



The UAE ILOE Claim Guide

Step-by-step instructions, eligibility checklists, and portal walkthroughs for the Involuntary Loss of Employment insurance.

Financial Protection After Job Loss

The Involuntary Loss of Employment (ILOE) scheme provides financial security for up to 3 months if you lose your job involuntarily.



Coverage: Up to 60% of your basic salary.



Duration: Paid for up to 3 months.



Calculation: Based on your last 6 months' average salary.

Scan to open COI 


 نظام التأمين على التوظيف من العمل بصفة إجماعية
 Mandatory Link of Employment Scheme in UAE

Insurance Certificate Involuntary Loss of Employment		شهادة التأمين ضد التغطية عن العمل	
Insurance Certificate Number		رقم شهادة التأمين	
Coverage Period		مدة التغطية	
Inception Date		تاريخ السريان	
Expiry Date	24 months as of inception date	تاريخ الانتهاء	24 شهراً بعد تاريخ بداية التأمين
Details of the Insured Employee/ Worker		بيانات المؤمن له	
Name of the Insured Worker		اسم العامل المؤمن له	
Emirates ID /UID No.		رقم الهوية / الرقم الموحد	
Category	Category B	الفئة	الفئة ب
Premium (AED)	240.00	القسط التأميني (بالدرهم)	240.00
Premium Paid upon purchase	240.00	دورية الصداد عند الشراء	240.00
Establishment Details at the date of issuing the Certificate of Insurance		بيانات منشأة العمل عند إصدار شهادة التأمين	
Establishment Name		اسم صاحب العمل	
Establishment No.		رقم المنشأة	
Insurance Coverage		التغطية التأمينية	
60% of Basic Salary/Wage calculated based on the average Basic Salary/Wage of the last 6 months prior to Unemployment for a maximum of three (3) months per Claim from the date of Unemployment, not exceeding: Maximum Monthly Limit AED 10,000 and AED 20,000 for the first and second categories respectively as specified in the Policy Schedule. Maximum Claim Limit/Maximum Aggregate Limit The maximum compensation for any one Claim is three (3) months. The aggregate Claim shall not exceed the equivalent of 12 monthly benefits over the entire service period of the Insured in the Country.		يكون التعويض على أساس شهري بنسبة 60% من الأجر / الراتب الأساسي (تحتسب على أساس متوسط الأجر الأساسي آخر 6 أشهر السابقة للتغطية عن العمل) ولمدة (3) ثلاثة أشهر بعد أقصى لكل مطابقة من تاريخ التغطية عن العمل، على ألا تزيد عن: الحد الأقصى للتغطية التأمينية الشهرية: لا تزيد عن (10,000) عشرة آلاف درهم إماراتي للفئة الأولى، ولا تزيد عن (20,000) عشرين ألف درهم إماراتي للفئة الثانية كما هو مبين في جدول الوثيقة. الحد الأقصى للتغطية التأمينية عن كل مطابقة/ الحد الأقصى للتغطية التأمينية الإجمالية: المدة القصوى للتعويض: (3) ثلاثة أشهر عن كل مطابقة. على ألا تزيد مدة التعويض عن (12) اثني عشر شهراً خلال كامل مدة خدمة المؤمن عليه في سوق العمل في الدولة. تخضع هذه الشهادة لشروط وأحكام وثيقة التأمين . يمكن الاطلاع على وثيقة التأمين عبر رابط الموقع الإلكتروني (www.ILOE.ae) أو من خلال مسح الرمز التالي:	
This Insurance Certificate is subject to the terms and conditions of the Insurance Policy. The insurance policy can be viewed via the website link (www.ILOE.ae), or scan the QR: 			
This certificate was issued by Dubai Insurance Company PJSC, in its capacity as a member and manager of the Insurance Pool and on behalf of the members of the Insurance Pool For inquiries: 600 599 555		صدرت هذه الشهادة عن شركة دبي للتأمين ش.م.ع بموجبها عضو ومدير المجمع التأميني . وبالنيابة عن أعضاء المجمع التأميني	

التواصل والاستفسار: 600 599 555

Category A

Basic salary under
AED 16,000

**Max AED
10,000 / month**

Category B

Basic salary over
AED 16,000

**Max AED
20,000 / month**

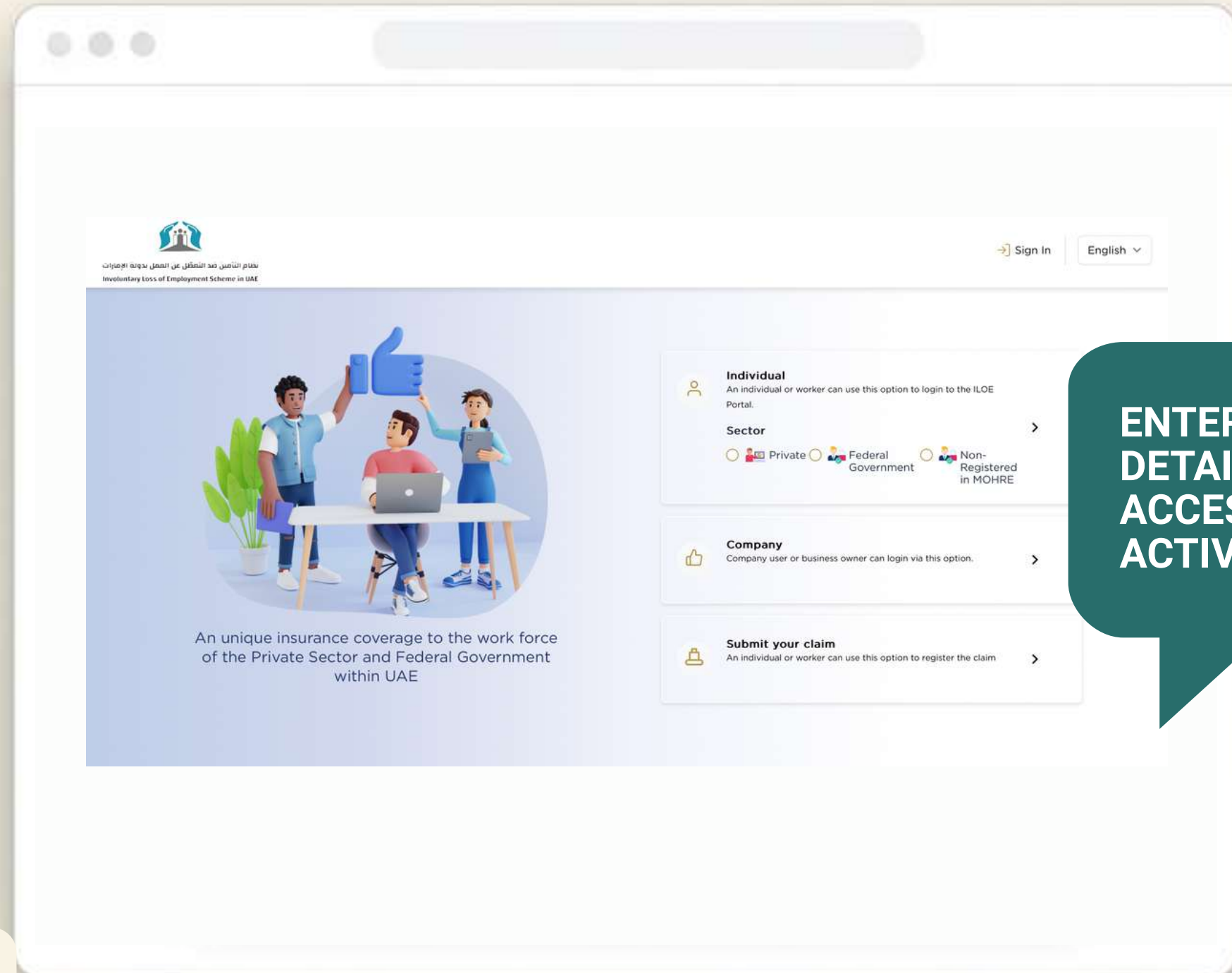
Missing Your Certificate? Don't Worry.

According to UAE Federal Decree-Law No. 13 of 2022, every employee must be enrolled.

Even if your employer did not physically hand you a certificate, you most likely have an active policy.

Log in via OTP to check your active policy details:

<https://www.diniloe.ae/nsure/login/#/>



**ENTER YOUR
DETAILS TO
ACCESS YOUR
ACTIVE POLICY**

Do You Qualify for a Claim?

You MUST meet **ALL** of the following conditions:

- ✓ Policy active for at least 12 consecutive months.
- ✓ Work permit officially cancelled.
- ✓ Legal stay maintained in the UAE.
- ✓ No absconding cases against you.
- ✓ Claim submitted within 30 days of cancellation.
- ⚠ **Termination (Not Resignation).**

Termination **must NOT** be due to disciplinary dismissal. Your termination reason must be explicitly stated in your official termination notice.

