

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
Email: talk2ushealth@jubileekeny.com
www.jubileeinsurance.com

DIRECTIONS:

Please answer all questions in **BLOCK** letters.

- Kindly complete all questions in full. Incomplete application forms cannot be processed.

1. DETAILS OF MAIN APPLICANT

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

Surname:	<input type="text"/>	Title:	<input type="text"/>
Other Names:	<input type="text"/>	PIN No.:	<input type="text"/>
ID No.:	<input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status:	<input type="text"/>	NHIF No.:	<input type="text"/>
Date of Birth:	<input type="text" value="DD/MM/YYYY"/>	Employer Name:	<input type="text" value="If applicable"/>
Occupation:	<input type="text"/>	Nationality:	<input type="text"/>
Postal Address:	<input type="text"/>	Home Address:	<input type="text"/>
Mobile No.:	<input type="text"/>	Office Phone:	<input type="text"/>
		Email:	<input type="text"/>

PARTICULARS OF BENEFICIARY OF LAST EXPENSE COVER

Name in Full:	<input type="text"/>		
Relationship:	<input type="text"/>	ID or PP No.:	<input type="text"/>
Mobile No.:	<input type="text"/>	Postal Address:	<input type="text"/>

DEPENDANT(S) DETAILS

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

	Name in full	Date of birth (day/month/year)	Identity card no. / Birth certificate no. / Birth notification no.	+Blood Group	Relationship to member
1.					
2.					
3.					
4.					
5.					

2. PLAN DETAILS

Please tick (✓) the plan chosen

	A		B		C	
Annual Inpatient Limit	250,000	(Tick ✓)	350,000	(Tick ✓)	500,000	(Tick ✓)
Individual Rate/ Annual	6,200		8,100		11,400	
Family Rate/ Annual (upto M+4)	12,600		15,100		19,600	

3. PREMIUM FOR AN ADDITIONAL CHILD/DEPENDANT

Please tick (✓) the plan chosen

Number of Children	A (250,000)	(Tick ✓)	B (350,000)	(Tick ✓)	C (500,000)	(Tick ✓)
	1,250		1,275		1,340	

The above rates do not include 0.45% (Training levy & policyholders funds) and Stamp Duty (Kes. 40).

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

1. Cheque to Jubilee Health Insurance Limited
2. MPESA payment via Jubilee Insurance Paybill NO. **7195247**
3. Direct Debit to Jubilee Insurance bank account at Diamond Trust Bank ACC NO. **0541505001**; CITI BANK ACC NO. **0100039028**, NCBA Bank ACC NO. **4870590015** and Equity Bank ACC NO. **1600280036534**

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

4. JUBILEE HEALTH INSURANCE CONSENT

Jubilee Health Insurance Ltd ("Jubilee Health/The Company/We/us") respects the privacy and protects the personal and sensitive personal data of its prospective and existing clients and complies with the Data Protection Act, 2019 and the Data Protection Regulations.

The personal and sensitive data requested will be used for the provision of quotations, administration of, and/or other service relating to the medical insurance policy, you are seeking to place with Jubilee Health or already have with us. All the information you have provided on this application (and any additional supporting pages) will only be used for lawful purposes and treated in accordance with the requirement of the Data Protection Act and its Regulations.

Your personal/sensitive personal data will be shared with our contracted third-party service providers (Data Processors and Sub-Processors) for the purpose of providing services related specifically to the policy you are seeking or having in place with us. We may also be required to provide this information to Regulators, the Government or any other institution or organization, for lawful or statutory purposes.

Personal and Sensitive Personal Data may be transferred outside Kenya through cross border transfer of data, and in line with this, further consent is hereby sought from you for this purpose. Appropriate data protection safeguards will be put in place regarding the data transferred. Cross border transfer of personal and personal sensitive data refers to the transfer of such data outside Kenya for the performance or conclusion of a contract; implementation of pre-contractual measures at a data subject's request; or for any matter of public interest, or the establishment, exercise or defence of a legal claim, or the purpose of compelling legitimate interests pursued by the Data Controller or Data Processor which do not override the interests, rights and freedoms of the data subject. The transfer of data cross border may also occur in circumstances Jubilee Health utilizes the services of a third-party service provider with regard to the storage of personal data.

