

### JUBILEE HEALTH INSURANCE LIMITED

#### Head Office:

Jubilee Insurance House, Wabera Street,  
P.O. Box 6694 - 00100 GPO, Nairobi, Kenya  
Tel: +254 20 328 1000  
Call Centre: +254 709 949 000  
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www.jubileeinsurance.com

#### DIRECTIONS:

- Please read carefully and fill out the entire form in BLOCK letters.
  - Kindly complete all questions in full. Incomplete application forms cannot be processed.
- \*Terms and conditions apply.

### SECTION A: DETAILS OF MAIN APPLICANT

**\*All names should be captured as shown in ID/Passport and Birth Certificate for child dependents.**

Surname Other Names

PIN Number ID Number

Date of Birth Gender: Male Female

Mobile Number Email Address

What is your family size?

Occupation

### SECTION B: DEPENDANT (S) DETAILS

To be completed if member's family is applying for Health Insurance.

	First Name	Surname	Date of Birth (DD/MM/YYYY)	ID Card No./Birth Certificate No./Birth Notification No.	Relationship to Member (Spouse/Son/Daughter)
1					
2					
3					
4					
5					

### SECTION C: PARTICULARS OF BENEFICIARY OF LAST EXPENSE COVER

Name in Full

Relationship ID or PP No.

Telephone No. Postal Address

KRA PIN

### SECTION D: HOSPITAL SELECTION

Provider	Benefits	Tick
<b>AVENUE HOSPITAL</b> Founded in 1995, for the purpose of managing the outpatient department at the Hospital, and to extend medical services to corporate clientele through an innovative concept of Managed Healthcare. Branches: 18 Branches countrywide	✓ Inpatient Services ✓ Outpatient Services ✓ Maternity ✓ Dental	
<b>EQUITY AFYA</b> Are a network of franchised medical outpatient centers run by qualified and experienced doctors who have come together to provide high quality, affordable and accessible healthcare to most Kenyans. Branches: 8 Branches Countrywide	✓ Outpatient Services	
<b>OPTICA</b>	Optical Services	

**Note: You can only select 1 hospital provider. If the provider you select does not offer Inpatient services, you will be referred to Avenue Hospital where you will be hospitalized.**

## SECTION E: PLAN DETAILS

Please tick (✓) the plan chosen.

Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Inpatient	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000
Outpatient	Unlimited & Kes. 150,000 for Chronic Conditions	Unlimited & Kes. 150,000 for Chronic Conditions	Unlimited & Kes. 150,000 for Chronic Conditions	Unlimited & Kes. 150,000 for Chronic Conditions	Unlimited & Kes. 150,000 for Chronic Conditions	Unlimited & Kes. 150,000 for Chronic Conditions	Unlimited & Kes. 150,000 for Chronic Conditions
Maternity	Within IP to maximum limit	Within IP to maximum limit	Within IP to maximum limit	Within IP to maximum limit	Within IP to maximum limit	Within IP to maximum limit	Within IP to maximum limit
Last Expense	50,000	50,000	50,000	100,000	100,000	150,000	150,000

**Commencement of cover is subject to issuance of an acceptance letter and receipt of full annual premiums by Jubilee Health Insurance. Premiums should be paid directly to Jubilee Health Insurance by the following means:-**

- Cheque to Jubilee Health Insurance Ltd**
- MPESA payment via Jubilee Health Insurance Paybill NO. 957517**
- Direct Debit to Jubilee Health Insurance bank account at Diamond Trust Bank**

We shall not be liable for any premiums paid to other parties and not received by Jubilee Health Insurance.

## SECTION F: POLICY INFORMATION

Once the policy commences you will receive a policy pack via email which will include:

- Wellness Card
- Welcome Letter confirming the plan and benefits purchased
- Policy document
- List of providers
- A receipt

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**N.B:** Any misrepresentation or non-disclosure of material or factual information will render all benefits granted by Jubilee Insurance null and void. In addition, any claims payment made due to such actions will be recoverable from the policy holder.