Estimate Your Payout

Before submitting your official claim, use the portal calculator to estimate your exact monthly compensation based on your specific basic salary history.

Check your payout here:

<https://www.iloe.ae/Calculator.aspx>

ILOE Payout Calculator

Average Basic Salary (Last 6 Months)

AED 15,000

Estimated Monthly Compensation

AED 9,000

Based on 60% of Average Basic Salary

Required Documents to File Your Claim

- ☐ Copy of Emirates ID and Passport
- ☐ Official Visa Cancellation Document
- ☐ ILOE Insurance Certificate (Downloaded from portal)
- ☐ Termination Letter (Explicitly stating reason is not resignation or disciplinary)
- ☐ Bank Account Details (IBAN) for payout transfer
- ☐ Last 6 months of bank statements or payslips (to verify basic salary)

Ensure all documents are clear, scanned PDFs or high-resolution images before starting the portal process.

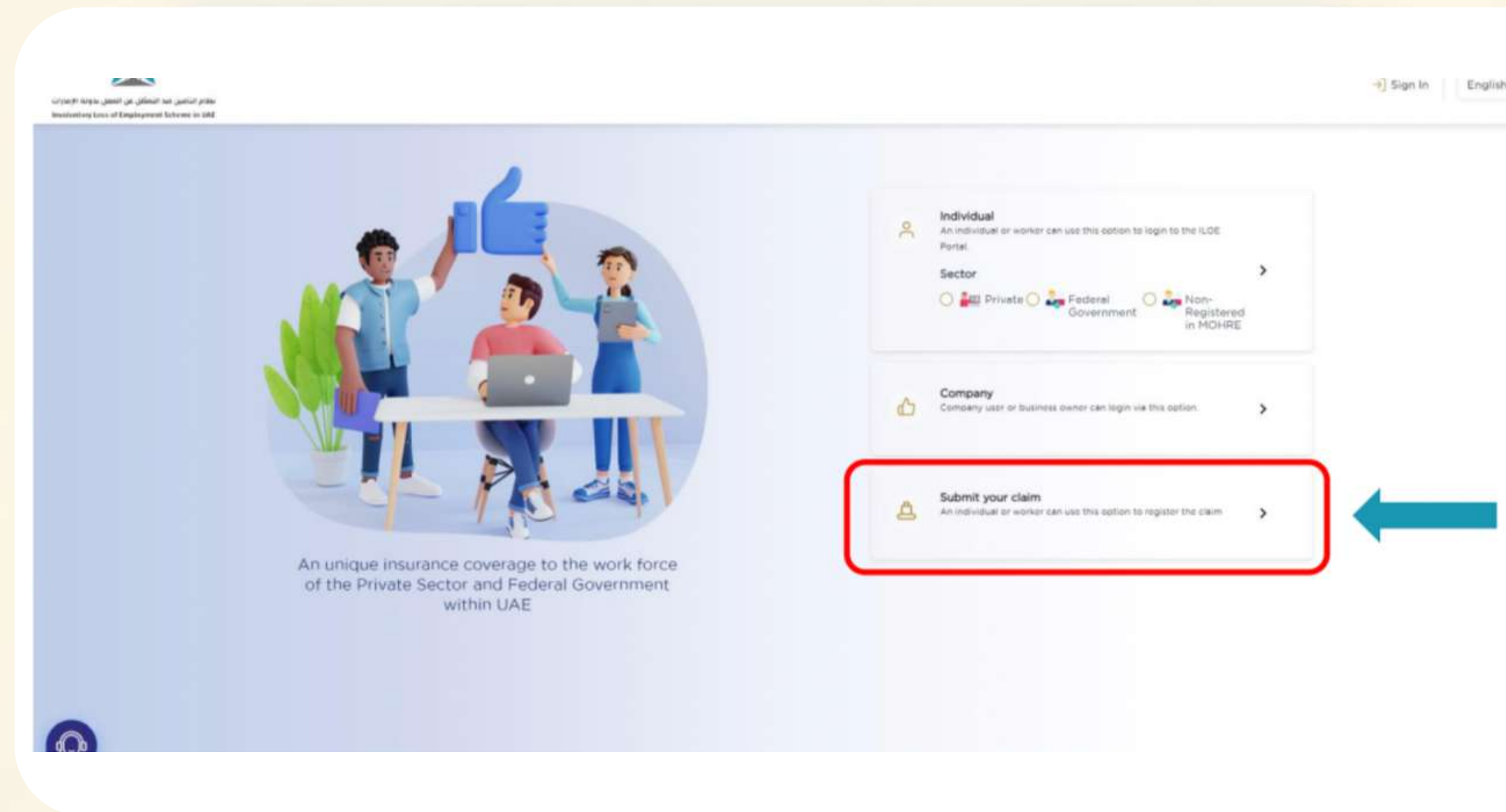
01

HOW YOU CAN SUBMIT YOUR CLAIM

Step 01: Visit portal

- <https://www.diniloe.ae/nsure/login/#/>

Choose submit your claim



02

Step 02: Insert Emirates ID and mobile number

- Sign in using OTP verification.
- Enter your registered UID/EID number (the one used during subscription).
- Ensure the mobile number is entered in the correct format: Example: 5x-xxxxxxx
- Enter your Date of Birth.
- Request an OTP to be sent to the entered mobile number.
- Enter the OTP to successfully complete the login process.

