



# KENSKY INSURANCE

## Agency

*Building Partnerships*

Gill House Moi Ave. 2nd Floor  
P.O. Box 9006 - 00200 Nairobi  
Tel: 0733 750 982 Cell: 0721-442703  
info@kensky.co.ke, Web: www.kensky.co.ke

### DIRECTIONS:

Please answer all questions in **BLOCK** letters.

- Please attach a passport size colour photograph of yourself and each member of your family proposed for insurance on the photo sheet page provided.
- Kindly complete all questions in full. Incomplete application forms cannot be processed.

### YOUR PERSONAL DETAILS

(a) Name of your employer

(b) Title  Member's First Name

(c) Member's surname  Other names

(d) Date of birth <sup>D</sup><sup>D</sup>/<sup>M</sup><sup>M</sup>/<sup>Y</sup><sup>Y</sup> Blood Group

(e) ID or passport number  Gender: Male  Female

(f) Occupation  If more than one, state all

(g) Postal address

(h) Physical location of place of work  Building/Street

(i) Physical home address  Residence/Area/House No.

(j) Telephone - Office  Personal Mobile

(k) Personal Email

### SCHEDULE

To be completed if member's family is covered for Medical Insurance

Names in full	Date of birth (day/month/year)	Identity card no. / Birth certificate no. / Birth notification no.	Blood Group	Relationship to member
1.				
2.				
3.				
4.				
5.				

## CONFIDENTIAL MEDICAL HISTORY

Please ensure that you have fully disclosed any known or suspected conditions and symptoms experienced by anybody included in this application. In completing the questions please make sure you answer each question fully and accurately. Failure to disclose material facts could affect payment of claims.

- (a) Do you or any member of your family proposed for this insurance already hold Life, Personal Accident or Medical Insurance policies? Yes  No

*If Yes, please state name of insurers and policy numbers*

- (b) Have you or any member of your family proposed for this insurance had medical and surgical or other form of health treatment during the past three years? Yes  No

- (c) Have you or any member of your family proposed for this insurance suffered at any time from or become aware of any tendency to infection of the chest, heart, spine, glands, bones or joints, digestive organs, kidneys, bladder or other organs? Yes  No

- (d) Have you or any member of your family proposed for this insurance suffered at any time from rheumatism, diabetes, gastric or duodenal ulceration, paralysis, gout, asthma, blood spitting, hernia, rheumatic fever, tuberculosis or from any nervous disease? Yes  No

- (e) Have you or any member of your family proposed for this insurance suffered from any complaint which may necessitate a surgical operation or for which you reasonably anticipate the necessity of treatment? Yes  No

- (f) Have you or any member of your family proposed for this insurance suffered from chronic/long term medical, optical or dental condition or is there any other known disability, abnormality or recurrent illness or injury? Yes  No

- (g) Have any of your immediate relatives (child, father, mother, sister or brother) suffered from rheumatism, gout, kidney related problem, high blood pressure, cancer, diabetes, heart disease, asthma, epilepsy, blood disorder or any chronic illness? Yes  No

- (h) Are you or any member of your family proposed for insurance now under observation or taking treatment or medication for any disease or disorder? Yes  No

- (i) Do you or any member of your family proposed for insurance currently pursue or intend to pursue any profession, occupation, sport or hobby which is hazardous? Yes  No

*Please state the name and address of your medical doctor/physician or hospital*

Note: If the answer is YES to any question above please provide full details below

Name and relationship to the applicant	Relevant question	Medical condition	Consultations given and treatments received (with date)	Name of the treating doctor or hospital and their telephone number or address	Needs for future treatment or consultation

## DECLARATION OF MAIN MEMBER

I do hereby declare that the above answers are true and I have not withheld any material information regarding this proposal.

Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_