

## Last Expense Insurance – Corporate Policy

Field Label	Input Type	Placeholder / Hint	Required
Company / Organization Name	Text Input	Enter full legal name	✓ Yes
Company Registration Number	Text Input	Certificate of Incorporation	✓ Yes
KRA PIN	Text Input	PXXXXXXXXX	✓ Yes
Contact Person Name	Text Input	Full name of contact person	✓ Yes
Contact Person Phone	Phone Input	07XX XXX XXX	✓ Yes
Contact Email Address	Email Input	company@email.com	✓ Yes
Number of Employees Covered	Number Input	e.g., 50	✓ Yes
Coverage Plan per Employee	Dropdown	Select cover level	✓ Yes
Total Sum Assured	Auto-calculated	Based on plan x employee	✓ Yes
Preferred Insurer	Dropdown	Choose insurer	✓ Yes
Upload Company Registration Certificate	File Upload	PDF or JPG	✓ Yes
Upload Employee List	File Upload (CSV/Excel)	Upload CSV with Name, ID	✓ Yes
Payment Method	Dropdown	Select payment channel	✓ Yes
Terms & Conditions Consent	Checkbox	I confirm all details are accurate	✓ Yes
Submit Application	Button	–	✓ Yes

## Last Expense Insurance – Form Content (Individual)

Field Label	Input Type	Placeholder / Hint	Required
Full Name	Text Input	Enter your full name	✓ Yes
ID Number	Text Input	National ID	✓ Yes
Date of Birth	Date Picker	DD/MM/YYYY	✓ Yes
Gender	Dropdown	Select gender	✓ Yes
Marital Status	Dropdown	Select status	✓ Yes
Phone Number	Phone Input	07XX XXX XXX	✓ Yes
Email Address	Email Input	user@example.com	✗ Optional
Beneficiary Name	Text Input	Full name of beneficiary	✓ Yes
Relationship to Beneficiary	Dropdown	Select relationship	✓ Yes
Coverage Plan	Dropdown	Choose cover limit	✓ Yes
Premium Estimate	Auto-filled Label	Based on coverage & age	✓ Yes
Preferred Insurer	Dropdown	Select insurer	✓ Yes
KRA PIN	Text Input	PXXXXXXXXX	✓ Yes
Upload ID Copy	File Upload	PDF or JPG	✓ Yes
Upload Beneficiary ID (Optional)	File Upload	PDF or JPG	✗ No
Payment Method	Dropdown	Choose method	✓ Yes
Declaration Checkbox	Checkbox	I confirm all details are accurate	✓ Yes
Submit & Pay	Button	–	✓ Yes

<b>Choices (if any)</b>	<b>Notes</b>
Registered name of corporate entity	
Used to verify business status	
For tax purposes	
Will handle communication	
For OTP and claim follow-up	
Official company email	
Determines total premium	
50,000 / 100 Per-employee cover	
Derived value	
CIC, Madison	Based on pricing logic
	Mandatory document
	Employee data for underwriting
Bank Transfer	Bulk payment accepted
	Must be checked before submission
	Submits data for quote generation

<b>Choices (if any)</b>	<b>Notes</b>
Name of policyholder	
Used for verification	
Used to determine eligibility	
Male, Female, Other	
Single, Married	Affects dependent eligibility
	For updates and STK push
	Person to receive payout
Spouse, Child, Parent, Sibling, Other	
KES 50,000	Determines premium
	Linked to insurer binder formula
Britam, CIC	Filtered by plan selection
	Used for identity verification
M-PESA, Bank Transfer, Card	
	Must be checked before submission
	Initiates payment process and saves application





[REDACTED]

[REDACTED]