

Sanlam General Insurance Limited Gateway Place, Jakaya Kikwete Road P.O. Box 60656-00200 Nairobi, Kenya

T +254 (0)20 278 1000 M +254 (0)719 035 000

E info@sanlam.co.ke

www.sanlam.co.ke

Sanlam General Insurance Ltd
Group Medical
Application Form

	ion B - Dependant First Name	Middle Name	Surname	Date of	Sex	Relationshi
1.			Sumame	Birth	Jex	Relationshi
2.						
3.						
4.						T Active
5.						
6.			•			
7.						

General Insurance

Life Insurance

Investments

ments





Tick applicable items	Yes	No	
2. Are you under medical treatment by diet, medicine or other means?		V	
Have you ever had or sought advice for: o chest pain, high blood pressure, heart murmur, heart or circulation		2	
disorder?		1	
b) asthma, chronic cough, shortness of breath or lung disorder?		1	
d) diabetes sugar in the urine? d) ulcer, colitis, liver or digestive disorder?	H	1	
e) cancer, tumor, or enlarged glands?	H	1	
f) anaemia, bleeding or blood disorder?	H	1	
g) dizzy or fainting spells, epilepsy, nervous system or mental disorder?		1	
h) urine, kidney or bladder disorder? arthritis or other joint disorder?		1	
j) any other illness, surgery or injury?	H	V	
k) have you or any of the insured dependants been diagnosed with a			
congenital condition?		V	
Received medical advice or treatment in connection with Aids or HIV			
related condition or sexually transmitted disease?	П	V	
b) Been told you have HIV/Aids or an HIV/Aids related complex?		V	
c) Had or been told you have a positive blood test for antibodies to the		-1	
HIV Virus (Human Immune Deficiency Virus). d) Have any of the following, which are unexplained: fatigue,weight loss,		V	
diarrhoea, enlarged lymph nodes or unusual skin lesions?		V	
5. Have you within the past five (5) years:	-		
a) had any mental or physical disease or disorder not listed above? b) had a checkure separattation illustration in the second secon		V	
 b) had a check-up, consultation, illness, injury or surgery? c) been a patient in a hospital, clinic, sanatorium or other medical facility? 	Ц	V	
d) had electrocardiogram, x-ray, other diagnostic test?	H	1	
e) been advised to have any diagnostic test, hospitalization or surgery			
which was not completed? g) had a blood transfusion?		5	
6. Is any of the named members presently pregnant? If yes, please give name.	ш		
5-1 Sec. 1 Sec.		V	
7. Are you aware of any condition in yourself or member of your family necessitating a medical, surgical, dental or optical treatment at present? If so, give full particulars.		V	
Declaration by member			
I hereby declare that the statements in this form are true and	com	plot	a I from the or declare that I have
withheld any material information in regard to this application t	that o	piete	et to be disclosed to the company
I agree to abide by the rules governing the scheme and further	agre	e tha	t this declaration and the answers
given in this application form shall be the basis of the contract	betv	veen	me and the insurance company
I consent to the company seeking information from any doctor			
any company I made a proposal for insurance and I hereby aut	horiz	ze th	e giving of such information.
ENALLY NALX	/r		110 0000
Member's name EMILY NYAN	VI	U	KO BOSIRE
Ca 1.			27th July, 2021
Member's signature	D-		27 71114. 2021
Tember 3 signature	Da	te _	21 30113) 200
Section C - To be completed by employer	1		
	-		
As employer, I confirm that the information given in section 'A'	abov	e is	correct. This employee and
his/ner dependants s/are to be included in the scheme with ef	fect	from	(Date)
his/her dependants were to be included in the scheme with ef			
15			
T 29 1111 2024			
Signature & Stamp of Employer			Date of Signing
11.0			Date of Signing
90x 2051-00502 NAIROB			
051-00502 NAI			
Copyright © Sanlam General Insurance Limited. All rights reserved.			



