

INSURANCE REGULATORY AUTHORITY OF UGANDA (IRAU)
PLOT 5 KYADONDO ROAD
2ND FLOOR, BLOCK B, LEGACY TOWERS
P .O. BOX 22855
KAMPALA

INTERIM GUIDELINES FOR BEING LICENSED AS A HEALTH MEMBERSHIP ORGANISATION (HMO) IN UGANDA

1.REGISTRATION

Before a firm may file an application for licensing, it has to pay a registration fee of Shs. 500,000/=.

2.0 LICENCING

2.1After payment of the registration fee, the applicant i.e. the HMO fills in an application form available at the IRAU or can be downloaded at <http://www.ira.go.ug/application-hmo.pdf> for an operating licence. The following information will be required:

1. The name of the applicant
2. Postal address of the Head office
3. Telephone numbers, fax number, email
4. Physical address
5. Share capital (i) Authorized and (ii)Paid-up capital
6. Name and address of auditors
7. Insurance business intended to be transacted for
8. Names and address of Bankers
9. External auditors
10. Names, nationality and address of the directors of the applicant
11. If any of the directors has been convicted of any offence involving fraud or dishonesty, he/she should give full details

2.2 In addition, the applicant should submit:

(i) A copy of the Professional Indemnity Insurance Policy cover to protect the business interests against claims for error or omissions, professional neglect for both principals and employees, of at least Ushs.100 million for the said staff.

(ii) Details of the company Accountant who should be recognized as such by ICPAU and approved IRA.

(iii) A certified true copy of the Articles and Memorandum of Association (or other document by which the Health Membership Organization (HMO) is constituted.

(iv) Annual accounts within three months from the end of the financial year duly audited by an Auditor

approved by the IRA.

(v) Management Accounts within a month from the end of each quarter.

(vi) Detailed and signed curriculum vitae of all directors and the Chief Executive Officer.

(vii) Names, nationality and shareholding of shareholders.

(viii) Detailed signed curriculum vitae of the management and technical staff.

(ix) List of all branch offices, address and telephone numbers.

(x) Copies of valid work permits for all expatriate staff.

(xi) Listing of Service Providers (affiliates) who have signed contracts with the HMO.

(xii) List of all agents employed.

(xiii) Company Business Plan for three (3) to five (5) years duly endorsed by an external auditor.

(xiv) A certified true copy of each type of policy of insurance / contract which the Company proposes to issue.

(xv) Copy of the various benefit packages to be offered to prospective members and the Premium thereof.

(xvi) Copy of the registration certificate for the Medical Director or the person in charge of health services issued by the Uganda Medical and Dentist Practitioners` Council for the professionals.

(xvii) Evidence of membership to the Insurance Institute of Uganda.

(xviii) Copy of the latest insurance licence (if any).

(xix) Such other documents and information as the Authority may require.

2.3 If the form is satisfactory filled and all the above mentioned enclosures received, the application is sent to the licensing committee of the Authority for consideration. The Authority may, however, in the process of considering the application, require other documents or information in addition to the submissions listed hereinabove.

2.4 Once the completed application is approved, a licence fee of Shs. 3,000,000/= is payable.

3.0 All licensed players are required to pay Annual contribution as will be advised by the IRA.

4.0 All licensed players are required to pay a training levy of 0.5% payable quarterly to the Insurance Institute of Uganda.

