

Dubai and Northern Emirates Data Collection Form



Residents of Dubai holding a residency or employment visa are required to submit a completed form for the purpose of meeting regulatory requirements from the Dubai Health Authority (DHA) and **Residents of Northern Emirates** holding a residency or employment visa in Sharjah, Ajman, Umm Al Quwain, Fujairah and Ras Al Khaimah are required to submit a completed form for the purpose of meeting regulatory requirements from the UAE Ministry of Health and Prevention (MOHAP).

For **you and all dependents residing with you in Dubai, Sharjah, Ajman, Umm Al Quwain, Fujairah and Ras Al Khaimah** please submit this form along with all required documents indicated below to MECompliance@CignaHealthcare.com

- Completed Dubai Data Collection Form¹
- Copies of Passports for you and all dependents¹
- Copies of Employment Visa or Entry Permits for you and all dependents¹

For **dependents that are NOT residing with you** in Dubai, Sharjah, Ajman, Umm Al Quwain, Fujairah and Ras Al Khaimah please only populate the fields in the Dependent Personal Information table below; no other information is required for these individuals.

Failure to provide this information may cause issues in obtaining or renewing your resident or employment related visa and may cause a delay in your ID card distribution or your claims payment

If you hold a **non-resident visa**¹, non-work related via please see the “definitions” section at the bottom of this document for submission requirements and instructions.

Required employee information

This information should match that which is indicated on your Dubai, Sharjah, Ajman, Umm Al Quwain, Fujairah and Ras Al Khaimah visa.

Employee name (as per passport)		Insurance ID no.²	
Date of birth (DD/MM/YYYY) (as per passport)			
Marital status		Gender	
Nationality³			
Passport no⁴ (that has Dubai or Northern Emirate visa)		Passport expiration (DD/MM/YYYY)	
Emirate ID⁵ (or Application number)		Unified ID (UID) No. (Numeric only)	
File number⁷ Mandatory for Expat members on Dubai or rest of UAE visa		Emirates ID Exp.⁶ (DD/MM/YYYY)	

Employee Salary Band⁸ Applicable for Dubai Visa Holders Only		Salary Type⁹ Applicable for Dubai Visa Holders Only	
Residency Location Code¹⁰ (numeric only) Applicable for Dubai Visa Holders Only View List		Work Location Code¹¹ (numeric only) Applicable for Dubai Visa Holders Only View List	
Local Mobile No.¹²		Email address	

Required dependent personal information

Dependent name (as per passport)	Date of birth (DD/MM/YYYY) (as per passport)	Gender	Marital status	Relationship	Country of residence	Nationality³

If dependents are resident with you in Dubai, Sharjah, Ajman, Umm Al Quwain, Fujairah and Ras Al Khaimah please complete this additional information for the dependents listed above.

Dependent Name	Passport No.⁴	Passport Exp. (DD/MM/YYYY)	Emirate ID No.⁵	Emirates ID Exp.⁶ (DD/MM/YYYY)	File number⁷	Birth Certificate / Birth Notification ID¹³	Unified ID No. (UID Numeric only)

*Note: If you have more than six dependents, please submit additional information via email, or submit a second form.

Definitions:

- 1. Non-resident visa holders:** If you are in Dubai or Northern Emirates on a mission or, visit visa—simply submit a copy of the passport and visa for you and your eligible dependents to MECompliance@CignaHealthcare.com. Holders of these visas are not required to complete this document.
- 2. Insurance ID no:** This is the 9-digit number that has been assigned to you by Cigna Healthcare. It can be found on your Cigna Healthcare ID Card.
- 3. Nationality:** The nationality as per the passport that has Dubai or Northern Emirates visa.
- 4. Passport Number:** Provide the Passport number mentioned on your Dubai or Northern Emirates visa (stamped on your passport).
- 5. Emirate ID Number:** This is the identification number that can be found on the United Arab Emirates Identity Card. This is a unique number assigned by the government of the UAE and can be obtained only after residency is approved.
This number is found in the following format: (784 – 4 Digit Year of Birth – 7 digits – 1 digit). **If you have not yet acquired your Emirate ID Card:** Please provide the Application Number (starting with 800) while your Emirate ID application is processing. Please contact your HR department should you need assistance. Within 60 days from the application issuance date please send the Emirate ID number to MECompliance@CignaHealthcare.com. **If you have a New Born (born in UAE) in family:** Please provide the Emirates ID (or the Application number while the Emirates ID is in process) **within 60 days** from the Date of Birth to MECompliance@CignaHealthcare.com
- 6. UAE Visa / Emirate ID Expiration:** This can be found on the back side of your Emirate ID card and on your UAE visa page. If there is a difference in the dates, please specify both the dates. If the UID number must be 9 digit this can be obtained from Entry permit or Change Status or Emirates ID Application form.
- 7. File number:** This is a unique identity number assigned when applying for a visa. This number is located on the visa placed in your passport.
- 8. Employee Salary Band (applicable only to Dubai visa holder):** Salary band is an indication of your monthly earnings as it relates to three bands:
 - Band 2:** Between 4,001 and 12,000 AED per month (between approximately 1,091 and 3,270 USD)
 - Band 3:** Greater than 12,000 AED per month (greater than approximately 3,270 USD)
 - Band 4:** No Salary (to be used for dependents or children that do not acquire a salary)
- 9. Salary Type (applicable only to Dubai visa holder):** Please select the number below that most accurately describes your salary type:
 - Commission:** You receive a portion of your pay from commission.
 - Non-Commission:** You receive no portion of your pay from commission.
- 10. Residency Location:** Please select the local town, neighborhood, district or area in which you live. You may use www.makani.ae to find the location code. This would be same as the parking area code (numeric 3 digits only) in your zone.
- 11. Work Location:** Please select the local town, neighborhood, district or area in which you work. You may use www.makani.ae to find the location code. This would be same as the parking area code (numeric 3 digits only) in your zone.
- 12. Local Mobile No.:** Please provide a local UAE mobile phone number at which you can be reached. The number format MUST BE as +971 00 0000000
- 13. Birth certificate / Birth Notification for Newborn:** If the baby is born in UAE, please provide the Birth Certificate or Birth Notification copy at the time of enrollment. NOTE: Enrollment will not be complete if this document is not provided.

The information listed above is based on industry interpretations of current applicable law requirements and are subject to change. We are providing this form to you for your convenience and cannot guarantee any outcomes. By completing this form, you hereby consent to the use and disclosure of your personal information, by Cigna and/or its affiliates, subsidiaries and business partners for any and all lawful purposes. Your information may also be shared with your employer in furtherance of the objective and purpose of this form.



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Life Insurance Company of North America, Cigna Global Insurance Company Limited, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., or through their affiliates and contracted companies. The Cigna Healthcare name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by The Cigna Group and its operating subsidiaries. "Cigna Healthcare" refers to The Cigna Group and/or its subsidiaries and affiliates.