Sanlam General Insurance Limited Gateway Place, Jakaya Kikwete Road P.O. Box 60656-00200 Nairobi, Kenya

T +254 (0)20 278 1000

M +254 (0)719 035 000

E info@sanlam.co.ke

www.sanlam.co.ko

(3)	Sanlam General Insurance Ltd
	Group Medical
	Application Form

Sect	tion B - Dependant	t details		\		e @ gnall-0
	First Name	Middle Name	Surname	Date of Birth	Sex	Relationship
1.						
2.						
3.		5				
4.						41.
5.						
6.						
7.						
lealti lease	h declaration by me answer to the best	of your knowledge or be	pelief		10 years)) been;

Life Insurance

General Insurance

Investments

(1



If the answer to any question is YES, identify question number and include diagnosis, cates, duration, degree of ecovery or results and names and addresses of all attending properties and method for Tiers in the cases of the control of the contro

Tick applicable items	Yes	No			
2. Are you under medical treatment by diet, medicine or other means?		-			at a collection of the
3. Have you ever had or sought advice for:		- 2			
a) chest pain, high blood pressure, heart murmur, heart or circulation					
disorder?		/			
b) asthma, chronic cough, shortness of breath or lung disorder?		2			
c) diabetes sugar in the urine?d) ulcer, colitis, liver or digestive disorder?					
e) cancer, tumor, or enlarged glands?		~			
f) anaemia, bleeding or blood disorder?					
g) dizzy or fainting spells, epilepsy, nervous system or mental disorder?		111			
h) urine, kidney or bladder disorder?					
arthritis or other joint disorder?	IH	7			
j) any other illness, surgery or injury?	IH.				
k) have you or any of the insured dependants been diagnosed with a					
congenital condition?		1			
. Have you:	1	The same			
a) Received medical advice or treatment in connection with Aids or HIV					
related condition or sexually transmitted disease?					
b) Been told you have HIV/Aids or an HIV/Aids related complex?		-			
c) Had or been told you have a positive blood test for antibodies to the					
HIV Virus (Human Immune Deficiency Virus).					
d) Have any of the following, which are unexplained: fatigue, weight loss,	_				
diarrhoea, enlarged lymph nodes or unusual skin lesions?					
. Have you within the past five (5) years:					
a) had any mental or physical disease or disorder not listed above?b) had a check-up, consultation, illness, injury or surgery?					
c) been a patient in a hospital clinic capatorium and the second of the					
 c) been a patient in a hospital, clinic, sanatorium or other medical facility? d) had electrocardiogram, x-ray, other diagnostic test? 		-			
e) been advised to have any diagnostic test, hospitalization or surgery		7			
which was not completed?		-			
g) had a blood transfusion?		1			
Is any of the named members presently pregnant? If yes, please give name					
		1			
Are you aware of any condition in yourself or member of your family					
ecessitating a medical, surgical, dental or optical treatment at present?		Ŋ			
so, give full particulars. Declaration by member					
Declaration by member hereby declare that the statements in this form are true and vithheld any material information in regard to this application agree to abide by the rules governing the scheme and further iven in this application form shall be the basis of the contract consent to the company seeking information from any doctors.	com that d agree betw	plete ought e that veen	to be d this dec me and	lisclosed to claration a the insura	o the comp nd the answ nce compa
Declaration by member hereby declare that the statements in this form are true and withheld any material information in regard to this application agree to abide by the rules governing the scheme and further liven in this application form shall be the basis of the contract consent to the company seeking information from any doctony company I made a proposal for insurance and I hereby aut	com that d agree betw	plete bught e that veen pital e the	to be d this dec me and	isclosed to claration a the insura I have cor of such inf	o the comp nd the answ nce compa
Declaration by member hereby declare that the statements in this form are true and withheld any material information in regard to this application agree to abide by the rules governing the scheme and further liven in this application form shall be the basis of the contract consent to the company seeking information from any doctony company I made a proposal for insurance and I hereby aut	com that d agree betw	plete bught e that veen pital e the	to be d this dec me and or clinic giving o	isclosed to claration a the insura I have cor of such inf	o the comp nd the answ nce compa
Declaration by member hereby declare that the statements in this form are true and withheld any material information in regard to this application agree to abide by the rules governing the scheme and further iven in this application form shall be the basis of the contract consent to the company seeking information from any doctony company I made a proposal for insurance and I hereby authorized the seeking information from the company seeking information from any doctony company I made a proposal for insurance and I hereby authorized the seeking information from the company seeking information fr	com that of agree betv r, hos choriz	plete bught e that veen pital ce the	to be d this dec me and or clinic giving o	isclosed to claration a the insura I have cor of such inf	o the comp nd the answ nce compa
Declaration by member thereby declare that the statements in this form are true and withheld any material information in regard to this application agree to abide by the rules governing the scheme and further iven in this application form shall be the basis of the contract consent to the company seeking information from any doctomy company I made a proposal for insurance and I hereby automorphisms. MIENDE MENDE MENDE MENDE	com that d agree betw	plete bught e that veen pital ce the	to be d this dec me and or clinic giving o	isclosed to claration a the insura I have cor of such inf	o the comp nd the answ nce compa
