Family Medical Cover

Field Label	Input Type	Placeholder / Hint
Full Name	Text Input	Enter your full name
ID Number / Passport No.	Text Input	National ID / Passport
Date of Birth	Date Picker	DD/MM/YYYY
Gender	Dropdown	Select gender
Marital Status	Dropdown	Select status
Phone Number	Phone Input	07XX XXX XXX
Email Address	Email Input	user@example.com
Type of Cover	Label (Read-only	Individual Cover
Preferred Cover Limit	Dropdown	Select annual limit
Pre-existing Conditions	Checkboxes	Select conditions (if any)
NHIF Number	Text Input	NHIF Number
Preferred Insurer	Dropdown	Select insurer
Premium Estimate	Label (Auto-filled	Based on cover + age
Upload ID Copy	File Upload	PDF or Image
Upload NHIF Card	File Upload	Optional
Declaration Consent	Checkbox	I confirm information is accu
Payment Method	Dropdown	Choose payment method
Submit & Pay	Button	–

Corporate Medical Insurance

Field Label	Input Type	Placeholder / Hint
Company Name	Text Input	Enter registered company n;
Company KRA PIN	Text Input	PXXXXXXXXX
Registration Number	Text Input	Certificate No.
Contact Person Name	Text Input	Full name of contact person
Contact Email	Email Input	contact@example.com
Contact Phone Number	Phone Input	07XX XXX XXX
Number of Employees	Number Input	e.g., 25
Age Distribution (Range)	Text Input	e.g., 20-30, 31-40
Selected Cover Tier	Dropdown	Select coverage
Total Cover Limit	Dropdown	Select annual cover
Preferred Insurer	Dropdown	Choose insurer
Upload Company Reg. Cert.	File Upload	PDF or Image
Upload Employee List (Excel)	File Upload	Upload staff list
Add-ons Required	Checkboxes	Select any extra covers
Premium Estimate	Label (Auto-filled	Based on input & insurer rat
Declaration Consent	Checkbox	I confirm all info is accurate
Preferred Payment Method	Dropdown	Select method
Submit Proposal	Button	–

Required	Choices (if any)	Notes
✓ Yes		Must match ID/KRA
✓ Yes		Used to verify applicant
✓ Yes		Used to determine age group
✓ Yes	Male, Female, Other	
✗ Optional	Single, Married, Divorced, Widowed	
✓ Yes		For OTP and STK push
✗ Optional		For policy communication
✓ Yes		Fixed as "Individual"
✓ Yes	250K, 500K, 1M, 2M, 5M	Determines premium
✗ Optional	Diabetes, Hypertension, Asthma, None	May affect pricing or acceptance
✗ Optional		Useful for co-pay structure
✓ Yes	CIC, Jubilee, APA, Madison, Resolution, etc.	Based on pricing logic and availa
✓ Yes		Dynamic formula linked to backe
✓ Yes		Mandatory for underwriting
✗ Optional		If applicable
✓ Yes		Must be checked before submiss
✓ Yes	M-PESA, Card, Bank	
✓ Yes		Finalize payment and submission

Required	Choices (if any)	Notes
✓ Yes		Must match official documents
✓ Yes		Used for compliance and invoicir
✓ Yes		Verifies business legitimacy
✓ Yes		Will receive communication
✓ Yes		Used for policy documents & follo
✓ Yes		For communication & STK push
✓ Yes		Used to determine pricing tier
✓ Yes		Used for underwriting
✓ Yes	Inpatient, Outpatient, Dental, Optical, Matern	Based on desired benefits
✓ Yes	500K, 1M, 2M, 5M, Custom	Affects premium
✓ Yes	Jubilee, CIC, APA, Madison, Resolution	Based on availability and pricing
✓ Yes		For legal verification
✓ Yes		Format: Name, ID, DOB, Gender
✗ Optional	Maternity, Dental, Optical	Adds cost depending on cover
✓ Yes		Auto-filled from backend binder l
✓ Yes		Must be accepted to proceed
✓ Yes	M-PESA, Card, Bank Transfer, Cheque	
✓ Yes		Submits the proposal for insurer

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