Kuscco Mutual Assurance
Your life assured

KUSCCO Centre, Kilimanjaro Avenue, Upper Hill, 1st Floor
P. O. Box 28403 - 00200, Nairobi Kenya
Phone: (020) 4400019 Fax: (020) 2721274
e-mail: info@kmal.co.ke | Website: www.kusccomutual.co.ke

LIFE ASSURANCE PROPOSAL FORM

1. THE PROPOSER

Name of the person electing the assurance is to be effected (IN CAPITAL LETTERS):

Title *First Name* *Middle Name(s)* *Surname*

Address: P. O. Box: Town: Postal code:

Tel/cell: Relationship to the life assured:

Payroll No: KRA PIN:

Annual Income: National ID. No.:

(Attach copies of the National ID Card, KRA PIN, Huduma No.)

2. LIFE TO BE ASSURED

Name of the person whose life is proposed for assurance (IN CAPITAL LETTERS):

Title *First Name* *Middle Name(s)* *Surname*

Address *(home)*: P. O. Box: Town: Postal code: Cell:

Address *(work)*: P. O. Box: Town: Postal code: Tel:

Nature of Occupation: Name of Employer, if any:

Identification type: Identification number:

(Attach copies of the National ID Card, KRA PIN, Huduma No.)

3. DETAILS OF THE PLAN

Type and Class of Policy: Policy Term (Years): Date of Commencement:

	Sum Assured (Kes.):	Premium (Kes.):
Basic Sum Assured:		
Riders *(optional)*:		
Accidental Death Benefit:		
Last Expense:		
Permanent Disability:		
Critical Illness:		
PCF Levy:		

Business introducer: Worksite?: *Yes:* *No:* if Yes, Name: Date:

Signature of Life to be assured:

4. a). PREMIUM PAYMENT METHODS (& CURRENCY)

FREQUENCY:

- ☐ Annual
- ☐ Semi - Annual
- ☐ Quarterly
- ☐ Monthly
- ☐ _____ Other

(Please tick/state as appropriate)

Amount (Kes.): _____ Plus Rider: _____

Banker's Order: ☐ Direct Debit: ☐ *(Please tick the preferred pay mode)*

Bank: _____ A/c Name: _____

A/c.No: _____

If Salary Deduction: Employer: _____ Payroll No: _____

Total Initial Premium Paid with the Proposal Kes.: _____ Mode of payment: _____

Cash / Cheque / Other (Specify)

b). BANK DETAILS FOR CLAIM / BENEFIT PAYMENTS

Any payment due under the policy will be made to this stated bank a/c and any change must be done in writing at any of our branches.

Bank: _____ Branch: _____ A/c. No: _____

5. HEALTH QUESTIONS FOR LIFE TO BE ASSURED

Are there any unusually hazardous circumstances which might affect this assurance (for example, change in the exact nature of occupation, dangerous sports, student pilot, service in the armed forces, racing, aviation other than a fare paying passenger on a scheduled airline, underwater diving, parachuting)?

If so, Please give details: _____

6. a) Has a proposal on your life ever been made to this or any other company? If so, which company or companies and which respective dates?

a) _____

_____

_____ Date: _____

b) Has a proposal on your life ever been declined, postponed, withdrawn or accepted on special terms? If so, which company or companies?

b) _____

_____

_____ Date: _____

c) Is your life now being proposed for life assurance elsewhere? If so, which company or companies?

c) _____

_____

_____ Date: _____

d) Type of policy/policies

d) _____

_____

7. a) Name and address of your usual Medical Attendant (or Doctor who knows you through attendance on your family)

a) Name: _____

Address/Tel: _____

_____

b) When and why was the Doctor last consulted?

b) Consultation details: _____

_____

c) Are you taking treatment or medication of any kind?

c) Medication details: _____

_____

Signature of Life to be assured: _____

8. HEALTH ASSESSMENT

Are you now in all respects, in good health?

Yes: ☐ No: ☐ *(Please tick as appropriate)*

What is your height and weight?

Height: ☐ ft ☐ inches

Weight: ☐ kg

Have you lost/gained weight in the last 2 months?

Yes: ☐ No: ☐ *(Please tick as appropriate)*

If yes, state amount and reasons for gain/loss

_____

9. HAVE YOU EVER SUFFERED FROM:

	Date:	Illness:	Duration:
a) Any illness, accident or disease during the last five years for which you required medical attention? ***If so, please give details.***			
b) Any illness, accident or disease more than five years ago, which lasted for more than one month? ***If so, please give details.***			

10. Are you likely to travel, in any motor vehicle/aircraft/train more than 2,000 kilometers in any month?

If so, Please give details: _____

11. PAST ILLNESS AND DISEASE

Have you suffered from, had symptoms of or been told you had:

Heart trouble or any other disease of chest or respiratory organs — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Urinary trouble e.g. Kidney or Bladder disease, gonorrhea, syphilis etc. — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Malaria, Blackwater Fever or other tropical disease — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Tuberculosis — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Any other diseases: _____

_____

NOTE: Details to include dates of attack, duration and treatment received.

12.

Have you ever had:

Unexplained recurrent or persistent fever or skin disorder — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Unexplained, persistent night sweats? — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Unexplained weight loss? — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Unexplained infection or swollen glands? — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Chronic or recurrent Diarrhoea? — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Persistent Cough? — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

Hepatitis B or Sexually transmitted diseases, including Yes / No genital sores or discharge. — Yes: ☐ No: ☐

If yes, Please give details: _____

_____ *(Please tick as appropriate)*

If any of the above have been answered "YES", please give details of attacks, name of the doctor(s) consulted and hospitals visited plus the results.

Signature of Life to be assured: _____

13. Do you use tobacco and other habit forming drugs? Yes: ☐ No: ☐ *(Please tick as appropriate)*	If Yes, State type and average daily use
14. Do you consume alcohol? Yes: ☐ No: ☐ *(Please tick as appropriate)*	If Yes, State daily consumption and if you are being treated for alcoholism?
15. Have you ever had or been advised to have a blood test for AIDS or AIDS related condition or immunological disorder? Yes: ☐ No: ☐ *(Please tick as appropriate)*	If Yes, give details
16. Have you ever been refused as a blood donor? Yes: ☐ No: ☐ *(Please tick as appropriate)*	If Yes, give details
17. Has any member of your family ever suffered from and/or died of diabetes, heart disease, mental illness or cancer of any sort? Yes: ☐ No: ☐ *(Please tick as appropriate)*	If Yes, explain
18. Have you ever had an X-ray, electrocardiogram and any other serious medical tests? Yes: ☐ No: ☐ *(Please tick as appropriate)*	If Yes, explain
19. FOR FEMALES ONLY Are you now pregnant? Yes: ☐ No: ☐ *(Please tick as appropriate)*	If Yes, give number of weeks

ADDITIONAL INFORMATION

BENEFICIARY DESIGNATIONS:

	Beneficiary Name(s):	Relationship:	D.O.B.:	Address:	Telephone/cellphone:
1.					
2.					
3.					
4.					
5.					

(Attach copies of the National ID Card, KRA PIN, Huduma No.)

Signature of Life to be assured: _____

INSURANCE(S) IN FORCE AND PENDING ISSUE?

Name of Company:	Type of Cover:	Year Issued/Pending:	Amount of Cover:	Monthly Annual/Premium:

SPECIAL INSTRUCTIONS FROM APPLICANT: _____

_____

_____

_____

DECLARATIONS AND AUTHORISATIONS:

It is hereby declared and agreed that;

1. This application for insurance is hereby made to **KUSCCO MUTUAL ASSURANCE COMPANY LIMITED** which is duly authorized to transact insurance business in Kenya
2. The answers in this application are complete and true.
3. The statements made m this application and in any other documentation submitted in connection with this application form the basis of the policy applied for and shall constitute all representations made as a basis for the said policy.
4. No agent has the authority to waive a question in the application, modify the application or bind the Company by making any promise or representation or by giving or receiving any information.
5. Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, release information in its file to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.
6. **KUSCCO MUTUAL ASSURANCE LIMITED'S PREFERRED** modes of premium payments are **Banker's Order**, **Direct Debit**, **Credit Debit /Card**, **Salary Deductions by Employer** or **M-PESA** Via Paybill No. _____ Should it be inevitable that cash mode is used you must deposit it into our _____ Bank account. The deposit slip should be submitted to any of our cashiers for official receipting.

I/WE, ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTOOD THESE DECLARATIONS

DATED AT: _____ this: _____ day of: _____ 20 _____

SIGNATURE OF THE PROPOSER: _____

SIGNATURE OF LIFE TO BE ASSURED: _____

Signature of Life to be assured: _____

FOR COMPANY USE ONLY:

INTERMEDIARY/BROKER/MOE REPORT

a) Proposal No.: _____ Plan Name: _____ Plan Code: _____

Branch: _____ Unit: _____ Satellite: _____

b) Name (in Block Letters) of the person whose life is proposed for assurance:

Forename(s): _____ Surname: _____ (MR/MRS/MISS/MS)

i) **BROKER/AGENT/AAO**

NAME:	CODE:	1ST PREMIUM RECEIVED WITH APPLICATION	PROOF OF PAYMENT	COMMISSION %

ii) **MOE/TLA**

NAME:	CODE:	1ST PREMIUM RECEIVED WITH APPLICATION	PROOF OF PAYMENT	COMMISSION %

iii) Is this a new cover or is it replacing/topping-up an existing one? Yes: ☐ No: ☐ *(Please tick as appropriate)*

Explain: _____

Any riders purchased? Yes: ☐ No: ☐ *(Please tick as appropriate)*

Qualify: _____

DETAILS OF COMPANY'S SALES REPRESENTATIVE:

LIFE AGENT/UNIT LEADER'S NAME: _____

Signature: _____ Date: _____

BRANCH/UNIT:

UNIT LEADER'S NAME: _____ Date: _____

UNDERWRITTEN BY:

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

OTHER OBSERVATIONS FROM THE UNDERWRITER:

Eg. 1. Additional Rating: _____

2. Financial Underwriting: _____

3. Medical Underwriting: _____

4. Needs Analysis: _____

Underwriter's Name: _____ Underwriter's Sign: _____ Date: _____

Signature of Life to be assured: _____

RESIDENTIAL ADDRESS FORM:

(This form should be filled only where a utility Bill - Water, Telephone. and Electricity -is not available)

To: **KUSCCO MUTUAL ASSURANCE LTD.**
1ST FLOOR, KUSCCO CENTRE,
KILIMANJARO AVENUE; MARA ROAD,
P. O. BOX 28403-00200 NAIROBI -
KENYA.

Dear Sir/Madam,

I hereby declare that the below facts are accurate descriptions of my residential address. I further confirm that this FORM has been provided as I do not have any utility bill in my name that may be used to verify my current residential address.

Applicant's Full Names: _____

Land Registration (l.R) Number: _____

Estate: _____

House Number: _____

Road: _____

Town/Area: _____

Applicant's Signature: _____

Date: _____

Witness by:

TLA/UNIT LEADER/AGENT/BROKER Name: _____

TLA/0.0.UNIT LEADER/AGENT/BROKER Signature: _____

DATED AT: _____ this: _____ day of: _____ 20 _____