



1. GROUP MEDICAL INSURANCE – INFORMATION FORM

Employee Categories & Dependents

Employee Category No. of Employees Covered Dependents (Immediate Nuclear Members) Total Members

_____	_____	_____	_____
_____	_____	_____	_____

Desired Cover Limits

Cover Type Limit (KES)

Inpatient _____

Outpatient _____

Age Parameters

Age Bracket No. of Members

18–25 yrs _____

26–35 yrs _____

36–45 yrs _____

46–55 yrs _____

56+ yrs _____