

**Dependant 3.**

First Name: \_\_\_\_\_ Middle Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Date of Birth :    Relationship to principal :

**Dependant 4.**

First Name: \_\_\_\_\_ Middle Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Date of Birth :    Relationship to principal :

**PREFERRED PROVIDER**

Please choose (✓) your provider for the BIMA POA health plan.

**KISUMU EAST**

Nightingale Medical Center ☒  
Corkran Health Center ☐  
Godswill Medical Center ☐  
Milimani Maternity Hospital ☐

**SIAYA DISTRICT**

Bama Maternity & Nursing Home ☐  
Dophil Maternity & Nursing Home ☐

**DECLARATION**

I understand and agree in particular that this application is subject to policy terms and conditions.  
You will receive a fulfilment kit with a detailed list of terms and conditions at your preferred provider.

PRINCIPAL'S SIGNATURE:  DATE:

**FUND TRANSFER AUTHORISATION ( M-PESA OPTION ONLY )**

I hereby authorise the transfer of Ksh 8,000 to M-PESA Pay Bill no. 333201

- One single instalment (Ksh 8,000) ☐ ➤ *Twelve monthly instalments (ksh 800 each)* ☒  
➤ Two consecutive monthly instalment (Ksh 4,000 each) ☐

M-PESA Transaction No.: FB2379488

**FOR OFFICIAL USE**

Introduced to the BIMA POA health plan by: Shana. gyw BPA code: CH0000044

Date:    Signature: \_\_\_\_\_

Date captured: