



# LIFESTYLE MANAGEMENT PROGRAM APPLICATION FORM

## JUBILEE HEALTH INSURANCE LIMITED

### Head Office:

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[www.jubileeinurance.com](http://www.jubileeinurance.com)

### DIRECTIONS:

Please read carefully and fill out the entire form.

1. This form must be completely and legibly filled out in **BLOCK** letters.

**\* Terms and Conditions apply.**

Thank you for showing interest in the Jubilee Health Insurance Lifestyle Management Program. This is a multilevel intervention that involves evidence-based care pathways with selected hospitals, doctors and facilities, lifestyle management and behavioral health. The program offers quality, timely and affordable services with an aim of improving your quality of life.

To enroll, please complete the form and submit to [wellness@jubileekenya.com](mailto:wellness@jubileekenya.com)

First Name:

Middle Name:

Last Name:

Member Number:

Scheme/Individual:

Mobile Number:

Email Address:

Diagnosis:

How long have you had the condition?

Are you seeing a specialist? If yes, please provide details:    Yes    No

Are you on medication:    Yes    No

Preferred address for drug delivery (Building, Floor, Street, Area, Town etc.):

Kindly tick if you would like to receive the below services from us (you can pick all):

Text/phone call reminder for appointments

Receive e-shots on disease information

Refill reminders

Lifestyle intervention

CUSTOMER SIGNATURE

DATE