

Britam Microinsurance Company (Kenya) Limited Head Office: Britam Centre, Mara/Ragati Road Junction, Upperhill P.O. Box 30375 - 00100 Nairobi, Kenya. Office Line: + 254 705 100 100 Office Email Address: customerservice@britam.com Website: www.britam.com

# BRITAM MICROINSURANCE DATA AFYA POLICY DOCUMENT

The Policyholder has applied for cover through a proposal and declaration. BRITAM MICROINSURANCE COMPANY (Kenya) LIMITED agrees to provide medical insurance for illness, disease, or accidental injury, based on the selected benefits outlined below.

## **DEFINITION OF INSURANCE TERMS**

- 1. **Waiting period;** Time you must wait after buying insurance before certain benefits start.
- 2. **Exclusions:** specific treatments, conditions, or situations that the insurance will not pay for.

#### **SUMMARY OF BENEFITS**

Hospital Cash Benefit- The daily benefit of Ksh 500 is payable in case of hospital admission of 2 or more nights for a maximum of 15 days per year. Admissions due to elective Surgeries and chronic conditions will be payable to a maximum of 7 days.

### **GENERAL CONDITIONS**

#### **AGE LIMIT**

An eligible person shall be:

- i. An Insured person aged from **18-65 years.**
- ii. Maximum joining age **65 years and exit age 70 years.**

#### **WAITING PERIODS**

- 1. 7 days waiting period for all illnesses.
- 2. No waiting period for accidental cases.
- 3. 9 months waiting period for maternity and pregnancy related treatments.

## PREFERRED MEDICAL PROVIDERS

Insured members will be required to visit SHIF Inpatient accredited facilities only. Claims will only be payable from hospitals accredited by SHIF.

## **POLICY EXCLUSIONS**

- 1. Vaccinations (except KEPI), Patented foods/nutritional supplements (including baby foods)
- 2. Sexual enhancement products, Infertility, Dialysis. drunkenness, drug addiction
- 3. Contact lenses and Hearing aids
- 4. Expenditure arising from illegal or criminal act, Drug addiction/ abuse and related effects, active participation in riots/ political events.
- Any claim arising from the insured allowing others to provide false information or intentionally causing or worsening illness.

## **CLAIMS PROCEDURE**

Notification should be made to the insurance company as soon as possible.

The claim must be accompanied by:

- Hospital invoice and receipt
- Original discharge summary from the treating Doctor or Hospital.
- Any other documents pertaining to the claim which the Company may require.

## **BENEFIT SCHEDULE**

Total Amount	Gross Premium Amount	Bundle Amount	Data Volume
50	10	40	160MB
100	10	90	450MB
250	10	240	1680MB
500	10	490	3685MB
Daily Hospital Payout		Ksh 500 per day	

#### **DECLARATION**

We confirm that we have read and understood the terms and conditions (as printed above) governing the provision of medical insurance services and agree to be bound by them. We accept to **Britam Microinsurance Company (Kenya) Limited** seeking any information from our previous insurers, who have previously received application from ourselves.

(A signed copy of the policy document should be returned to Britam within 21 days, failure to return the same, will imply acceptance of the terms and conditions)

## **SAFARICOM PLC**

AUTHORISED SIGNATORY DESIGNATION:

WITNESSED BY:

# BRITAM MICROINSURANCE COMPANY (KENYA) LIMITED)

AUTHORISED SIGNATORY DESIGNATION: James Theuri

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WITNESSED BY: