

Group Application Form

MyHEALTH Dubai Business & YourHEALTH Benefits

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1. CLIENT DUE DILIGENCE FORM

IMPORTANT NOTICE

This form is designed to assist HAYAH Insurance Company P.J.S.C. in meeting its compliance and regulatory standards by obtaining pertinent details of our business clients. If a question is not applicable, please indicate with N/A in the relevant field. The answers you give to the questions contained in this application will form the basis of any insurance policy issued and will be incorporated into the contract. It is essential that you give accurate, truthful, and complete information for all persons to be insured, as inaccuracies may jeopardise coverage or invalidate a claim.

According to our onboarding procedure, we require the collection of several documents for groups, including the trade license, VAT certificate, establishment card, completed KYC form, along with Emirates ID copies for the listed individuals, articles of association, and the power of attorney Emirates ID of the authorised signatory.

REQUESTED POLICY START DATE

Policy Start Date:

CLIENT INFORMATION

Client Name:

Year of Incorporation:

Country of Incorporation:

Trade License Number:

Legal Form
(LLC, Partnership, PSC, etc.):

Trade License Issuing Authority:

Trade License Issuance Date:

VAT Registration Number:

Trade License Expiry Date:

GIIN Number (FATCA):

Tax Residence (CRS):

Registered Address:

P O Box:

Telephone:

Website:

CONTACT PERSON

Plan Sponsor

Name:

Designation:

Contact Number:

Email Address:

INTERMEDIARY DETAILS (for intermediary only)

Intermediary Name:

Company Name:

Telephone:

Email:

Or Stamp Above:

1. CLIENT DUE DILIGENCE FORM – CONTINUED

DETAILS OF SHAREHOLDERS/OWNERS OWNING MORE THAN 25% OF THE ISSUED SHARE CAPITAL

Full Name	Individual or Corporate Entity	Country of Residence/Incorporation	Nationality	Shareholding %

DETAILS OF DIRECTORS

Please mention all the names of the directors and their details required in the table below:

Full Name	Position	Nationality	ID Number	ID Expiry date

Are any of the shareholders, beneficial owners, or authorised signatories listed above considered Politically Exposed Persons (PEPs)?

☐ Yes (Please provide details)
☐ No

GENERAL REPUTATION AND STANDING

1	Has your Entity or any of its authorised signatories been convicted or charged under any legal proceedings in the past?	Yes <input type="radio"/>	No <input type="radio"/>
2	Has your Entity been fined by the regulatory authority for negligence, fraud or wrongful trading in the past?	Yes <input type="radio"/>	No <input type="radio"/>
3	Has your Entity ever been refused a license or authorisation to conduct business?	Yes <input type="radio"/>	No <input type="radio"/>
4	Does your Entity carry out KYC / due diligence of its clients?	Yes <input type="radio"/>	No <input type="radio"/>
5	Is your Entity a financial institution?	Yes <input type="radio"/>	No <input type="radio"/>
6	Does your Entity have policies and procedures in line with the regulations of the UAE that are applicable to it?	Yes <input type="radio"/>	No <input type="radio"/>
7	Does your entity have appropriate measures in place to detect and manage fraud?	Yes <input type="radio"/>	No <input type="radio"/>
8	Does your Entity deal with shell banks and shell companies?	Yes <input type="radio"/>	No <input type="radio"/>
9	Does your Entity deal with customers from high-risk countries who are non-residents of the UAE?	Yes <input type="radio"/>	No <input type="radio"/>
10	Does Your Entity take sufficient income source proof from customers from high-risk countries?	Yes <input type="radio"/>	No <input type="radio"/>

1. CLIENT DUE DILIGENCE FORM – CONTINUED

GROUP ELIGIBILITY – EMPLOYEES

Employee enrolment requirement:

Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.

☐ Compulsory

☐ Voluntary (Please provide details)

Are all employees to be enrolled as permanent staff and actively at work?

☐ Yes

☐ No (Please provide details)

Are you aware of any pending hospitalisation in respect of the employees and dependents to be enrolled?

☐ Yes (Please provide details)

☐ No

Are you aware of any critical illnesses and/or any ongoing treatment for chronic conditions such as but not limited to:

1. Neoplasm / Cancer / Tumours of any kind (treated, under treatment or advised for treatment)
2. Organ Transplant
3. Heart Conditions including but not limited to myopathies, ischemia, infarctions, fibrillation, etc (treated, under treatment or advised for treatment)
4. Back Surgeries including intervertebral disc disorders, spondylosis, etc.
5. Immunological conditions requiring immunomodulators as treatment mode such as rheumatoid arthritis, Ankylosing spondylosis, etc.

☐ Yes (Please provide details)

☐ No

Are you aware of any existing pregnancies in respect of the employees and dependents to be enrolled?

☐ Yes (Please provide details)

☐ No

1. CLIENT DUE DILIGENCE FORM – CONTINUED

UNDERWRITING BASIS AT ENTRY

☐ Full Medical Underwriting ☐ Medical History Disregarded

GROUP ELIGIBILITY – DEPENDANTS

Are dependants eligible for coverage?
Compulsory enrolment is required for all Medical History Disregarded (MHD) policies.

