



OLDMUTUAL

# AFYAIMARA MEDICAL COVER

## Application Form

### A. PRIVACY NOTICE

#### Introduction

Thank you for choosing UAP Insurance Company Limited. UAP Insurance Company Limited ("we", "us" or "our"), as data controller, respects your privacy and is committed to protecting your personal data and the personal data of third parties that you provide to us. This Privacy Notice is a summary of our Privacy Policy and describes how we collect, use, disclose, transfer, store or otherwise process your personal data and tells you about your privacy rights and how the law protects you. For the full version of the Privacy Policy, please visit [www.uapoldmutual.com](http://www.uapoldmutual.com) or contact us for a copy.

Personal data means any information relating to you as an identified or identifiable natural person. In order for us to provide the services you have requested from us, it is necessary that we collect and process personal data from you.

#### The Types of Personal Data That We Collect

We may collect, use, store, transfer or otherwise process personal data about you or persons connected to you including identification information such as name and national identity card number or passport number, KRA PIN, nationality, gender, contact information such as email address, telephone number and postal address and information relevant to your insurance policy or relevant to your claim such as your health data.

If we require information about other people connected to you, we may request you to provide such information. If you are providing information about another person, please ensure that they know you are doing so and are content with their information being provided to us. It might be helpful to show them this Privacy Notice and our Privacy Policy and direct them to us if they have any concerns.

#### How Do We Collect Your Personal Data?

For most part, we will collect personal data directly from you and this may include personal data you provide when you apply for our products or services, make enquiries, register for our products offered through mobile and online platforms, request marketing information to be sent to you, give us feedback or contact us.

In some instances, we may collect and receive your personal data from third parties or publicly available sources including medical professionals and hospitals; directly from an individual or employer (or your employer's service provider) who has a policy with us under which you are insured; directly from an employer which funds a cover that we administer where you are a beneficiary; directly from a person who is making a claim or application to us and they include information about you which is related to that claim or application; insurance brokers or agencies; the Government of Kenya's e-citizen portal, Integrated Population Registration Services platform and other Government platforms; or publicly available sources such as the Companies Registry and the Business Registration Service.

#### How Do We Use Your Personal Data And What Legal Basis Do We Have For Processing Your Personal Data?

We use your personal data to provide you with our insurance services. In this regard, we rely on the following lawful basis for processing your personal data:

- **Performance of contract:** Including setting up and administering a contract of insurance by providing you with a quote for the insurance policy, underwriting the risks to be insured or processing any claims that might be submitted under the policy;
- **Legal and regulatory obligations:** Compliance with our legal and regulatory obligations such as KYC obligations under different statutes including the Proceeds of Crime and Anti-Money Laundering Act (No.9 of 2009) and the Tax Procedures Act (No. 29 of 2015);
- **Consent:** We will also rely on your consent as a lawful basis for processing your personal data in the instances where we (a) process personal data relating to a child; (b) process sensitive personal data outside Kenya; and (c) provide you with marketing information; and
- **Legitimate interests:** for our legitimate business interests, including prevention and detection of fraud.

In the event that you fail to provide us with your personal data when requested, we may not be able to perform the contract we have or that we wish to enter into with you. In that case, we may have to cancel a product or service you have with us.

You have the right to withdraw your consent to our processing of your personal data at any time but please note, that your withdrawal will not affect the lawfulness of our processing of your personal data which was based on prior consent before your withdrawal or which is based on other legal basis for processing of your personal data. Please further note we may not be able to provide you with our products and services if you withdraw your consent.



# OLDMUTUAL

## A. PRIVACY NOTICE

### Who Do We Share Your Personal Data With?

In connection with the above purposes, we may share your personal data with third parties located within and outside Kenya such as our affiliates, public authorities or governments when required by law, our third-party service providers who help us manage our products and services including those service providers who maintain our IT and office systems, provide marketing and advertising services, provide application processing, fraud monitoring, call center and/or other customer services. In that connection, we will take adequate steps to protect your personal data including entering into agreements with third party recipients of your personal data (as applicable) governing protection of personal data.

### Data Security

We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those employees, agents, contractors and other third parties who have a business need to know. We have also put in place procedures to deal with any suspected personal data breach and will notify you and any applicable regulator of a breach where we are legally required to do so.

