

STUDENT PERSONAL ACCIDENT COVER COMMENCEMENT FORM (F10)

1. ORGANIZATION / EMPLOYER INFORMATION

Organization / Employer Name	
Organization KRA PIN	
Organization's Physical Address	
Organization's Postal Address	
Name of Scheme's Contact Person	
Email and Phone Contact	

2. SCHEME DETAILS

Cover Commencement Date	
OPTION- GOLD, SILVER OR BRONZE	
PERIOD (MONTHS) 3,6 OR 12	
Gross Premium	

Scheme Contacts	Name	Mobile Contact	Email
Intermediary			
Britam Executive			

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 You also have the right to amend or delete any information we hold about you if you believe that it is inaccurate or out of date.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

We hereby request that we be approved for coverage under Bima ya Mwananchi Medical cover and hereby accept and agree to be bound by the terms of the Policy. We shall meet our payment obligations under this scheme. The medical cover shall commence on date approved by Britam General Insurance Company (Kenya)Limited.

HR/Authorized Signatory Confirmation:

Name: _____ Signature: _____ Date: / /

OFFICIAL RUBBER STAMP: _____