☐ Yes
(Please complete Dependant Enrolment Basis below)
☐ No

Spouse Enrolment Basis

☐ Compulsory
☐ Voluntary (Please provide details)

Children Enrolment Basis

☐ Compulsory
☐ Voluntary (Please provide details)

ONLINE ACCESS

Would you like your insurance intermediary to have access to your group policy details and claims through their online account?

Yes ☐ No ☐

May we share information about member claims and benefits paid with your insurance intermediary?

Yes ☐ No ☐

2. PAYMENT METHODS

All premiums must be settled in AED using the following conversion USD1=AED3.6745. Any shortfall will be borne by the client.

PREMIUM PAYMENT METHOD

	CREDIT CARD (Visa / Mastercard / Amex)	CHEQUE OR BANK DRAFT	BANK TRANSFER
Annual Payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Semi-Annually	<input type="radio"/>	Not Available	Not Available
Quarterly	<input type="radio"/>	Not Available	Not Available

Important Notice for Semi-Annual & Quarterly Payments: This is an annual policy. You are responsible for the entire annual premium even if you choose to pay by instalments. The premium payment frequency cannot be changed during the policy year, only at renewal provided you notify us in writing.

CREDIT CARD PAYMENT

If you choose to pay your premiums by credit card, you will receive a payment link by email sent to the address you provided on this form.

CHEQUE OR BANK DRAFT

- Cheques should be drawn on a UAE clearing bank and made payable to "HAYAH Insurance Company P.J.S.C.".
- Please indicate the policyholder's name, policy number and debit note number on the back of the cheque.
- Please send payment to:
HAYAH INSURANCE COMPANY PJSC
 Sheikh Sultan Bin Hamdan Building, Corniche Road.
 Abu Dhabi, United Arab Emirates.
 Tel: 800-HAYAH
 Email: contact@hayah.com

BANK TRANSFER

- Please send full payment (inclusive of all bank charges) to:
United Arab Emirates Dirham (AED) Account
Beneficiary Bank

Account Title:	HAYAH INSURANCE COMPANY PJSC
Account no.(AED):	4031003292543003
Bank:	First Abu Dhabi Bank
Swift Code:	NBADAEEA
Bank Address:	FLOOR 16, SHEIKH SULTAN BIN HAMDAN BUILDING, CORNICHE ROAD, ABU DHABI
IBAN:	AE98 0354 0310 0329 2543 003

- All bank charges will be borne by the remitter.
- Please indicate your Policy Number and Debit Note number as a payment detail to your banker.
- Please email ops.uae@hayah-april.com the bank remittance advice or instruction slip with your Policy Number, name and debit note number to us for our accounting records and to issue an Official Receipt.

No cash or partial cash payments are allowed.

3. NOTICE TO CUSTOMERS RELATING TO THE PERSONAL DATA



We will collect, use, store, and disclose your personal information, including sensitive information (in particular, information relating to your medical history and any medical treatment you may have or have had), in accordance with relevant data protection legislation. We collect and will use your personal information, including sensitive information, for the purpose of carrying out our obligations under this plan. We may share your information, including sensitive information, with other companies, carefully selected third parties including any broker you appoint to act on your behalf, our third-party administrator, other providers of services under this plan and authorized healthcare providers, where necessary to carry out our obligations under this plan. This statement also applies to personal information of any beneficiaries detailed on this application form. You have the right to request a copy of your personal information held by us, and beneficiaries under your policy have the right to request a copy of personal information we hold about them.

I acknowledge my consent to the collection, use and disclosure of my personal, sensitive and/or health data by HAYAH Insurance Company P.J.S.C. for the purposes required by the contract of insurance I have entered into. **PLEASE TICK** ☒

DECLARATION BY APPLICANT

By completing this form, I/We hereby certify and confirm that:

- Information provided in this form is true, correct and complete in all respects
- Information has been provided willingly
- If any information / tax status provided on this form changes, I/We the undersigned will inform HAYAH Insurance Company P.J.S.C. within 30 days of such a change and
- HAYAH Insurance Company P.J.S.C. can process, report and transfer information contained within this form, as mandated by the concerned UAE Regulatory Authority

SIGNATURE

Name: _____

Title: _____

Designation: _____

Date: _____

Company Stamp

Important: The application form must be sent to us within **30 days** from this date for your application to be valid.

MH DN 2025/06

Underwritten by:
HAYAH Insurance Company P.J.S.C.
Sheikh Sultan Bin Hamdan Building
Corniche Road
P.O. Box 63323
Abu Dhabi, United Arab Emirates
Tel: 800-HAYAH (42924)
Email: contact@hayah.com

Designed by:
APRIL Hong Kong Limited
9th Floor, Chinachem Hollywood Centre
1-13 Hollywood Road, Central
Hong Kong
Tel: +971 4390 0740
Email: contact.uae@hayah-april.com

