



OCCIDENTAL INSURANCE COMPANY LIMITED

Crescent Business Centre, 7th Floor, Parklands Road, Parklands,
P.O. Box 39459-00623, Nairobi, Kenya,
Tel: 0709-896000, 020-2362602, 0734-600485.
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Website: www.occidental-ins.com

MEDICAL INSURANCE APPLICATION

AGENCY: _____ **DATE:** _____

PERIOD OF INSURANCE: FROM _____ TO: _____

ALL INFORMATION SUPPLIED WILL BE TREATED IN STRICT CONFIDENCE TO BE COMPLETED IN BLOCK LETTERS IN EVERY DETAIL

1.	NAME OF YOUR EMPLOYER (Group Scheme only)	_____
2.	APPLICATION MR./MRS./MISS (Underline your Surname)	_____
3.	ADDRESS	_____
4.	DATE OF BIRTH	_____
5.	DEPENDANTS TO BE INCLUDED IN THIS APPLICATION:-	
	NAME	DATE OF BIRTH
A)	_____	_____
B)	_____	_____
C)	_____	_____
D)	_____	_____
E)	_____	_____

NOTES:-

Dependants are defined as follows:-

- (i) Wife or husband or other adult relative resident in the same house
 - (ii) All children having attained the age of 6 months
6. In your opinion or that your medical adviser, does any condition exist in regard to yourself or any dependant named that may necessitate medical or surgical treatment now or in the future?
YES / NO
7. Have you or any of your dependants ever been declined or accepted on Special Terms for Life, Accident or Sickness Insurance?
YES / NO
8. Have you or any dependant named, consulted a specialist or been in an in-patient during the last ten years?

IF THE ANSWER TO ANY OF THE FOREGOING QUESTIONS IS 'YES' PLEASE GIVE DETAILS.

On behalf of myself and each dependant included in this application I hereby apply for MEDICAL Insurance on the terms and conditions as set forth by the Company and I declare that the answers to the questions above are true and complete, and that I am, and each dependant included in this application is, to the best of my knowledge and belief, in good health and free from any defects or infirmity other than any condition given in the answers to the foregoing questions. I further certify that I have not withheld any material information or circumstances which should properly be disclosed to the insurers.

NAME OF PROPOSER: _____

DATE: _____ Signature _____

MEDICAL AID SCHEME

SCHEDULE OF BENEFITS

Section I

Charges for maintenance of the Insured person in a Nursing Home or Hospital or Sanatorium at Shs. 200 per day and to a maximum of 60days In any one year.

Section II

Surgeon's and Anaesthetist's fee and charges for operating theatre; cost of all Specialists and / or Pathologist's Fees, X rays and Physiotherapy Treatment and surgical appliance; and cost of prescribed drugs and medicines.

NOTE: Maximum amount payable under Section I and II in any one year of insurance limited to Shs. 10,000/-

RATE OF PREMIUM

- | | | | |
|-------|-------|---|------------------------|
| (a) | Adult | - | Shs. 1,500/- per annum |
| (b) | Child | - | Shs. 1,000/- per annum |

Exclusions

1. Treatment not by a Registered Medical Practitioner.
2. Dental or Optical treatment unless necessitated by an Accident.
3. Maternity / Pregnancy.
4. Cosmetic Surgery, Vaccination, Inoculation, circumcision.
5. Treatment resulting from accident or illness prior to date of acceptance or illness within waiting period of 28 days. (member becomes eligible for benefits immediately the application has been accepted for illness commencing 28 days after that date).
6. Due to or resulting from suicide or attempted suicide or intentional self injury or Venereal Disease or any Criminal Act by the Insured person.
7. Whilst the Insured person is in a state of insanity, nervous breakdown or under the influence of drugs or narcotics unless administered by a qualified physician.
8. Consequent upon war, invasion, civil war, riots and civil commotion or whilst the insured person is engaged in naval, military or airforce service or operations.
9. Due to convalescent expenses and charges incidental thereto other than medical bills.
10. Arising from accidents whilst any Insured person is driving or riding in any kind of race.
11. In respect of any illness or accidents forming part of exclusions under any previous medical insurance scheme or from which a person suffering or has suffered from in the past.
12. Health or routine check up examinations.

NOTE:

- (a) The Company reserves the right to obtain Medical reports from applicant's doctor if required at any time.
- (b) Cover will not be granted for short period (less than one year).