Sign In - Select your way of login

With OTP Registered User

UID / Emirates ID * Required

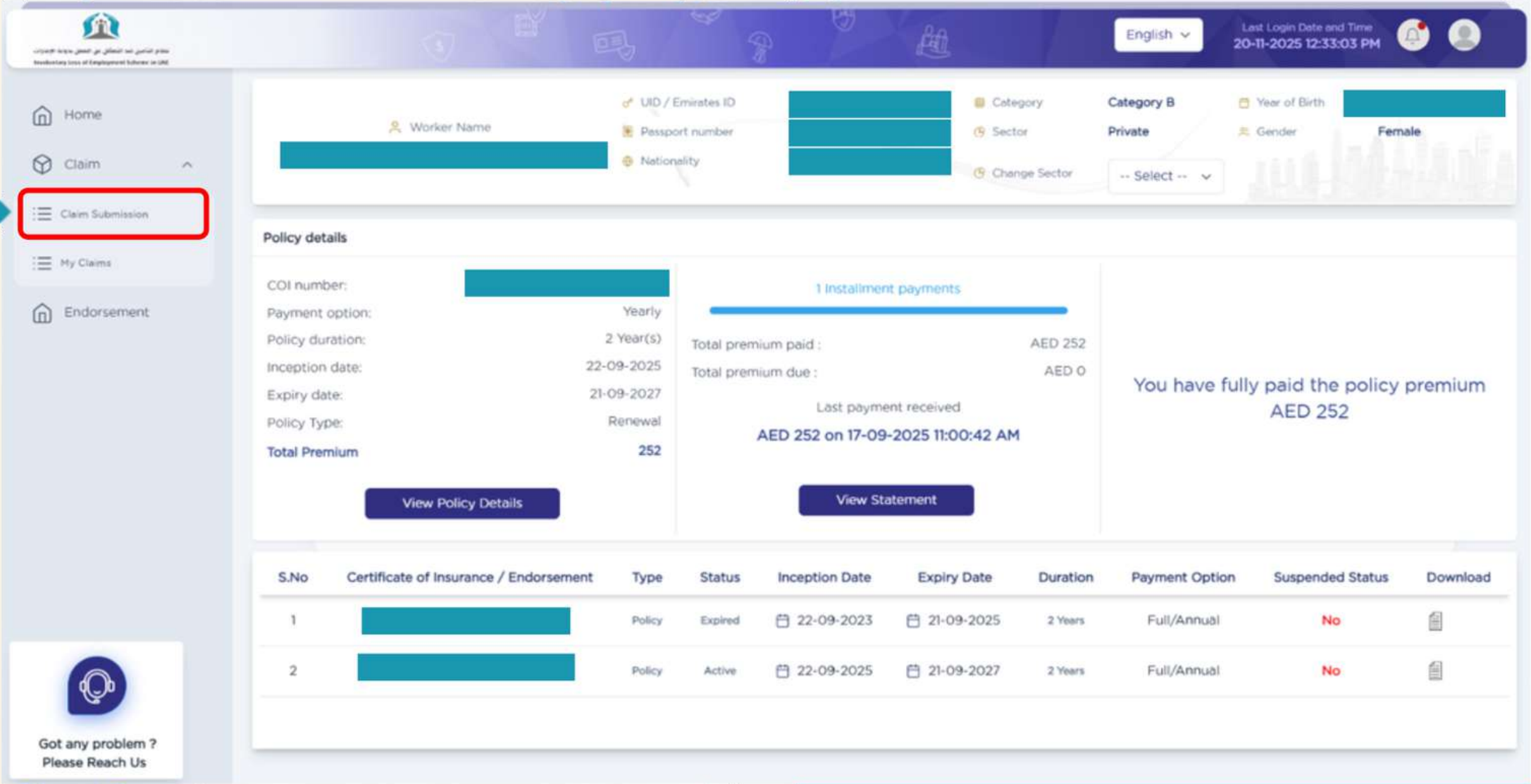
+971 Mobile Number * Required

Date of Birth * Required

Request OTP

03

Step 03: Click Claim Submission



The screenshot displays the WLES portal interface. On the left sidebar, the 'Claim Submission' option is highlighted with a red box and a blue arrow. The main content area shows a form for entering worker details (Worker Name, UID / Emirates ID, Passport number, Nationality, Category, Sector, Change Sector, Year of Birth, Gender) and a section for 'Policy details' including COI number, Payment option, Policy duration, Inception date, Expiry date, Policy Type, and Total Premium. A progress bar indicates '1 Instalment payments' completed. The status shows 'Total premium paid : AED 252' and 'Total premium due : AED 0'. A message states 'You have fully paid the policy premium AED 252'. Below this, a table lists active and expired policies.

S.No	Certificate of Insurance / Endorsement	Type	Status	Inception Date	Expiry Date	Duration	Payment Option	Suspended Status	Download
1	[Redacted]	Policy	Expired	22-09-2023	21-09-2025	2 Years	Full/Annual	No	[Download Icon]
2	[Redacted]	Policy	Active	22-09-2025	21-09-2027	2 Years	Full/Annual	No	[Download Icon]

Got any problem ?
Please Reach Us

04

Step 04: Confirm your contact details and click on Proceed to your Claim Process

- Need to update your contact details? Reach at 600599555
- Click on Proceed to your Claim Process

The screenshot shows the 'Claim Notification' page of the Insuring Loss of Employment Scheme (ILE) portal. The page features a sidebar with navigation links: Home, Claim, Claim Submission, My Claims, and Endorsement. The main content area displays a 'Claim Notification' form with the following fields:

Field	Value
Employee Name	[Redacted]
Policy Duration	2 Years
Mobile No	[Redacted]
Payment Option	Yearly
Coverage Period	22-09-2025 to 21-09-2027
Email ID	[Redacted]@gmail.com