### Retention and Storage of Your Personal Data

We will only retain your personal data for as long as may be necessary to fulfil the purpose we collected it for, including for the purposes of satisfying any legal, regulatory, tax, accounting or reporting obligations.

### Your Legal Rights

You have the right to:

- be informed of the use to which your personal data is to be put as we have endeavoured to outline in this Privacy Notice and our Privacy Policy;
- request access to your personal data that we hold about you;
- object to the processing of all or part of your personal data;
- request correction of inaccurate, false or misleading data that we hold about you; and
- request deletion of false or misleading data that we hold about you.

### Contacting Us

If you have any concerns about the use of your personal data, questions about this Privacy Notice or our Privacy Policy including any requests to exercise your legal rights under the law, please contact us using the details set out below:

Email address: [dataprivacy@uapoldmutual.com](mailto:dataprivacy@uapoldmutual.com)

Postal address: [P.O. Box 43013-00100, Nairobi](#)

Physical address: [UAP Old Mutual Tower, Upperhill Road](#)

Telephone number: [+254 20 2850000](tel:+254202850000)

We will respond to your questions or concerns in a timely manner and in compliance with the relevant laws.

**Kindly ensure ALL the Mandatory Documents below are submitted to form part of this application form:**

- |                     |                          |  |                          |   |                          |
|---------------------|--------------------------|--|--------------------------|---|--------------------------|
| Copy of National ID | <input type="checkbox"/> | Copy of KRA PIN  | <input type="checkbox"/> | One passport size photo for inpatient only covers | <input type="checkbox"/> |
| Premium Payment     | <input type="checkbox"/> | Medical Exam Report if the insured is 60 years and above | <input type="checkbox"/> |   |                          |

## B. CONSENT FOR PROCESSING PERSONAL DATA

### \*Consent for Processing Personal Data

Sensitive personal data means data revealing your race, health status, ethnic social origin, conscience, belief, genetic data, biometric data, property details, marital status, family details including names of your children, parents, spouse or spouses, sex or your sexual orientation. In some instances, it may be necessary that we process your sensitive personal data outside Kenya in connection of which we are required to obtain your consent.

By signing below, you agree that you have read and understood the above Privacy Notice and our Privacy Policy and you hereby authorise us to process your sensitive personal data outside Kenya.

Name

Signature

Date



# OLDMUTUAL

PLEASE COMPLETE THIS FORM USING BLOCK LETTERS.

If you are adding a new dependant, please state your Policy Number:

## 1. APPLICANT DETAILS (Please note that the applicant will be the policyholder)

You must notify us of any change of contact details so we can ensure correspondence reaches you.

Please attach a copy of identification and PIN certificate of the policy holder and identification copy of dependant over 18 years of age.

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Other.	Surname	First Name
Other Name				Date of Birth DD / MM / YYYY	Gender MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	Nationality
National I.D. / Passport Number				N.H.I.F. Number	PIN Number (Mandatory)	
Postal Address				Code	Town	Physical Address
Country of Residence				Mobile Number COUNTRY CODE / AREA CODE	Other Phone Numbers COUNTRY CODE / AREA CODE	
Email Address				Occupation* Please state if student	Employer	

## DETAILS OF EXISTING AND PAST HEALTH INSURANCE POLICIES

Name of Insurer :	Policy Number :
Start Date : DD / MM / YYYY	End Date : DD / MM / YYYY

## 2. DEPENDANTS TO BE COVERED UNDER THE CONTRACT

\*Dependants can include your spouse/partner and any children financially dependent on the applicant up to the day before their 18th birthday,

In completing this section, you may be required to provide personal data relating to a child for instance where providing details of your beneficiaries/ next of kin. Please note that a child is a person under the age of 18 years. In order for us to process any personal data relating to a child, we require your consent as the child's parent or legal guardian and proof of the child's age. Please note that if you do not provide us with your consent for our processing of the child's personal data or if you withdraw such consent, we may not be able to provide you or the child with our products and services. Such withdrawal of consent will not however affect the lawfulness of our processing of the child's personal data prior to the withdrawal.

By signing below, you confirm that you are the parent or legal guardian of the child whose personal data is being provided to us and that you consent to our processing the child's personal data in accordance with our Privacy Policy.

