Medical Insurance Form Submission in HRNET System

Dear Faculty & Staff Members,

You are requested to submit Medical Insurance Form for yourself and for your dependents in HRNET system.

Kindly follow below steps:

Open HRNET system, click on eRequests, then click on Medical Insurance Request

						6		
		إجازةLeave Request	طلب		Lett	er Request طلب إفادة		
	Edu	Ication Allowance Request	طلب بدل تعليم الأبنا		Employ	ee Dependents Request		
		Medical Insurance Re	Click o Insura	on Medical nce Request	Bus	iness Card Request		
		Employee Overtime ByDa	y Request					
	Medical Insurance Request							
	Request Form	History	г					
	Applying for:	Self	~	Self	1.	Fill the form, first		
	Date of Birth:	All Faraz	~	SON	fo	r vour dependents.		
	Gender:	Male		biodifield				
	Nationality:			2. Passport/UID/File No/Emir	rates ID will a	ppear		
	Mobile No:			automatically since you adde	ed these docu	ments earlier.		
	Passport No:							
	UID Number:			3. Update the visa issuance	e place accord	ding to the		
	File No:			then select issuance place	accordingly.	from Ajman,		
	Emirates ID No:				according);			
	Visa Issuance Plac	e: Ajman	~		L	4. If you are sponsored by " <u>Ajman University</u> ",		
	- Sponsor UID:	Select Sponsor	~	Establishment		Establishment ID will appear automatically.		
	Attach Photo :	Browse		Resident				
		Save Cancel	Point # 5: If your spo then:	use or children is not under your sp	oonsorship,	Else if you are sponsored by an Individual (For Ex: Husband/Wife/Father), then select "Resident" and enter his/her UID.		
6. Add yo	our		 a) If sponsored by an individual/ resident, (For Ex: Husband/Wife/ Father), then select "Resident", and enter his/her UID. b) If sponsored by an Establishment, then select "Establishment". 		When applying for a spouse: If his/her visa is under your sponsorship, select "Resident", and enter your Visa UID. Else, follow Point # 5.			
Photo he	ere.		and enter Establishm	nent ID (trade license) of his/her cor	mpany.	When applying for children: If they are under your		
	[7. Save the form.	c) If sponsored by a "Resident" and enter	UAE National or GCC National, the his/her Emirates ID.	n select	sponsorship, select "Resident", and enter your Visa UID, else follow Point # 5.		
	L							

7	Medical Insurance Request Request Form History Applying for: Select Edit Self Al Add New	Name: Date of Birth: Gender: N Faraz 23-Mar-1988 Male	ationality: Mobile No: Passport No: UID Num!	er: File No: Emirotes Visa ID Issuanc Number: Place: \$715174- 7	Sponsor Sponsor Photo: type: UD2 Attachment
Once you "Save" the form click on "Select"		Applying for:	Name:	Date of Birth:	Gender:
	Select Edit Self		Ali Faraz	23-Mar-1988	Male
	Applying for:	Self		~	
	Name:	Ali Faraz		~	
	Date of Birth:				
	Gender:				
	Nationality:				
	Mobile No:				
	Passport No:				
	UID Number:				
	File No:				
	Emirates ID No:				
	Visa Issuance Place:			~	
	Sponsor Type:		Click on "Se	od"	
	Sponsor UID:			id .	
	:	Attachment Cancel	Send		

You will receive a message, as shown below.



Repeat the steps to add all dependents details in the system.

In case you need additional assistance, please contact the Office of HR on:

hrdeparment@ajman.ac.ae or ext. 5559