

INDIVIDUAL LIFE PROPOSAL FORM

Branch Referring Officer DSA Code

Agent Name Code

1. THE POLICY OWNER DETAILS AND THE LIFE TO BE ASSURED

	First Life Assured Details	Second Life Assured Details (in the event of joint life)
(If different from the life assured)		
Full Names		
Country & Place of Birth		
Nationality		
Date of Birth		
Sex		
Marital Status		
Postal Address (including code)		
Telephone Number(s)		
Email Address		
Physical Address (residential)		
Occupation		
Employer's Name & Address		
KRA PIN Number		
National Identity Card Number		
Approximate Annual Income		
Relationship to the Life Assured		

2. BENEFICIARIES

Full Names	Date of Birth (dd/mm/yy)	Relationship with the life assured	Benefit Shared (%)	Guardian (if beneficiary is a minor)

3. LIFE INSURANCE PROPOSED

(a) Type & Class of Policy Date of Commencement Term (years)

	Basic Cover	Accidental Death	Permanent Total Disability	Last Expense	Critical Illness	Other	Total Premium
Sum Assured							
Premium							

Signature of Life to be assured _____

(b) Frequency of Payment: Monthly Quarterly Semi-annually Annually Other

(c) Method of Payment: Direct Debit Salary Deduction M-PESA Standing Order

(d) Provide bank details for claim / benefit payments. Any payment due under the policy will be made to this stated bank a/c and any change must be done in writing at any of our branches.

Bank Name Branch A/C No.

4. HEALTH QUESTIONS FOR THE LIFE ASSURED

(a) Are you now in good health? YES NO

(b) Have you ever had, been tested or received treatment from a medical professional for:

(i) Any illness, accident or disease during the last 5 years for which you required medical attention? YES NO

(ii) Dizziness, fainting, convulsions, epilepsy, paralysis, stroke or severe headache? Depression, anxiety, Alzheimer's disease, mental or nervous disorder, Alzheimer's disease, mental or nervous disorder? YES NO

(iii) Respiratory: Shortness of breath, bronchitis, emphysema, asthma, pleurisy, pneumonia, tuberculosis or persistent cough? YES NO

(iv) Cardiovascular: Chest pain, angina, palpitations, irregular heart beat, high blood pressure, heart attack, congestive heart failure or coronary artery diseases, heart murmur, heart valve disorder, oedema or disorder of the heart or blood vessels? YES NO

(v) Digestive: Ulcer, intestinal bleeding, colitis, ulcerative colitis, Crohn's disease, jaundice, hernia, diarrhoea, hepatitis or any disorder of the stomach, intestines, spleen, liver or rectum? YES NO

(vi) Endocrine: Diabetes, high blood sugar or sugar in your urine? Blood or protein in your urine, any disorder of the kidneys, bladder, prostate or urinary system? YES NO

(vii) Venereal disease or any disorder of the reproductive system? Thyroid, thymus, pituitary or lymph gland disorder? Cancer, sarcoidosis, tumor or any abnormal growth? YES NO

(viii) Back pain, arthritis, muscular dystrophy or any disorder of the muscles, bones or joints? Multiple sclerosis, parkinson's disease or any disorder of the brain or spinal cord? Haemophilia, sickle cell anaemia or any disorder of the blood? YES NO

(ix) Have you ever had or been advised to have a blood test for AIDS or an AIDS related condition? Have you ever received a blood transfusion within the last 5 years? YES NO

(x) Have you ever suffered from any illness, accident or disease during the last 5 years ago, which lasted for more than one month? If so, give details. YES NO

DETAILS OF YES ANSWERS IN ABOVE (If below space is not sufficient, kindly use additional paper and attach)

Question No.	Details including dates, details of treatment, medical institution where treated and treating doctor

5. ADDITIONAL QUESTIONS

(a) Has any of your family members ever suffered from and/or died of diabetes, heart disease, mental illness or cancer? YES NO

(b) Do you consume alcohol? If YES, state the type and weekly quantity.

TYPE _____ QUANTITY _____ YES NO

(c) Do you smoke? If YES, how many cigarettes/pipe/cigars per day? YES NO

(d) (Applicable to females only) Are you pregnant? If YES, state number of weeks _____ YES NO

(e) Do you fly or have any intention or prospect of flying other than as a fare paying passenger on a recognized airline or scheduled air route? YES NO

Signature of Life to be assured _____

- (f) Do you engage or have intentions of engaging in motor sports or water skiing or parachuting or mountain climbing? YES NO
- (g) Have you been convicted of felony or demeanour within the last (5) years or do you have any charges pending? YES NO
- (h) Has any proposal for life, sickness, accident or disability insurance on your life ever been declined, deferred, withdrawn or accepted on special terms? YES NO
- (i) What is your current height and weight? Height: _____ Feet _____ inches: Weight: _____Kgs

6. SPECIAL CONDITIONS

On accidental death of the life assured within 6 months of the commencement date, the sum assured will be payable. In the event of death by any other cause within 6 months, the Company shall refund all premiums paid without interest for policies with the Basic Sum Assured below Kshs. 7.0 million, unless medical test reports were provided at the inception of cover. The full sum assured plus Accrued Bonuses will be payable in the event of death after the policy has been in force for 6 months subject to the policy terms and conditions.

7. DECLARATION AND AUTHORISATION

- (a) Each of the undersigned declares that the statements and answers contained in this application, whether in their own handwriting or not, are complete and true to the best of their knowledge and belief and that they shall form part of the policy.
- (b) It is also agreed that ICEA LION Life Assurance Company Limited will incur no liability under this application until the application has been received, approved and the full premium has been paid to and accepted by ICEA LION Life Assurance Company Limited. The policy must be issued and the full modal premium paid while the health, habits, vocations and occupation of the proposed insured are as stated in this application.
- (c) I (we) understand that no intermediary has the authority to waive the answers to any of the questions in this application or to make or alter any contract for ICEA LION Life Assurance Company Limited.
- (d) I, the Proposed Life Insured further authorize the Association of Kenya Insurers Life Registry, Insurance Company or any other physical/medical practitioner, hospital, clinic, medical or medically related facility having any records or knowledge pertaining to me or my health, to provide ICEA LION Life Assurance Company Limited or its reinsurers with any information sought. Information with this authorization will be treated as confidential and may only be used to determine insurability, sent to the Association of Kenya Insurers to insurance companies to whom I apply for life or health insurance or to whom a claim for benefits may be submitted, used as lawfully required and/or used as I may further authorize. I agree that a photocopy of this authorization shall be as valid as the original.

Signature of Proposed Life Assured _____ Signature of Policy Owner _____ Date _____

Witness Name _____ Signature _____ Address _____

Signature of Life to be assured _____

For more information contact us:

NCBA House, Masaba Road, Upper Hill | P. O. Box 44599-00100, Nairobi, Kenya
 Tel: +254 20 2884444 Mobile: +254 711 056444/+254 732 156444
 Email: Bancassurance@ncbagroup.com

This product is underwritten by ICEA LION Life Assurance Co. Ltd and distributed by NCBA Bancassurance Intermediary Ltd.