

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:

- National ID or Passport for principal member & spouse.
- Proof of schooling for children between 18-24 years old.
- A copy of birth certificates for dependants.
- A copy of (*. indicates a mandatory required field).

1. APPLICANT DETAILS

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 or age.

	Name: (First name, Middle name, Surname/Family name)	Relationship	Date Of Birth						M/F	ID No. /Birth Cert No.
2			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 all dependants to be included in this application in order or age.

	Name: (First name, Middle name, Surname/Family name)	Relationship	Date Of Birth						M/F	ID No. /Birth Cert No.
1			D	D	M	M	Y	Y		
2			D	D	M	M	Y	Y		

2. COVER DETAILS

INPATIENT cover limit (KES): _____

Last Expense benefit of (KES): _____

Family Size (e.g. M+3): _____ Amount Payable (KES): _____

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

If not, explain: _____

Are you or any of the proposed covered dependents currently receiving any long-term medical treatment? Yes No

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

3. DATA PROTECTION

Britam General Insurance (Kenya) Limited respects your privacy and is committed to protecting your personal information and medical data in accordance with Data Protection law and other relevant laws. Personal data may be given to Britam affiliated companies, third party service providers such as hospitals and / or medical providers with relation to setting up, administering your medical policy and claim services provided by us to you. You have a right to access the personal data that is held about you. You also have the right to amend or delete any information we hold about you if you believe that it is inaccurate or out of date.

Marketing Consent

Britam may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I consent to being contacted in this way, for this purpose Yes No

I understand that where I have provided consent, I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

4. DECLARATIONS

I hereby apply to be enrolled in the scheme. I declare to the best of my knowledge and belief that the information given in this application is true and complete. I consent to the Insurance Company seeking information from my doctor, hospital or clinic I have consulted. I consent to the Company to the data being used and stored as per the requirement of any regulation. I understand that the extent of cover if any is determined by policy conditions. It is agreed that this declaration and the information given in this application, shall form the basis of the contract between the Insured Person and the Insurer. Misrepresentation or non-disclosure of any material facts related to my health will result in termination of the policy, disqualification of claims made including non-refund of premium under the policy. I also understand that my cover will only commence once I have paid the full premium and that my membership will only become effective after approval of the application and written confirmation of terms by Britam; notwithstanding the fact that payment may have been received.

I hereby give express, unequivocal, free, specific and informed authority to the Britam and its Affiliates to use and process my/our data pursuant to the terms as set out herein and as further set out in the Britam's Privacy Policy available at

<https://ke.britam.com/privacy-policy>.

I CONFIRM THAT I HAVE FILLED THIS FORM AND IT HAS NOT BEEN FILLED ON MY BEHALF.

Signature of principal member*: _____

Date*: / /