Title - Proposal: Allocation of 10% of Gas Fees for Health Insurance Claims

#### Abstract

 This Arbitrum Improvement Proposal (AIP) seeks to allocate 10% of all transaction fees to a contract designed for health insurance claims. This proposal will increase user engagement and expand the blockchain's real-world application.

#### Motivation

• This proposal uses the Arbitrum blockchain technology to securely and transparently manage and distribute health insurance claim funds. It's alarming that approximately 21.5% of the world's population lacks access to any form of health insurance, and this is particularly concerning in Nigeria, where only 3.4% of citizens are insured. While the percentage of insured individuals is higher in India at 55%, it's worth noting that both Nigeria and India have the highest percentage of crypto users globally, with 34.3% and 29.9% of their populations owning crypto, respectively.

(above examples are case studies)

Rationale - Abtritrum's mission is to make Ethereum accessible to more people through a secure, scalable, and user-friendly platform. To enhance the benefits of this platform, we propose implementing an AIP that directs a portion of transaction fees towards a cause that directly impacts users' lives. This will encourage engagement and align to create a fair, user-focused blockchain ecosystem.

## Key Terms

- 1. Healthcare provider: This includes hospitals, clinics, and pharmacies.
- 2. Health insurance claim: This is a request made to a smart contract to pay a specific amount to a particular healthcare provider.
- 3. Health insurance premium: A percentage (e.g., 10%) of a user's transaction fee deducted and paid later as a claim.
- 4. DAO: A decentralized autonomous organization responsible for adding or removing a Health Institution.

## **Key Considerations**

- · Implementation must not require changes to the protocol
- Insurance claims must be transparent and anonymous
- Monthly claims should be between \$5 \$1000 per user
- A healthcare provider can only join or be removed through voting.
- · Funds must be paid to only approved Health Institutions

# Specifications

This AIP will upgrade the existing ARB token at address 0x912ce59144191c1204e64559fe8253a0e49e6548. The upgrade will redirect 10% of all transaction fees to a designated multi-sig wallet.

### Steps to Implement

- 1. Development & Testing of the Health Insurance smart contract
- 2. Selection of key holders to manage the Multi-sig account from the Arbitrum Foundation
- 3. Development of a dApp to manage the whole system:
- 4. Upgrade the ARB token contract to divert 10% of transaction fees to the upgradable insurance smart contract:
- 5. Onboarding Health Institutions
- 6. Test the new system in a testnet environment:
- 7. Deploy to the Mainnet:
- 8. Educate the community about the new feature and how to use it

#### Timeline:

Planning & Research

· Estimated duration: 1 month

**Development Stage** 

· Estimated duration: 2 months

ARB Token Upgrade Stage

· Estimated duration: 2 weeks

Hospital and Health Institutions Onboarding Stage

· Estimated duration: 1 month

**Testing Stage** 

· Estimated duration: 2 months

**Auditing Stage** 

· Estimated duration: 2 months

Deployment Stage

· Estimated duration: 1 week

Conclusion & Community Education Stage

Ongoing

Total Months: 6 Months (some activities will run concurrently)

**Overall Cost** 

Smart Contract Development - \$10k

dApp Development - \$20k

Auditing - \$10k

Contingency & Infrastructure- \$30k

Marketing & Onboarding Health Institutions Worldwide - \$50k

Total Cost - \$120k

Technical details

10% of transaction fees go into an insurance contract as a premium via the payPremium(address beneficiary, uint256 amount)

function.

The insurance contract records a detailed map of each user's address and the corresponding amount of premium accumulated, using the mapping (address => uint256) \_premium

Users can donate their premium as a charitable contribution to their healthcare institution or other recipients by claiming with the beneficiary's address, amount, and healthcare address via the claim(address beneficiary, uint256 amount, address healthcare)

function.

Possible Problems with Implementation

- · A lower incentive to validators
- · Increase gas fee
- Change in the protocol (undesirable)
- · Crypto is illegal in some places