A red box highlights the 'Proceed your Claim Process' button, which is preceded by a large blue arrow. A red note at the bottom of the form states: (Please contact call center to update your Mobile No. and Email).

05

Step 05: Information that you need to know when submitting your claim

The screenshot displays the 'Claim Notification' form on the ILOE portal. The form includes fields for 'Certificate of Insurance', 'Employee Name', 'Policy Duration' (set to 2 Years), 'Mobile No', 'Payment Option' (set to Yearly), 'Coverage Period' (22-09-2025 to 21-09-2027), and 'Email ID'. A modal overlay provides important instructions and conditions for claim submission.

Kindly note that you need to cancel your work permit if you are working under MOHRE (Cancel your Employment No. if you are working with FAHR) before submitting claim.

Also please note that your claim needs to meet the below conditions to be validated:

- On Unemployment's date, you were subscribed to the ILOE for at least 12 consecutive months without cancellation
- Your unemployment is for a reason other than RESIGNATION or a disciplinary action
- You are legally resident in the UAE
- You are submitting your claim within 30 days of the date of the termination
- You are not reported as an absconded worker
- You paid the ILOE's due premium

Proceed your Claim Process

Got any problem ? Please Reach Us

06

Step 06: Confirming the unemployment Date and Reason



MOHRE / FAHR / Non-Registered in Mohre

Home

Administration

Back

Claim Notification

Certificate of Insurance

Employee Name :

Policy Duration :

1 Year

Mobile No

Payment Option :

Yearly

Coverage Period :

12-04-2023 to 11-04-2024

Email ID

MOHRE / FAHR / Non-Registered in Mohre

Reason of the Unemployment :

Required

--Select--

Last Working Date :

Required

Please add actual last working date

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be 'N/A'

I confirm the above Cancellation reason and Date are correct

Required

Yes

No

Submit Claim

Reset

Close

07

Step 07: Upload your supporting documents


نظام التأمين ضد التعطل عن العمل بدولة الإمارات
Involuntary Loss of Employment Scheme in UAE