Declaration by member hereby declare that the statements in this form are true and vithheld any material information in regard to this application agree to abide by the rules governing the scheme and further iven in this application form shall be the basis of the contract consent to the company seeking information from any doctony company I made a proposal for insurance and I hereby authorized the signature in the company of the company seeking information from the company of the company seeking information from the company of the company	com that of agree betv r, hos choriz	plete bught e that veen pital ce the	to be d this dec me and or clinic giving o	isclosed to claration a the insura I have cor of such inf	o the comp nd the answ nce compa
Declaration by member hereby declare that the statements in this form are true and withheld any material information in regard to this application agree to abide by the rules governing the scheme and further liven in this application form shall be the basis of the contract consent to the company seeking information from any docto my company I made a proposal for insurance and I hereby authorized the signature MHENDE MHENDE Hember's name MHENDE Hember's signature MENDE Hember's signature MENDE Hember's signature MENDE Hember's signature Hember's signature Hember's signature Hember's mane Hember's signature Hember's signat	com that dagree betw r, hos choriz	plete bught e that veen pital te the	to be dethis decime and or clinic giving of	isclosed to claration a the insura I have cor of such inf	o the comp nd the ansv nce compa nsulted or f ormation.
Declaration by member hereby declare that the statements in this form are true and withheld any material information in regard to this application agree to abide by the rules governing the scheme and further given in this application form shall be the basis of the contract consent to the company seeking information from any doctorny company I made a proposal for insurance and I hereby authorized the signal of the company and I hereby authorized the signal of the company and I hereby authorized the signal of the company and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby authorized the signal of the company I had a proposal for insurance and I hereby a proposal fo	com that dagree betw r, hos choriz	plete bught e that veen pital te the	to be dethis decime and or clinic giving of	isclosed to claration a the insura I have cor of such inf	o the comp nd the ansv nce compa nsulted or f ormation.
dember's signature section C - To be completed by employer as employer, I confirm that the information given in section 'A' is/her dependants is/are to be included by the scheme with ef	com that dagree betw r, hos choriz	plete bught e that veen pital te the	to be dethis decime and or clinic giving of	isclosed to claration a the insura I have cor of such inf	o the comp nd the ansv nce compa nsulted or f ormation.
Declaration by member hereby declare that the statements in this form are true and vithheld any material information in regard to this application agree to abide by the rules governing the scheme and further given in this application form shall be the basis of the contract consent to the company seeking information from any doctorny company I made a proposal for insurance and I hereby authorized to the complete by employer as employer, I confirm that the information given in section 'A' is/her dependants is are to be included by the scheme with effects and the scheme with effects an	com that dagree betw r, hos choriz	plete bught e that veen pital te the	to be dethis decime and or clinic giving of	isclosed to claration a the insura I have cor of such inf	o the comp nd the ansv nce compa nsulted or f ormation.
Declaration by member hereby declare that the statements in this form are true and vithheld any material information in regard to this application agree to abide by the rules governing the scheme and further given in this application form shall be the basis of the contract consent to the company seeking information from any doctorny company I made a proposal for insurance and I hereby automorphisms with the information given in section 'A' is/her dependants is are to be included by the scheme with effective to the complete of the compl	com that dagree betw r, hos choriz	plete bught e that veen pital te the	to be dethis decime and or clinic giving of	isclosed to claration a the insura I have cor of such inf	o the comp nd the ansv nce compa nsulted or f ormation.
Declaration by member hereby declare that the statements in this form are true and vithheld any material information in regard to this application agree to abide by the rules governing the scheme and further liven in this application form shall be the basis of the contract consent to the company seeking information from any doctornly company I made a proposal for insurance and I hereby automorphisms in the completed by employer seeking information from any doctornly company I made a proposal for insurance and I hereby automorphisms is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information given in section 'A' is/her dependants is a seeking information in regard to this application and information in regard to this application in regard to this application in regard to this application	com that dagree betw r, hos choriz	plete bught e that veen pital te the	to be dethis decime and or clinic giving of	isclosed to claration a the insura I have cor of such inf	o the comp nd the ansv nce compa nsulted or f ormation.
Declaration by member hereby declare that the statements in this form are true and vithheld any material information in regard to this application agree to abide by the rules governing the scheme and further iven in this application form shall be the basis of the contract consent to the company seeking information from any doctony company I made a proposal for insurance and I hereby authorized the proposal for	com that dagree betw r, hos choriz	plete bught e that veen pital te the	to be dethis decime and or clinic giving of	isclosed to claration at the insura I have corof such inf	o the comp nd the ansv nce compa nsulted or f ormation.



