



# OMAN UNITED INSURANCE COMPANY SAOG

*Safe and Secure*

## HIMAYAH INSURANCE PLAN FOR DOMESTIC/NON-DOMESTIC WORKERS

Whether it is your child's babysitter, your cook, housekeeper or gardener....With your domestic worker at home, you and your spouse can work with peace of mind. So it pays to protect them and make them feel secure being part of your family.  
Effective insurance protection for as little as RO 16 a year.

Himayah Insurance Plan for Domestic/Non-Domestic Workers is designed specially for families with foreign domestic help. If you are about to hire a Foreign Domestic Servant or renew his or her contract, we will provide you with a triple Insurance Pack containing Life, Personal Accident and Medical Expense protection for your domestic/non-domestic worker

### What does this product cover ?

#### Death due to accident and/ or sickness

**Permanent Total Disablement:** In the event of the Life assured being totally and permanently disabled as a result of accident or sickness to the extent of being unable ever again to follow any occupation, the company shall, following completion of 12 months disability as herein defined, pay the sum insured.

**Permanent Partial Disability Benefit:** In the event of the life assured suffering as a result of an accident or sickness due to physical separation or total loss of use of any limb or external organ of the body or total and irrecoverable loss of sight, the company shall pay the appropriate percentage of 100% of the sum insured.

**Medical Expenses Cover(Inpatient and Outpatient accident and sickness):** The policy is subject to a waiting period of 15 days from the commencement of cover. All expenses related to medical benefit other than that caused by an accident shall not be payable during the first 15 days of the cover.

**Repatriation Expenses:** A sum of up to RO 500/- as stated in the Policy to repatriate the body of the domestic worker to their country of origin in the event of death and/or permanent total disability due to an accident and/or sickness.

The plan is package product with 9 different variants, depending upon Benefits: The brief snapshot of the same is as hereunder-

Types of Cover	Himaya A I	Himaya B I	Himaya C I	Himaya A II	Himaya B II	Himaya C II	Himaya A III	Himaya B III	Himaya C III
Death due to Any Cause	RO 2,500	RO 3,000	RO 5,000	RO 2,500	RO 3,000	RO 5,000	RO 2,500	RO 3,000	RO 5,000
Death due to Accident	RO 5,000	RO 6,000	RO 10,000	RO 5,000	RO 6,000	RO 10,000	RO 5,000	RO 6,000	RO 10,000
Permanent Total Disability (Sickness)	RO 2,500	RO 3,000	RO 5,000	Nil	Nil	Nil	Nil	Nil	Nil
Permanent Total Disability (Accident)	RO 5,000	RO 6,000	RO 10,000	RO 5,000	RO 6,000	RO 10,000	RO 5,000	RO 6,000	RO 10,000
Permanent Partial Disability (Sickness)	Up to RO 2,500	Up to RO 3,000	Up to RO 5,000	Nil	Nil	Nil	Nil	Nil	Nil
Permanent Partial Disability (Accident)	Up to RO 5,000	Up to RO 6,000	Up to RO 10,000	Up to RO 5,000	Up to RO 6,000	Up to RO 10,000	Up to RO 5,000	Up to RO 6,000	Up to RO 10,000
Temporary Total Disability (Accident)	Up to RO 100 per month	Up to RO 100 per month	Up to RO 100 per month	Up to RO 100 per month	Up to RO 100 per month	Up to RO 100 per month	Up to RO 100 per month	Up to RO 100 per month	Up to RO 100 per month
Repatriation Expenses	Up to RO 500	Up to RO 500	Up to RO 500	Up to RO 500	Up to RO 500	Up to RO 500	Up to RO 500	Up to RO 500	Up to RO 500
Medical IP due to Accident	RO 1,000	RO 1,000	RO 1,000	RO 1,000	RO 1,000	RO 1,000	RO 1,000	RO 1,000	RO 1,000
Medical IP due to Sickness	RO 1,000	RO 1,000	RO 1,000	RO 1,000	RO 1,000	RO 1,000	Nil	Nil	Nil
Medical OP due to Accident	RO 500	RO 500	RO 500	RO 500	RO 500	RO 500	RO 500	RO 500	RO 500
Medical OP due to Sickness	RO 500	RO 500	RO 500	RO 500	RO 500	RO 500	Nil	Nil	Nil
Deductible on Medical OP Claims	RO 15 for each claim	RO 15 for each claim	RO 15 for each claim	RO 15 for each claim	RO 15 for each claim	RO 15 for each claim	RO 15 for each claim	RO 15 for each claim	RO 15 for each claim
Waiting Period for Medical OP Claim	15 Days	15 Days	15 Days	15 Days	15 Days	15 Days	15 Days	15 Days	15 Days
Maximum Per OP Claim Limit	RO 50	RO 50	RO 50	RO 50	RO 50	RO 50	RO 50	RO 50	RO 50
Target Person	Domestic Help	Domestic Help	Domestic Help	Domestic Help	Domestic Help	Domestic Help	Domestic Help	Domestic Help	Domestic Help
Plan	Plan A Base	Plan B Base	Plan C Base	Plan A Variation 1	Plan B Variation 1	Plan C Variation 1	Plan A Variation 2	Plan B Variation 2	Plan C Variation 2
Annual Premium in RO	30	32	38	24	28	32	16	18	22
Premium for 2 Years in RO	60	64	76	48	56	64	32	36	44
Annual Premium in RO for Non Domestic Workers (Group of maximum 15 employees)	75	80	95	60	70	80	40	45	55
Premium in RO for Non Domestic Workers for 2 Years	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed	Not Allowed

\*\*Standard exclusions will apply

### How much does it all cost ?

From RO 16/- to RO 80/- depending upon benefits and term opted.

### How to apply ?

Simply fill the simple proposal form.

### What we will need from you ?

1. A copy of the employee's passport
2. A copy of employer's passport or ID
3. The proposal form duly filled in and signed.