You're in control

Individual and Family Application Form

MPESA PAYBILL NO: 333200

AAR Insurance

Details of the Proposer

Name: _____ (First Name) _____ (Middle Name) _____ (Last Name) Nationality: _____

Postal Address: _____ Postal Code: _____ Town: _____

Telephone No. (Office): _____ Mobile No: _____

Marital Status: _____ Email Address: _____

PIN No.: _____ ID No. / Passport number: _____

(Attach Copy Of Each)

Current permanent address & physical / residential address: _____

Are you Employed? Yes ☐ No ☐ or Self Employed? Yes ☐ No ☐

If employed, state your current employer: _____

Occupation: _____

Source of Income / Wealth:

- ☐ Salary
- ☐ Business Proceeds
- ☐ Pension *(Recipient of Annuity)*
- ☐ Rent *(Real Estate)*
- ☐ Legal Settlement
- ☐ Royalties
- ☐ Inheritance
- ☐ Donations
- ☐ Winnings *(Lottery/ Casino/Bettings)*
- ☐ Savings
- ☐ Sale of Investment
- ☐ Sale of Property
- ☐ Non-Income generating dependant
- ☐ Other (please specify) _____

Dependants Details

Enter details of the spouse (01) and all dependants to be included in the application for membership in order of age (descending) where applicable

Category	Surname	First Name	Middle Name	Gender M F	Date of Birth D D M M Y Y Y Y	Height (Cm)	Weight (Kg)
00 Principal				☐ ☐			
01 Spouse				☐ ☐			
02 Dependant				☐ ☐			
03 Dependant				☐ ☐			
04 Dependant				☐ ☐			
05 Dependant				☐ ☐			

Next of Kin Details

Name: _____ ID: _____ Relationship: _____ Phone Number: _____

Beneficiary Details

Name: _____ ID: _____ Relationship: _____ Phone Number: _____

AAR Insurance

Cover Options

							Scope
Inpatient Cover Options (Tick Option)	250,000 ☐	500,000 ☐	750,000 ☐	1M ☐	1.25M ☐	1.5M ☐	Per Family ☐
Inpatient Cover Options (Tick Option)	2M ☐	3M ☐	4M ☐	5M ☐			Per person ☐

Name of current/previous health insurer and the expiry date: _____

Previous Membership Number: _____

Have you or any of you dependants ever been declined or premium loaded by any health insurer?: ☐ Yes ☐ No

State which one: _____

Confidential Medical History

All known medical conditions must be declared at inception of the policy and at any time during the currency of the policy period when the member becomes aware of it. The policy will pay for any claims from known conditions that have been disclosed. Take note of waiting periods to apply.

1. Have you or any of your dependants ever been hospitalized or sought any medical assistance? ☐ Yes ☑ No
   If yes, please provide details of the medical condtion.

	Medical Condition	**Comment**
a)	_____	_____
b)	_____	_____
c)	_____	_____

2. Have you been on /are you on any regular medication.
   If yes, give details of the medical condition(s) and the type of medication.

	Medical Condition	**Comment**
a)	_____	_____
b)	_____	_____
c)	_____	_____

3. Is any medical condition known to exist in respect of yourself or any of your dependants which may necessitate treatment now or in future? If so, please give all the details.

   _____

4. Please specify if any of the persons proposed to be covered in this application suffers from any physical infirmities, physical defects or allergies.

   _____

5. Do you have family/ regular doctor?
   If yes, please provide details.
   Doctor's Name: _____
   Contacts: _____

Please provide further details that may have not been provided in the questions above.

Additional Comments:

AAR Insurance

Declaration

IMPORTANT: The following in conjunction with the policy document of the membership constitutes the contract with AAR Insurance, sign below, unless anything is not clear in which case kindly seek further advice. Note that all reference to the singular includes the case dependants, all those under 18 years. The policy holder must sign the declaration on his/her own behalf and on behalf of all other dependants under 18 years.

i). I declare that all those persons named in the application form are members of my immediate family for whose membership I am responsible.

ii). I am applying for the service combination of AAR membership as marked on the first page.

iii). My country of residence is within the territory as declared in this application form and I will inform if it ceases to be so.

iv). I have declared all material facts whether or not asked, i understand that AAR has reserved the right to reject my application or terminate membership at the end of any benefit year without divulging any reason for doing so. I agree to notify AAR on any subsequent changes in my medical condition and understand that such changes may cause AAR to modify or discontinue my membership. I understand and agree in particular that:

a). I become a Member from my commencement date and understand that if membership is not renewed my membership shall be terminated and I shall reapply for membership and shall be treated as a new member.

Renewals shall be effected upon receipt by AAR of written confirmation with the appropriate premium payment from the member. Failure to renew before the end of the benefit year, the member shall forfeit his policy cover and submit and execute a new membership and shall be treated as a new member application form. The member shall forfeit his no claim discount.

b). If I am a new member, AAR does not pay any costs of hospital admission for illness, nor for related Rescue and Evacuation, during the first 7 days of membership. A similar restriction applies in respect of the additional benefits available on upgrading my service combination for 7 days from the appropriate date of upgrading. Additionally , AAR does not pay any cost of hospital admissions for pre-existing, chronic conditions , non accident related suregries, maternity or fertility treatments during the first 10 months of cover.

c). AAR will only provide service outside my country of residence during the first 45 days of absence from country of residence in any one visit.

d). If I travel out of my geographical region I must notify AAR at least 48 hours before my date of travel.