Sanlam General Insurance Limited Gateway Place, Jakaya Kikwete Road P.O. Box 60656-00200 Nairobi, Kenya

T +254 (0)20 278 1000

+254 (0)719 035 000

E info@sanlam.co.ke

www.sanlam.co.ke

W			a
120	5	d	и

Sanlam General Insurance Ltd

Group Medical Application Form

	- Dependant	details		\		
F	irst Name	Middle Name	Surname	Date of Birth	Sex	Relationship
1.						
2.						
3.						
4.						
5.						
6.			•			
7.	4	2				
dealth de Please answ . Has any n	claration by m	of your knowledge or	belief	\	: 10 years) been;



	recovery or res	sults and names and addresses of all attending physicians and medical facilities in the space on the
Tick applicable items	Yes	No
2. Are you under medical treatment by diet, medicine or other means?		
3. Have you ever had or sought advice for:		39
a) chest pain, high blood pressure, heart murmur, heart or circulation disorder?b) asthma, chronic cough, shortness of breath or lung disorder?		
c) diabetes sugar in the urine?d) ulcer, colitis, liver or digestive disorder?	IĀ	Z
e) cancer, tumor, or enlarged glands?		Ž
 f) anaemia, bleeding or blood disorder? g) dizzy or fainting spells, epilepsy, nervous system or mental disorder? h) urine, kidney or bladder disorder? 		
arthritis or other joint disorder? any other illness, surgery or injury?		¥ / /
 k) have you or any of the insured dependants been diagnosed with a congenital condition? 		V
4. Have you:		
 a) Received medical advice or treatment in connection with Aids or HIV related condition or sexually transmitted disease? b) Been told you have HIV/Aids or an HIV/Aids related complex? c) Had or been told you have a positive blood test for antibodies to the 	B	∀
 HIV Virus (Human Immune Deficiency Virus). d) Have any of the following, which are unexplained: fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions? 		
5. Have you within the past five (5) years:		V
 a) had any mental or physical disease or disorder not listed above? b) had a check-up, consultation, illness, injury or surgery? c) been a patient in a hospital, clinic, sanatorium or other medical facility d) had electrocardiogram, x-ray, other diagnostic test? e) been advised to have any diagnostic test, hospitalization or surgery which was not completed? g) had a blood transfusion? 		N KIN KIN KIN KIN KIN KIN KIN KIN KIN KI
6. Is any of the named members presently pregnant? If yes, please give name	e 🗆	
7. Are you aware of any condition in yourself or member of your family necessitating a medical, surgical, dental or optical treatment at present? If so, give full particulars.		~
Declaration by member		
I havabu daalara that the statement is the first		

I hereby declare that the statements in this form are true and complete. I further declare that I have not withheld any material information in regard to this application that ought to be disclosed to the company. I agree to abide by the rules governing the scheme and further agree that this declaration and the answers given in this application form shall be the basis of the contract between me and the insurance company.

I consent to the company seeking information from any doctor, hospital or clinic I have consulted or from any company I made a proposal for insurance and I hereby authorize the giving of such information.

Member's name	4. wind	NTAKUNDI	ONGURE	
Member's signatur	e hand	kelmel	_ Date _ O7 lor	2021

Section C - To be completed by employer

As employer, I confirm that the information given in section 'A' above is correct. This employee and his/her dependants is/are to be included in the scheme with effect from (Date)

Signature & Sta Date of Signing Box 2051-00