Britam
With you every step of the way

AfyaTele

MEMBERSHIP APPLICATION FORM

Please complete in full (BLOCK letters) and attach:

1. A copy of National ID or Passport for principal member & spouse.
2. Birth Certificates for children.
3. Proof of schooling for children between 18-24 years old.
4. Stick passport size photograph on the photo sheet provided.

(*. indicates a mandatory required field).

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:	POSTAL PIN:

ENTER BELOW DETAILS OF ALL DEPENDANTS TO BE INCLUDED IN THIS APPLICATION IN ORDER OF 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		

ENTER BELOW DETAILS OF BENEFICIARIES TO BE INCLUDED IN THIS APPLICATION IN ORDER OF PRIORITY.

	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		

AFYATELE ANNUAL COVER BENEFIT

With **IN/OUTPATIENT** benefit: ☐ With **INPATIENT ONLY** benefit: ☐

INPATIENT cover limit: (Kshs)________________ **OUTPATIENT** cover limit: (Kshs) ________________

Last Expense benefit of :(Kshs)________________________ for each covered member

Family Size (e.g) M+3)________________ Amount Payable: (Kshs) ________________

Are you and your family (named above) members of NHIF? Yes ☐ No ☐

If yes, give NHIF Card No: ________________________

Have you or your family members, currently or ever been members of any Medical Insurance Provider?

Yes ☐ No ☐ If yes, give Company Name: ________________________

Britam
With you every step of the way

AfyaTele

ADMISSION PROCEDURES

Admission will only be within the appointed hospital (per the schedule) except in emergency cases.
Only accidental cases will be admissible.
Cover has a **1 year waiting period for Surgery** and **9 months waiting period for Maternity**.

In case of hospitalization, please ensure that you:

I. Communicate emergency and urgent admissions within **twelve (12) hours** of admission by phone to the medical helpline indicated on your photo card.
II. Provide medical reports and other requested information within **twenty-one (21) days** of receipt of the request.

The company shall:-

I. Provide letter of undertaking prior to admission or elective/planned conditions, cases or procedures.
II. Provide written authorization prior to transfer of a member from one hospital to another.
III. Communicate authorization or declinature immediately.
IV. Pay claims exclusive of all NHIF COSTS.

Are you and the proposed covered dependants in good health? Yes ☐ No ☐
If not, explain
Are you or any of the proposed covered dependants currently receiving any long term medical treatment? Y/N
If so, please give condition and duration of treatment: ______________________________

HEALTH DECLARATION: I declare that this information is true to the best of my knowledge and belief. Any misrepresentation may invalidate the contract.

DECLARATION: I understand and agree in particular that this application is subject to policy terms and conditions

PRINCIPAL'S SIGNATURE ______________________________ DATE ______________________________

FOR OFFICIAL USE

Introduced to AFYATELE by: ____________________ Signature ____________________ Date: ____________

Sales Manager Name: ____________________ Signature ____________________ Date: ____________

Britam FA/IFA **Debit No:** ______________________________

FOR OFFICIAL USE-INSURANCE

Gross Annual Premium payable: Kshs: ______________________________

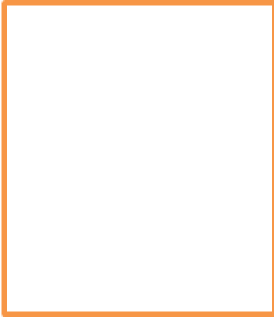
Intermediary Name: ____________________ Signature ____________________ Date: ____________

Underwriter Name: ____________________ Signature ____________________ Date: ____________

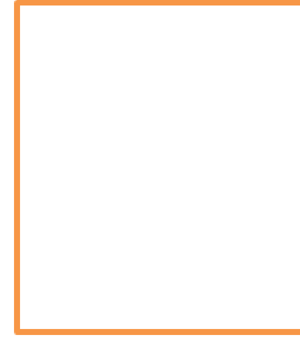
Britam
With you every step of the way

AfyaTele

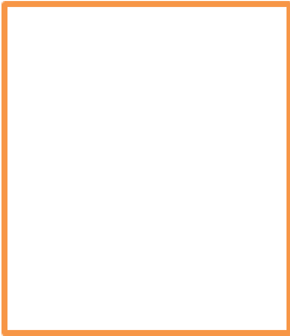
PHOTO SHEET



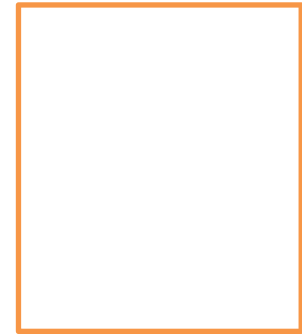
Employee Name……………………..
Date of Birth ………………………
ID Number ………………………..



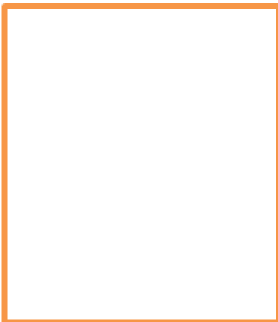
Spouse Name ……………………………
Date of Birth ……………………………
ID Number ………………………..



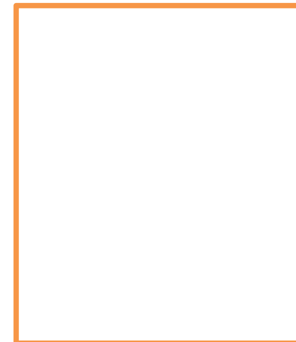
Child's Name……………………..
Date of Birth ………………………



Child's Name ……………………………
Date of Birth ……………………………



Child's Name……………………..
Date of Birth ………………………



Child's Name ……………………………
Date of Birth ……………………………