

**BRITAM BIMA YA MWANANCHI HEALTH COVER
MEMBERSHIP APPLICATION FORM**

INTERMEDIARY DETAILS:		
*NAMES:		CODE:
BRANCH:	TELEPHONE NUMBER:	EMAIL ADDRESS:

Please complete in full (BLOCK letters) and attach:

1. National ID or Passport for principal member & spouse.
2. Proof of schooling for children between 18-24 years old.
3. A copy of birth certificates for dependants
4. Stick passport size photograph on the photo sheet provided.
5. A copy of (*. indicates a mandatory required field).

PRINCIPAL MEMBER (MEMBER No. 01)		
*FIRST NAME:	*MIDDLE NAME:	*LAST NAME:
OCCUPATION:	BIRTHDATE:	*ID/PP NO:
EMPLOYER:	P.O BOX:	TEL No (office)
*(Cell Phone):	*Email address:	* KRA PIN:

ENTER BELOW DETAILS OF ALL DEPENDANTS TO BE INCLUDED IN THIS APPLICATION IN ORDER OF AGE.										
2	NAME: (FIRST NAME, MIDDLE NAME, SURNAME/ FAMILY NAME)	RELATIONSHIP	DATE OF BIRTH						M/F	ID NO. /BIRTH CERT NO.
			D	D	M	M	Y	Y		
3			D	D	M	M	Y	Y		
4			D	D	M	M	Y	Y		
5			D	D	M	M	Y	Y		
6			D	D	M	M	Y	Y		
7			D	D	M	M	Y	Y		
8			D	D	M	M	Y	Y		
9			D	D	M	M	Y	Y		
10			D	D	M	M	Y	Y		

ENTER BELOW DETAILS OF BENEFICIARIES TO BE INCLUDED IN THIS APPLICATION IN ORDER OF PRIORITY.										
1	NAME: (FIRST NAME, MIDDLE NAME, SURNAME/ FAMILY NAME)	RELATIONSHIP	DATE OF BIRTH						M/F	ID NO. /BIRTH CERT NO.
			D	D	M	M	Y	Y		
2							Y	Y		

Nominate a Hospital:

ANNUAL COVER BENEFIT	
Inpatient cover Limit: (Kshs) _____	Last expense benefit of: (Kshs) _____
Family size(e,g) M+3) _____	Amount Payable: (Kshs) _____
With Outpatient Capitation: <input type="text"/>	Nominate a Hospital: <input type="text"/>

ADMISSION PROCEDURES

Admission will only be within the appointed hospital (per the schedule) except in emergency cases. Only accidental cases will be admissible.

- I. Cover has a **1 year waiting period** for Surgery, **10 months waiting period** for maternity, **10 months waiting period** for chronic/preexisting conditions and **No waiting period** for accidental cases. The waiting period may be waived for approved renewal business.

In case of hospitalization, please ensure that you:

- I. Communicate emergency and urgent admissions within **Forty-eight (48) hours** of admission by phone to the medical helpline indicated on your photo card.
- II. Provide medical reports and other requested information within twenty-one (21) days of receipt of the request.

The company shall:-

- I. Provide letter of undertaking prior to admission or elective/planned conditions, cases or procedures.
- II. Provide written authorization prior to transfer of a member from one hospital to another.
- III. Communicate authorization or declinature immediately.

Are you and the proposed covered dependants in good health? Yes No

If not, explain _____

Are you or any of the proposed covered dependants currently receiving any long term medical treatment? **Y/N**

If so, please give condition and duration of treatment: _____

HEALTH DECLARATION: I declare that this information is true to the best of my knowledge and belief. Any misrepresentation may invalidate the contract.

DECLARATION: I understand and agree in particular that this application is subject to policy terms and conditions.

PRINCIPAL'S SIGNATURE _____ DATE _____

PERSONAL INFORMATION COLLECTION STATEMENT

Britam is committed to protecting your personal data. Britam collects, uses, discloses and retains your personal data in accordance with the Data Protection Act 2019 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Britam collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim.

We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim. We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Britam Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Kenya.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Britam's Data Protection Officer ("DPO") (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim. From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Britam's DPO. If you would like to obtain a copy of Chubb's Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Britam manages your personal data, please contact Britam's DPO at:

Data Protection Officer

Britam Tower, Upper Hill, Nairobi, Kenya

Email: info@britam.com

PHOTO SHEET



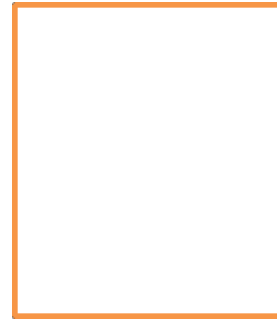
Principal Name.....
Date of Birth
ID Number



Spouse Name
Date of Birth
ID Number



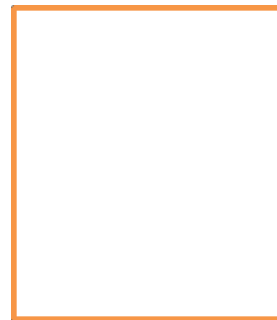
Child's Name.....
Date of Birth



Child's Name
Date of Birth



Child's Name.....
Date of Birth



Child's Name
Date of Birth