e). I must arrange my scheduled hospitalization with AAR at least 48 hours prior to admission, and in the event of an emergency I must contact AAR within 24 hours of admission. Once AAR has agreed, they will provide medical services directly and will not reimburse me for any medical bill paid by me or on my behalf.

f). Any misrepresentation, fraudulent act, false statement or non disclosure of material in this application form will render my membership invalid, and I will then forfeit my membership fees and be liable to refund to AAR on demand all cost incurred by it in connection with rescue, evacuation, hospitalization or other services provided by it.

g). AAR has the sole discretion in all cases to decide which doctor from its panel of doctors, hospitalsor rescue facilities should be used in any particular case. Where a member insists on using a doctor, hospital or rescue facility outside the choice of AAR, AAR should only be liableto cover the costs chargeable by its panel doctors, hospital or facility of choice.

h). I will only be entitled to benefits from the commencement date and subject to the cover limits of the selected combination.

i). AAR will not refund any premium unless I wish to cancel my membership within 30 days of my initial commencement date. In that case I may apply for a refund provided no service have been rendered by AAR on my behalf.

j). I understand that I maybe required to declare any conditions that I/my family maybe currently undergoing and AAR may use the same information to tailor a wellness program aimed at improving the quality of service provided by AAR.

k). I understand that if my membership is not renewed on or before the expiry date this contract shall be deemed to have been terminated. I further understand in renegotiating a new contract, AAR may at its discretion require my fulfilment of new conditions to join including but not limited to medical examination and AAR's decision thereon and revised membership fees.

l). I hereby consent to AAR contacting my doctor or medical information about me and I hereby authorize such doctor or institution to make full disclosure of such information to AAR or its advisers, and to provide access to my complete medical and hospital records whenever required.

AAR Insurance

Privacy Policy

Welcome to AAR Insurance Limited ("AAR") Privacy Notice. AAR is committed to ensuring that your Personal Data is collected and used lawfully and transparently. We process your personal information according to the provisions of the Data Protection Act, 2019, and its supporting Regulations.

1. **Scope of this privacy notice**
   This privacy notice applies to anyone who interacts with us through our products and services ("you," "your") in any way.

2. **How we collect your personal data**
   We collect personal data directly from you by email or hardcopy documents or indirectly through third parties who act on our behalf (e.g., agents, brokers, or your employer) or whose assistance is necessary for the purposes of offering our products and services to you.

3. **What Categories of personal data do we process about you and/or your dependents?**
   Biodata, contact data, identification information, location data, financial information, employment data, sensitive personal data such as health data, children's data, and biometric data.

4. **How do we use your personal data?**
   To provide you with information on our products and services; process your premium and other payments; carry out market research, statistical analysis and customer profiling; improve quality of our products and services; and comply with our legal obligations among others.

5. **Lawful grounds for processing your personal data**
   We process your personal data on the following legal bases: consent, performance of a contractual obligation, compliance with our legal obligations, our legitimate interests, for vital interests, and for historical, statistical, journalistic, literature and art or scientific research.

6. **You have the following rights over your data**
   Right to information, to access, rectification, erasure, restriction, objection, data portability, and the right not to be subject to automated decisions.

7. **Whom do we share your information with?**
   AAR may share your personal information with appropriate personnel within AAR, third-party service providers including but not limited to cloud system service providers, intermediaries, consultants, lawyers, assessors, investigators, doctors and auditors. We share data on a need-to-know basis and under clear contractual terms.

8. **International transfer of personal data.**
   AAR stores your personal information on cloud systems whose servers may be located outside Kenya and has put in place appropriate safeguards to protect the personal data.

9. **How do we protect your information?**
   AAR has put in place appropriate technical, physical, legal and organizational measures to safeguard your data consistent with applicable privacy laws and its own internal policies.

10. **How long do we keep your information?**
    AAR keeps your personal information in line with the retention periods required by law and our data retention and disposal policy.

11. **Where should you direct your privacy complaints?**
    For any questions or complaints visit any of our offices or email to privacy@aar.co.ke.

I consent to my phone and email contacts being used to receive:

1. Communication related to my policy. ☐
2. Company communication and marketing information. ☐

Signature of Policy Holder: _____ Date: _____

I have appointed: ANZIANO INSURANCE AGENCY - 130/00019 to be my Agent/Broker for this policy.

Kenya

Head Office:

Real Towers, Ground Floor,
Hospital Road, Upper Hill.
P.O. Box 41766 – 00100, Nairobi.
Tel: +254 020 2895000
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+254 730 633000,

Nakuru Branch:

Giddo Plaza, Ground Floor,
George Morara Rd,
off Nakuru – Eldoret Highway.
Tel: +254 051 2215599
+254 051 2216739
Cell: +254 731 669915

Eldoret Branch:

Zion Mall, 2nd Floor,
Wing D, Eldoret.
Cell: +254 731 945772

Nyeri Branch:

Rupshi Chambers, 2nd Floor,
Kimathi Way.
Cell: +254 703 063900

Malindi Branch:

StanChart Arcade, Ground Floor,
Off Lamu Road, Malindi.
Cell: +254 731 191072

Kisumu Branch:

Al Imran Plaza, 2nd Floor,
Oginga Odinga Street.
Cell: +254 731 191069

Naivasha Branch:

Eagle Centre, 1st Floor,
Mbaria Kanio.
Cell: +254 731 466367

Mombasa Branch:

Imara Building, 4th Floor,
Dedan Kimathi Avenue, Mombasa.
Cell: +254 731 191066

Kakamega Branch:

Mega Mall, 2nd Floor,
Webuye Road,
Opposite Muliro Gardens.
Tel: +254 056 2031796
Cell: +254 733 200208

Thika Branch:

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