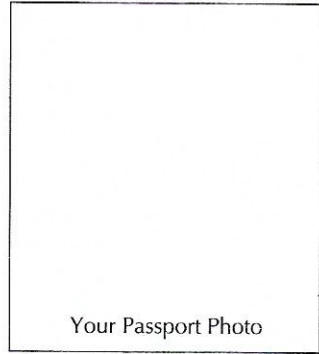


Corporate Application Form

(For membership to be considered this declaration must be completed in full and all questions answered)

For Official Use

Membership No:	
Serial No:	29328



Principal Member Details

Name Of Company: _____

Surname: _____ First Name: _____ Middle Name: _____

Date Of Birth: _____ Gender: _____

Marital Status: _____ Occupation: _____ NHIF No. _____

ID/Passport No. _____ KRA Pin No. _____

P.O Box: _____ Postal Code: _____

Town: _____ Email: _____

Physical Address: _____ Mobile: _____

Dependants Details

ENTER DETAILS OF THE DEPENDANTS BELOW IN ORDER OF AGE (DESCENDING) WHERE APPLICABLE

Category	Surname	First Name	Middle Name	Gender		Date Of Birth								Relationship	
				M	F	D	D	M	M	Y	Y	Y	Y		
01 Spouse															
02 Dependant															
03 Dependant															
04 Dependant															
05 Dependant															
06 Dependant															
07 Dependant															
08 Dependant															
09 Dependant															

Next Of Kin Details

Name	
ID	
Relationship	
Phone Number	

Name of Previous health insurer and the expiry date



Insurance

Confidential Medical History

Have you or any of your dependants ever had (been diagnosed and / or treated for) any of the following medical conditions? Kindly answer **YES** or **NO** to all the questions below. Answers are required for each applicant. (Ask a Doctor for assistance if needed)

Note: If the answer is YES to any of the questions which follow, you will be required to provide details of the medical condition in the comments section below. AAR Insurance may request you to provide a medical report

QUESTIONS	00	01	02	03	04	05	06	07	08	09		
1. Cancer, growths or tumors whether benign or malignant												
2. Cardiovascular (heart and blood vessels) disorders including high blood pressure												
3. Respiratory and Ear Nose and Throat (ENT) Disorders including asthma, tuberculosis, hearing & speech impairment, adenoids and any other												
4. Endocrine disorders including high cholesterol, diabetes, thyroid abnormalities, obesity												
5. Eye related disorders including glaucoma, blindness, cataracts and any other												
6. Gastro-intestinal disorders including peptic ulcer disease, heartburn reflux, haemorrhoids, pancreatitis, hepatitis, hernias and any other												
7. Gynecological & Obstetric disorder including caesarian section, fibroids ovarian cysts, infertility, pelvic inflammatory, menstrual irregularities, abnormal pap smear, hormone treatment, miscarriages and any other												
8. Genitourinary disorders including enlarged prostate, kidney failure, dialysis kidney stones and any other												
9. Musculoskeletal disorders including arthritis, gout, back problems, physical disabilities, joint problems and any other												
10. Neurological & psychological disorders including epilepsy, mental disabilities, paralysis, schizophrenia, depression, bipolar disorder, attempted suicide, alcohol or drug dependency/ addiction and any other												
11. Blood & connective tissue disorders including leukemia, HIV & AIDS, Systemic Lupus Erythematosus (SLE) and any other												
12. Congenital/inherited/hereditary disorders including birth defects, sickle cell disease, umbilical hernia												
13. Skin disorders including eczema, keloids, warts, acne, moles, melanoma and any other.												
14. Have you ever been hospitalized?												
15. Do you have any allergies?												

COMMENTS

DECLARATION

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 AAR Insurance Kenya Limited or their representative the records relating to such current or previous hospitalisation/medical treatment and allow AAR Insurance Kenya Limited to receive extracts from such records and undertake to assist in obtaining such information.

Signature of principal member: _____ Date: _____

Signature of agent / broker: _____ Date: _____