Under the conditions defined by the Data Protection Act 2019 and Data Protection Regulations, you have the right to: -

- iv. Access your personal data and information on the processing (processing purposes, categories of personal data concerned, recipients to whom your personal data has been or will be communicated and the retention period. To find out how long we will keep your data, please refer to our Privacy Notice at <https://jubileeinsurance.com/ke/privacy-policy/>
- vi. Access, rectification and/or have your personal data erased.
- vii. Receive the personal data provided to Jubilee Health in a structured, commonly used and legible format; This shall be done free of charge by writing to the Data Protection Officer at: Jubilee Health Insurance Limited, Jubilee House, Wabera Street, Nairobi, Kenya, or by e-mailing privacy@jubileekenya.com
- ix. Oppose, for legitimate reasons, the processing and use of your personal data.
- x. Request us to transfer your personal data to another Data Controller.
- xi. Lodge a complaint with us at privacy@jubileekenya.com
- xii. At any time, change your personal data and revoke your consent for the retention. You have the right to appoint a third party to whom your data may be communicated to after your death. You agree to inform the third party of their appointment.
- xiii. Withdraw your consent to the processing activities at any time which may affect the services we provide to you or may stop us from being able to assist you.

We reserve the right to not send you or delete your personal data in some circumstances - if we do, we will write to you setting out the reasons why, as detailed in Regulation 12(4) (b) and Regulation 12 (4) (e) of the Data Protection (General) Regulations, 2021. We request your explicit consent for the processing of your personal and sensitive personal data as outlined above. Without this consent Jubilee Health will not be in a position to handle your data, provide the quote(s) or services you are seeking.

The consent below needs to be completed by you as the policy holder. This consent will be valid for the entire duration of the policy, unless it is changed or revoke at any time. Where the policy requires provision of personal and sensitive personal data of a dependent(s)_ (spouse, child, sibling, parents), who are over 18 years of age, the consent you sign below will be deemed to be specific consent that has been given on their behalf.

A parent or guardian should complete the consent for any member that is under the age of eighteen (18). If you accept the above, please sign, date and check the "I consent" box below:

I consent I do not consent

Name: Name:
Signature: Signature:
Date: Date:

From time to time, we would like to be able to advise you of other Jubilee Health insurance product which may be of interest to you. We would also want to share your personal data with other Jubilee entities such as Jubilee Life Insurance Limited, Jubilee Financial Services Limited and Jubilee Holdings Limited to enable them to offer you other services, products and improve our service propositions. The personal data shared will be processed lawfully by the other companies. If you accept to receive marketing information regarding Jubilee Health and the other Jubilee Insurance entities, please complete and sign the specific consent below.

I consent I do not consent

Name: Name:
Signature: Signature:
Date: Date:

5. DECLARATION OF MAIN MEMBER

I, on behalf of myself and the members of my family proposed for insurance, hereby declare that I have not withheld or misstated any particular material fact. I understand that any misstatement or non disclosure of any material information in this form will jeopardize my membership. I hereby authorise the hospitals/medical practitioners who have treated me or any of my dependants to disclose to Jubilee Health Insurance Limited or their representative the records relating to such current or previous hospitalisation/medical treatment and allow Jubilee Health Insurance Limited to receive extracts from such records and undertake to assist in obtaining such information.

Signature of Member: Date:

6. INTERMEDIARY/BROKER DECLARATION

Full name of intermediary
Trading as: Tel:
Pin No.: Email:

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

Signature of Intermediary: Date:

ANZIAND INSURANCE AGENCY
Tel: 020 490 691
info@anzianinsurancesagency.co.ke
P.O. Box 197 - 00600, NAIROBI

Unit Manager's Names:

BDM's Name:

Jubilee

HEALTH INSURANCE

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Jubilee Health Insurance Limited is regulated by Insurance Regulatory Authority (IRA).