## SECTION G: EXCLUSIONS (These are some of the exclusions. For more details, please refer to the policy document available on request)

- Peri-Menopause Menopause, andropause, hormone replacement therapy, age and puberty related treatment.
- Pregnancy, childbirth, maternity benefits, maternity related complications, antenatal or postnatal care, caesarean operation. (Subject to twelve months waiting period)
- Genetic disorders, genetic testing and related conditions.
- Cosmetic or plastic surgery unless necessitated by an accidental injury that occurs while the insured is covered under this contract.
- Beauty treatment or massage, stays in sanatoria, old age homes, places of rest etc.
- Transportation other than a licensed ambulance, as provided for under the inpatient coverage of this contract.
- Hearing tests or cost of hearing aids unless resulting from an accidental injury.
- Nutritional food supplements or replacements and vitamins whether prescribed by a physician or not.
- Navel, Military or air force operations, injury or illness resulting from insurrection, war, civil commotion or an act of terrorism, whether declared or undeclared or as a result of participation in riot and/or strikes.
- Alternative treatment such as herbal, acupuncture treatment, chiropractors etc.
- Expenses resulting from the insured participating in extreme/hazardous sports and activities and/or riding or driving in any kind of race.
- Pain management.
- Intentional self-injury while sane or insane, suicide or attempted suicide, treatment of acute or chronic alcoholism and drug addiction.
- Expenses recoverable under any other insurance such as NHIF, Workmen's Compensation, Personal Accident among others.
- Treatment required as a result of noncompliance, failure or refusal to comply with medical advice.
- Reimbursement claims only applicable once the outpatient credit limit has been reached.
- Contraceptive services and supplies, family planning and fertility treatment e.g. costs of treatment related to infertility and impotence, any injury, illness or disease specified as an exclusion and complications caused by a condition that is excluded.
- Services primarily for weight reduction or treatment of obesity and slimming operations or any care which involves weight reduction as a main method of treatment.
- Epidemics, pandemics or unknown diseases.
- Treatment for consumption of alcohol, drugs, intoxication, dependency on or abuse of alcohol, drugs or any other substance abuse, complications, injury or illness arising directly or indirectly thereof.

## DECLARATION

### General

#### I, the undersigned member:

- 1.1. Hereby apply for myself and my dependents to be registered on The Jubilee insurance Co of Kenya Ltd, Medical policy and have read, understood and agree to abide by the Rules of the policy;
- 1.2. Warrant that the contents of this application and any other documents which may be required in support thereof are true, correct and complete, should there be any change in the state of health or illness suffered by myself or any of my dependents from the date of signing this application form and the date of acceptance of the risk or by the insurer, notification of such change will be provided to the insurer in writing with full details of condition/ailment;
- 1.3. Understand that the statement and answers provided form the basis of the contracts and any breach of my warranty or non-disclosure of any information material to the assessment of this application shall render any contracts to which this application relates null and void and all premiums paid shall be forfeited;
- 1.4. Understand and accept that no benefit will be payable by the policy unless they are satisfied as to the validity of a claim and have received all requirements which they may deem necessary including the results of such medical examinations and tests that they may require me or my dependents to undertake;
- 1.5. Acknowledge and accept that the insurer reserves the right to cancel membership of the policy if any due premium is not paid on the due date; and
- 1.6. Undertake to inform the insurer within 30 days should the situation stated above change.

### Authority

- 2.1. Accepting that I am curtailing my and my dependents' right to privacy but in order to facilitate the assessment of the risks and the consideration of any claim, I irrevocably authorize;
- 2.2. The Insurer to obtain from any person, whom I hereby so authorize and direct to give, any information which the insurer deems necessary,
- 2.3. I further authorize and instruct the insurer and any hospital concerned to give away information relating to myself and my dependents to the insurer for the purpose of ensuring that the members of the policy receive appropriate and necessary medical services while reducing inappropriate care and wastage of medical resources;
- 2.4. I understand and accept that the above authorization constitutes a partial waiver of my and my dependents' right to privacy;
- 2.5. I do hereby authorize the insurer to send the policy document electronically to the email address provided in this application form.

#### I declare that:

- 3.1. My dependents(s) is/are residing with me,
- 3.2. I am liable for his/her family care,
- 3.3. The dependent(s) is/are my immediate family (Must be a blood relative), i.e. member, spouse or child
- 3.4. I undertake to repay the insurer any amount by which claims paid out exceed benefits covered.

Signature of Member

Date DD/MM/YYYY

## INTERMEDIARY/BROKER DETAILS

Full Name of Intermediary

Trading as

Tel

PIN No

Email

### Intermediary Declaration

I hereby declare that I explained the benefits of this application and that the applicant is aware of the membership policy, terms and conditions of Jubilee Insurance Company of Kenya Limited.

Signature of Intermediary

Date DD/MM/YYYY

Unit Manager's Names (where applicable)

BDM's Name (where applicable)