

GROUP LAST EXPENSE APPLICATION

Please fill in attached application form in full (BLOCK letters) and answer all questions

NAME OF COMPANY/GROUP: _____ PIN NO: _____

PROPOSER'S POSTAL ADDRESS: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ MOBILE NUMBER: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ YEAR GROUP/CORPORATE WAS REGISTERED _____

1. NUMBER OF MEMBERS COVERED ON INCEPTION OF SCHEME:

TOTAL NUMBER OF: MAIN MEMBER: _____ SPOUSE: _____ CHILDREN: _____

PARENTS: _____ PARENTS-IN-LAW: _____ SIBLINGS: _____

BENEFIT LIMITS KSHS: _____ TOTAL AMOUNT OF PREMIUM KSHS: _____

Scheme Contacts	Name	Mobile Contact	Email
Intermediary			

Have you ever proposed for a Group last expense cover before? Yes No

If so give detailed information on _____

The Company/Group agrees to submit a schedule of all its members to Britam General Insurance company ltd. A report must also be made of all new members joining the scheme after commencement date.

Please note that no insurance will be effective until:

1. Application has been approved and accepted by the Company.
2. Premium has been paid to Britam General Insurance Company

2. 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 You also have the right to amend or delete any information we hold about you if you believe that it is inaccurate or out of date.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.

3. HEALTH AND GENERAL DECLARATION

We declare that the particulars, information and documents provided herewith are true and accurate to the best of our knowledge. We agree that this declaration shall form the basis of the insurance contract. We further agree to abide by the policy terms, exceptions, conditions and any endorsements and amendments thereon and that we have not withheld any material information.

We also declare and confirm that we shall at all times provide schedule of members who to the best of our knowledge are of good health and shall not at any time expose the insurers to an obvious risk.

Name: _____ **Designation:** _____ **Signature:** _____

Date: / /