent, to process, share, and transfer my personal data\* to a recipient outside the country (e.g. to MetLife Headquarters in the USA and / or to other branches, affiliates of the Insurer's Group and Reinsurer) where the transfer, sharing, is necessary for the performance of the contract or for the compliance with any legal obligation to which MetLife is subject and where necessary transfer, share any such information with the regulators and other law enforcement agencies for the performance of its obligations related to the international sanctions and other regulations applicable to MetLife.

**\*Personal Data** means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances / activities or any transactions undertaken with 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 Benefits Plus 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:



# Benefits Plus

## Members Census Sheet



COMPANY NAME:  Sheet  of

Full Name	Date of Birth	Gender	Marital Status	Nationality	Residency	Emirates ID No	Did you have an insurance coverage in the past 6 month; if yes kindly provide a valid proof <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary is above the LSB Band (AED 4,000) <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium*		
	DD / MM / YY	M / F	M / S						Medical**	Critical Illness	Maternity
1 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10 Employee							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child 3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Critical Illness Option  1  2  3  
 CI Benefit Amount  AED 18,360  AED 36,720

Signature & Company Stamp

CMM Total Premium **	AED		N/A	N/A
Critical Illness Total Premium	AED	N/A		N/A
Maternity Total Premium	AED	N/A	N/A	
Dental & Optical (AED 500 per Insured)	AED	500 x ____ = _____		
Gross Premium / Sheet	AED			

**Enrollment Form (G42) is required for:**

- each individual for Groups having 10 members (employee + dependent) or less
- members above 65 years and
- any member added after the policy inception date

Note: This form is not required if the completed EDI is provided.

Date

\* Using age at last birthday applied to rates on enclosed Rates / CI Benefit Tab  
 \*\*Medical Premium includes ( GL+PA+CMM for Employees) and (CMM+BR for Dependents)

**Benefits Plus**

## Optional Supplementary Group Life Sheet

**SUPPLEMENTAL GROUP LIFE - OPTIONAL BENEFITS  
APPLICABLE TO ELIGIBLE EMPLOYEES ONLY**

Please select the Applicable Plan by tick (✓) the box below.

Age at last birthday	<input type="checkbox"/> Annual Rate per AED 100,000	<input type="checkbox"/> Annual Rate per AED 200,000	<input type="checkbox"/> Annual Rate per AED 300,000
18 - 25	138	276	414
26 - 29	153	306	459
30 - 34	184	368	552
35 - 39	230	460	690
40 - 44	336	672	1,008
45 - 49	520	1,040	1,560
50 - 54	870	1,740	2,610
55 - 59	1,665	3,330	4,995
60 - 64	1,772	3,544	5,316

*I hereby confirm that I have selected the benefit as marked above.*

Full Name:

Signature

# Benefits Plus

## Optional Cover Census Sheet (Supplemental Group Life)



COMPANY NAME:  Sheet  of

	Employee Full Name	Date of Birth	Gender	Occupation	Nationality	Residency	Beneficiary (for life insurance)	Date of Birth	Nationality	Residency	Amount / AED	Premium
		DD/MM/YY	M / F					DD/MM/YY			100,000 200,000 300,000	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
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28												
29												
30												
31												
32												
33												
34												
35												
<b>Total Supp. Life Premium / Sheet</b>											<b>AED</b>	

Signature & Company Stamp

Date

*Enrollment Forms (G42) should be filled for each employee enrolling under the Group Supplementary Life*

I hereby provide MetLife my unambiguous consent to process, share, and transfer my personal data\* to a recipient outside the country (e.g. to the Company Headquarters in the USA and / or to other branches or affiliates of the Insurer's Group and Reinsurer) where the transfer, sharing, is necessary for the performance of the contract or for the compliance with any legal obligation to which the Company is subject and where necessary transfer, share any such information with the regulators and other law enforcement agencies for the performance of its obligations related to the international sanctions and other regulations applicable to the Company.

**\*Personal Data** means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances/activities or any transactions undertaken with MetLife."

I understand that Coverage and / or Payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.

I also understand that 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, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable laws.

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# Benefits Plus

## General Exclusions – Group Life, Body Repatriation & Group Critical Illness Products / Accident Definition

### 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 & 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.

# Benefits Plus

## Medical Plan Exclusions



### 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 related to fertility / sterility (treatment including but not limited to varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).
- 13) Treatment and services for contraception.
- 14) Prosthetic devices and consumed medical equipment's, unless approved by the insurance company.
- 15) Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
- 16) Growth hormone therapy.
- 17) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- 18) Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
- 19) 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).
- 20) 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.
- 21) 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.
- 22) 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.
- 23) All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport;

- ovum and male sperms transport.
- 24) Elective diagnostic services and medical treatment for correction of vision.
- 25) Nasal septum deviation and nasal concha resection.
- 26) Any services related to Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.
- 27) Healthcare services for Senile dementia and Alzheimer's disease.
- 28) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
- 29) Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.
- 30) 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.
- 31) More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
- 32) Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
- 33) Treatments and services related to viral hepatitis C and associated complications.
- 34) 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.
- 35) Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
- 36) Services and educational program for handicaps.
- 37) Services which do not require continuous administration by specialized medical personnel.
- 38) Domiciliary care; private nursing care; care for the sake of travelling.
- 39) 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.
- 40) Healthcare services and treatments) by acupuncture; acupressure, hypnotism, Rolwing, 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.
- 12) Venereal sexually transmitted diseases.

# Benefits Plus

## Administration Guidelines



### FOR EASY ENROLLMENT TO BENEFITS PLUS 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 Extension of Geographical Scope or Dental & Optical optional benefits, kindly indicate so by ticking the box where applicable.
  - Benefit is applied at additional cost, please refer to the rates sheet inserted.
- d) If you would like to obtain supplemental life insurance cover, kindly indicate so by ticking the Supplemental Life box in the application form, and an Enrollment Form (G42) for each employee.
- e) Supply MetLife with passport size photos for all eligible employees and their eligible dependents with the name **clearly written on the back of the photo in capital letters.**
- f) **Enrollment Form (G42) is required for:**
  - **each individual for Groups having 10 members (employee + dependent) or less**
  - **members above 65 years and**
  - **any member added after the policy inception date. A stock of Enrollment Forms (G42) can be obtained from your MetLife Consultant.**
- g) Each eligible employee and his eligible dependents should provide evidence of the previous insurance; if applicable.
- h) Issue a cheque\* payable in the name of American Life Insurance Company (MetLife) for the Annual premium or the first Semi-Annual installment.
- i) Submit: Company Profile Form (KYC) and applicable identification documents, Application Form, the Electronic Data Interchange (EDI), Photos and Enrollment Forms (G42) along with a cheque to your MetLife Consultant.
- j) 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 deducted.
- 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	<p>This is the primary mobile contact number of the insured member.</p> <ul style="list-style-type: none"> <li>• Use the standard format (Country code) (Area Code) (Number).</li> <li>• If the insured member is a minor, the number should be that of a parent / guardian.</li> <li>• 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.</li> </ul>
Birth Date	<p>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.</p> <ul style="list-style-type: none"> <li>• <b>Example:</b> A person is 54 years old in 2015, then his birth date should be assumed to be 01/01/1961.</li> </ul>
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	<p>The personal email address of the insured member.</p> <ul style="list-style-type: none"> <li>• It is highly recommended to provide this field as per the DHA.</li> </ul>

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