	SURNAME	FIRST NAME	OTHER NAMES	DATE OF BIRTH*			RELATIONSHIP*
				DATE	MONTH	YEAR	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

\*Means the Fields are required





OLDMUTUAL

## 5. MEDICAL HISTORY OF APPLICANT AND DEPENDANTS

ANSWER YES(Y) OR NO(N) TO ALL QUESTIONS BELOW

	QUESTIONS	MEMBERS								
		00	01	02	03	04	05	06	07	08
E)	Blood Disorders									
	Sickle Cell Disease									
	Leukemia									
F)	Musculoskeletal									
	Arthritis									
	Gout									
	Chronic Back Pain/Slipped Disc									
G)	Genito-Urinary									
	Pelvic Inflammatory Disease (female)									
	Fibroids (female)									
	Enlargement of the Prostate (male)									
H)	Gastrointestinal									
	Liver Disease									
	Stomach & Duodenal Ulcers									
I)	Surgical Operations									
J)	Hospitalised (within the last seven years)									
K)	On Regular Medication									
L)	Pregnancy (female)									
	History of Caeserian									
	Section Pregnant Member									
M)	Other medical conditions or disabilities not mentioned above									

## 6. ADDITIONAL INFORMATION FOR "YES" ANSWERS

If you answered yes to any part of questions within the previous health declaration section, please provide details in the table below and supporting medical reports or test results

NAME OF THE MEMBER AFFECTED BY THE CONDITION	QUESTION NUMBER	DIAGNOSIS	DATE OF ONSET	FREQUENCY & SEVERITY OF SYMPTOMS	DATE OF LAST EPISODE	TEST RESULTS	PAST/ CURRENT TREATMENT OR RECOVERY

## 7. ADDITIONAL INFORMATION

---



---



# OLDMUTUAL

## 8. PREMIUM TABLES

### AFYAIMARA FAMILY COVER

INPATIENT ANNUAL COVER LIMIT PER FAMILY

	500,000	1,000,000	3,000,000	5,000,000	10,000,000
<b>19 yrs. - 29 yrs.</b>					
Principal Member	32,257	34,284	49,172	53,025	60,535
Spouse	23,900	25,582	38,516	41,671	46,337
Child (0 -18 yrs.)	13,929	17,102	26,795	28,496	31,578
<b>30 yrs. - 40 yrs.</b>					
Principal Member	33,863	35,223	52,342	56,437	64,692
Spouse	25,023	26,785	40,457	43,799	48,736
Child (0 -18 yrs.)	13,929	17,102	26,795	28,496	31,578
<b>41 yrs. - 50 yrs.</b>					
Principal Member	38,059	39,385	62,185	62,634	68,870
Spouse	26,128	27,925	46,043	46,446	49,650
Child (0 -18 yrs.)	13,929	17,102	26,795	28,496	31,578
<b>51 yrs. - 65 yrs.</b>					
Principal Member	55,550	56,704	76,889	82,030	91,449
Spouse	31,575	34,484	50,161	54,280	60,121
Child (0 -18 yrs.)	13,929	17,102	26,795	28,496	31,578
<b>66 Years and Above</b>					
Principal Member	82,829	95,227	142,417	162,180	185,511
Spouse	64,526	78,683	115,311	131,186	145,655
Child (0 -18 yrs.)	13,929	17,102	26,795	28,496	31,578

#### OUT PATIENT COVER LIMITS & RATES

OPTION	50,000	60,000	100,000	150,000	200,000
M (Also Per Person)	32,934	33,266	35,226	37,892	41,512
M+1	44,986	49,269	66,533	70,452	77,987
M+2	48,748	54,844	82,895	88,794	92,489
M+3	48,797	55,910	98,147	106,762	111,223
M+4	48,846	57,804	98,245	121,829	126,966
M+5	49,339	58,095	99,028	136,895	142,709
M+6	49,837	58,387	99,282	148,202	157,539

#### RULES OF SELECTION COVER;

- a) Inpatient is the primary option and is purchased before purchasing outpatient.  
b) Outpatient is limited to the amount of inpatient and is restricted as below;

Inpatient Limit	Can purchase Outpatient Limit of:
500,000	60,000 and below
1,000,000	60,000 and below
3,000,000	100,000 and below
5,000,000	200,000 and below
10,000,000	200,000 and below