Note: Before uploading any file, please make sure to:
Select the correct document type from the dropdown list
(e.g.: Emirates ID / Passport & Visa → upload Emirates ID file)
Upload the matching document based on the selected type
Example:
If you select “Employment Contract” from the list → upload the Employment Contract file only.
Ensure that your document is clear, valid, and readable
The totalsize of all uploadedfiles mustnotexceed 5 MB

Document

Please select Document Type and Upload:

--Select--

--Select--

Supporting Documents

Emirates ID, Passport and VISA

Employment Contract

Termination/Resignation Letter

Cancellation of Residency

Bank Statement

Labor Complaint

Entry / Exit Movements Report



When submitting your claim, please select and upload the relevant documents from the list below:

- 1-Emirates ID, Passport,and VISA
- 2-Employment Contract
- 3-Termination / Resignation Letter
- 4-Cancellation of Residency (This requirement is exempt for UAE Nationals, GCC Nationals, and Golden Visa holders)
- 5-Bank Statement
- 6-Labor Complaint (Required only if there's an active labor complaint)
- 7-Entry / Exit Movements Report (This requirement is exempt for UAE Nationals only)
- 8-Supporting Documents

08

Step 08: Payment Method Exchange House –Bank Transfer

Kindly choose your preferred channel to receive the compensation in case of claim approval
Exchange house or Bank Transfer

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT

Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method

 Required ☒ Bank ☐ Exchange House

Step 09: Payment Method –Bank Transfer

1. Choose your Bank Name and add your bank account details.
2. IBAN Number, Account Number, and Account Holder Name.

- Confirm that Dubai Insurance will capture your bank details and use them for future requests
- Kindly note that the ILOE system won't have control over verifying your IBAN details. Please make sure your IBAN is correct before submitting your claim.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct: Required ☐ Yes ☒ No

Remarks: Required

Type your comments

Payment Details

Choose your Payment Method: Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. Required

Bank Name: Required --Select-- IBAN No.: Required AE IBAN Number Account Number: Required

Account Holder Name: Required

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct: Required ☐ Yes ☒ No

Remarks: Required

Type your comments

Payment Details

Choose your Payment Method: Required ☒ Bank ☐ Exchange House

☐ I confirm that the insurance company can capture my bank details and use them for my future requests. Required

Bank Name: Required --Select-- IBAN No.: Required AE IBAN Number Account Number: Required

Account Holder Name: Required

Documents

Please select Document Type and Upload: Required

--Select--

Submit Claim Reset Close

10

Step 10: Payment Method –Exchange House

- Please select the Exchange provider through which you prefer to receive the compensation payment.

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method : * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required

--Select--

Emirates ID:

Passport No:

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.

Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

[Submit Claim](#) [Reset](#) [Close](#)

Step 11: Claim Submission

- Click Submit Claim

MOHRE / FAHR / Non-Registered in Mohre

Cancellation Reason : THAT Cancellation Date : THAT

Kindly note if you are not registered with MOHRE / FAHR then your cancellation date and cancellation reason will be "NA".

I confirm the above Cancellation reason and Date are correct * Required ☐ Yes ☒ No

Remarks * Required

Type your comments

Payment Details

Choose your Payment Method * Required ☐ Bank ☒ Exchange House

Name of Exchange House * Required --Select--

Emirates ID: [Redacted]

Passport No: [Redacted]

(Please contact call center to update your Emirates ID and Passport No.)

Documents

Please select Document Type and Upload: * Required

Supporting Documents

Drop files here or click to upload.
Accepted file formats are (.png, .jpg, .jpeg, .pdf) and the maximum allowed size is 5MB per file.

 **Submit Claim** Reset Close

The Critical 30-Day Window



Missing the 30-day window from your official cancellation date will result in an automatic claim denial, regardless of your previous 12-month contribution history.

Summary & Memo Sheet

Financials



- Max Payouts: AED 10k (Cat A) | AED 20k (Cat B)
- Max duration: 3 months.

The Golden Rules



- 12 months continuous active policy.
- Claim within 30 days of cancellation.

The Dealbreakers



- Cannot be resignation.
- Cannot be disciplinary dismissal.
- No absconding cases.

The Portals



- Login: diniloe.ae
- Calculator: iloe.ae

Good luck with your claim application.



+971 4 229 5214
+971 50 639 5245



Rigga business centre, 1st floor ,
1001, Sarmat Professional and
Management Development Training



<https://sarmat.ae>



contact@sarmat.ae