



MWAVULI EMPLOYER APPLICATION

1) COMPANY INFORMATION:

1.1) Employer Name : \_\_\_\_\_  
("the Employer")

1.2) Registration Number : \_\_\_\_\_

1.3) Physical Address : \_\_\_\_\_

1.4) Postal Address : \_\_\_\_\_

1.5) Telephone : \_\_\_\_\_

2) CONTACT PERSON INFORMATION:

Main Contact:

2.1) Title : \_\_\_\_\_

2.2) Full Name : \_\_\_\_\_

2.3) Designation : \_\_\_\_\_

2.4) E-mail Address : \_\_\_\_\_

2.5) Office Telephone : \_\_\_\_\_

2.6) Mobile Telephone : \_\_\_\_\_

Alternative Contact (Optional):

2.7) Title : \_\_\_\_\_

2.8) Full Name : \_\_\_\_\_

2.9) Designation : \_\_\_\_\_

2.10) E-mail Address : \_\_\_\_\_

2.11) Office Telephone : \_\_\_\_\_

2.12) Mobile Telephone : \_\_\_\_\_



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3) MWAVULI PARTNER:

3.1) Name of Mwavuli Partner \_\_\_\_\_  
("the Mwavuli Partner")

3.1) Mwavuli number of Mwavuli Partner \_\_\_\_\_

4) PARTICIPATION DETAIL

4.1) Estimated number of participating staff \_\_\_\_\_

4.2) Mwavuli Pension Fund Contributions: *(This must match the Deed of Adherence, in case of difference the Deed of Adherence will apply):*

a) Monthly Employee Contribution as a percentage of basic salary. Please select one:

- ☐ 10 % (Recommended)
- ☐ 6%
- ☐ Alternative percentage of \_\_\_\_\_%
- ☐ None

b) Monthly Employer Contribution as a percentage of basic salary. Please select one:

- ☐ 10 % (Recommended)
- ☐ 6%
- ☐ Alternative percentage of \_\_\_\_\_%
- ☐ None

c) Investment vehicle for Employee and Employer Mwavuli Pension Fund Contributions. Please select one:

- ☐ Mwavuli Blended Portfolio
- ☐ British American Insurance Deposit Administration
- ☐ CIC Insurance Deposit Administration
- ☐ ICEA Insurance Deposit Administration
- ☐ Jubilee Insurance Deposit Administration
- ☐ Kenindia Insurance Deposit Administration

4.3) Employee Insurance Benefits:

a) Employee Funeral Benefit:

- ☐ Option 1 – Individual Option: Kshs 50 000 on the life of the employee
- ☐ Option 2 – Family Option: Kshs 50 000 on the life of the employee, one nominated spouse and up to 6 dependent children
- ☐ Option 3 – Individual Option: Kshs 100 000 on the life of the employee
- ☐ Option 4 – Family Option: Kshs 100 000 on the life of the employee, one nominated spouse and up to 6 dependent children
- ☐ Option 5– Individual Option: Kshs 150 000 on the life of the employee
- ☐ Option 6 – Family Option: Kshs 150 000 on the life of the employee, one nominated spouse and up to 6 dependent children
- ☐ Option 7 – Individual Option: Kshs 200 000 on the life of the employee

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- ☐ Option 8 – Family Option: Kshs 200 000 on the life of the employee, one nominated spouse and up to 6 dependent children
- ☐ None
- b) Employee Group Life Benefit:
  - ☐ Option 1: Insured benefit multiple of 1 times annual salary
  - ☐ Option 2: Insured benefit multiple of 2 times annual salary.
  - ☐ Option 3: Insured benefit multiple of 3 times annual salary.
  - ☐ Option 4: \_\_\_\_\_ times of annual salary
  - ☐ None

### 5) UNDERTAKINGS AND DISCLOSURES

#### 5.1) The Employer agrees to the following:

- a) To deduct all contributions, premiums and repayments in respect of all selected Mwavuli products, for which employees of the Employer are responsible from the monthly payroll of these employees.
- b) To pay such employee deductions of contributions, premiums and repayments in respect of all selected Mwavuli products into the bank account indicated by Mwavuli Managers Limited by no later than the 8<sup>th</sup> day in the month following the deduction which payments shall be made monthly, quarterly, bi-annually or annually. All payments will be paid electronically or deposited directly into the nominated account.
- c) To appoint Mwavuli Managers Limited as it's payment Agent
- d) To pay such employer contributions, premiums and repayments in respect of all selected Mwavuli products, for which the Employer is responsible into the bank account indicated by Mwavuli Managers Limited by no later than the 8<sup>th</sup> day of each month. All payments will be paid electronically or deposited directly into the nominated account.
- e) To ensure no deducted amount will be withheld for any reason and that employee deductions will not cease unless the employee has exited employment or if contributions, premiums and repayments are no longer due.
- f) To provide such information as may be legally or otherwise required to allow Mwavuli Managers Limited to effectively and efficiently administer any Mwavuli products.
- g) To, on a monthly basis, update the Mwavuli online administration system to confirm the allocation of all deductions and payments across various the various employees and Mwavuli products.
- h) To change the appointment of the Mwavuli Partner (where necessary) in writing.
- i) To affirm that the Employer will not pay fees, commissions, contributions, premiums or repayments related to the Mwavuli products directly to the Mwavuli Partner, an Insurer, a Broker or any third party. Any payments will be to the nominated Mwavuli Managers Limited Bank account.

#### 5.2) The Employer acknowledges and agrees to the following:

- a) That Mwavuli Managers Limited and the Mwavuli Pension Fund will not be liable for any negligence or breach of trust by Mwavuli Manager Limited's partners that causes any insurable risk or financial loss to the participating employer and his/her employees.



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- b) That the Employer understands the role that the Mwavuli Partner plays
- c) That the Employer understands and agree to the terms and conditions of any selected employee insurance benefits, including but not limited to free cover limits, payments terms, premium rates, benefit add-ons, procedures and exclusions.
- d) That the Employer understands that the terms and conditions of any selected employee insurance benefits, including but not limited to free cover limits, payments terms, premium rates, benefit add-ons, procedures and exclusions, may be amended from time to time. The Employer agrees to such changes. Mwavuli Managers Limited will inform the Employer of such changes and the same shall be made known to the employees within seven days.

DECLARATION AND SIGNATURE:

We confirm that the above information provided is true, correct and acknowledged.

Signed and sealed/ stamped for and on behalf of the Employer by the duly authorised representative:

Name.....Signature.....

In the presence of:

Name.....Signature.....

Signed and sealed/ stamped for and on behalf of the Mwavuli Managers Limited by the duly authorised representative:

Name.....Signature.....

In the presence of:

Name.....Signature.....

**DOCUMENTS TO BE ATTACHED:**

*Please attached certified copies of the following documentation*

- Certificate of incorporation
- PIN certificate
- Copy of Company Letterhead
- Copies of the ID Cards or Passports of the contact persons/signatories.