### AFYAIMARA COUNTY

ANNUAL COVER LIMITS (KSHS)	100,000	250,000	500,000	1,000,000
<b>19 YRS - 29 YRS</b>				
Principal Member	11,184	14,833	23,189	26,908
Spouse	9,438	11,223	17,818	20,488
Child (0 -18 yrs)	5,438	6,725	10,552	13,856
<b>30 YRS - 40 YRS</b>				
Principal Member	11,752	15,471	24,203	28,068
Spouse	9,846	11,681	18,638	21,428
Child (0 -18 yrs)	5,438	6,725	10,552	13,856
<b>41 YRS - 50 YRS</b>				
Principal Member	14,100	18,111	28,495	32,864
Spouse	11,722	13,791	22,072	25,262
Child (0 -18 yrs)	5,438	6,725	10,552	13,856
<b>51 YRS - 70 YRS</b>				
Principal Member	17,662	22,117	34,445	40,144
Spouse	14,600	17,027	26,622	31,142
Child (0 -18 yrs)	5,438	6,725	10,552	13,856

#### OUT PATIENT COVER LIMITS & RATES

OPTION	25,000	40,000	50,000
M / Rate Per Person	9,390	10,821	11,775
M+1	10,841	18,050	22,856
M+2	15,921	22,120	26,252
M+3	21,002	26,647	30,411
M+4	23,856	30,788	35,408
M+5	24,603	34,661	41,366

#### RULES OF SELECTION COVER;

- a) Inpatient is the primary option and is purchased before purchasing outpatient.  
b) Outpatient is limited to the amount of inpatient and is restricted as below;

Inpatient Limit	Can purchase Outpatient Limit of:
100,000	25,000
250,000	40,000 and below
500,000	50,000 and below
1,000,000	50,000 and below



# OLDMUTUAL

## AFYAIMARA SENIORS

INPATIENT LIMIT (KSHS)	500,000	1,000,000	3,000,000	5,000,000	10,000,000
Premium Rates	116,352	132,299	178,535	206,231	229,049

OUTPATIENT LIMIT	100,000	150,000	200,000
Premium Rates	94,968	101,270	107,534

DENTAL & OPTICAL LIMIT	Dental 20,000	Optical 20,000
Premium Rates	16,176	16,176

## AFYAIMARA JUNIOR

Please tick your desired option:

- Unlimited Panel Option ☐
- Gertrude's Children's Hospital only Option ☐

### ANNUAL COVER LIMITS & RATES - UNLIMITED PANEL OPTION

INPATIENT	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	500,000	1,000,000	3,000,000	5,000,000
One Child	32,954	34,602	37,716	40,356
2 Children	51,785	54,374	59,267	67,260
3 Children	68,262	71,675	80,469	90,800
4 Children	82,385	86,504	99,004	110,978
5 Children	98,438	103,360	116,042	131,156
6 Children	116,162	121,970	132,948	151,334
Extra Child	17,724	18,611	20,286	21,706

OUTPATIENT	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	50,000	75,000	100,000	150,000
One Child	24,990	26,240	28,076	30,042
2 Children	46,232	48,543	51,941	55,577
3 Children	46,463	51,109	54,687	58,515
4 Children	46,618	55,941	67,129	80,555
5 Children	46,734	60,754	78,981	102,675
6 Children	46,828	63,217	85,343	115,213
Extra Child	454	649	974	1,363

### ANNUAL COVER LIMITS & RATES - GERTRUDE'S CHILDREN HOSPITAL ONLY OPTION

INPATIENT	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	500,000	1,000,000	3,000,000	5,000,000
One Child	29,538	31,015	34,117	37,529
2 Children	49,231	51,692	56,862	62,548
3 Children	66,462	69,785	76,763	84,439
4 Children	81,231	85,292	93,822	103,204
5 Children	96,000	100,800	110,880	121,968
6 Children	110,769	116,308	127,938	140,732
Extra Child	14,769	15,508	17,058	18,764

OUTPATIENT	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	50,000	75,000	100,000	150,000
One Child	19,250	20,213	23,244	26,731
2 Children	35,613	37,393	43,002	49,452
3 Children	35,791	39,370	45,275	52,066
4 Children	35,910	43,092	51,710	62,052
5 Children	36,000	46,800	60,839	79,091
6 Children	36,072	48,697	65,741	88,750
Extra Child	350	500	750	1,050

### RULES OF SELECTION COVER;

- Inpatient is the primary option and is purchased before purchasing outpatient.
- Outpatient is limited to the amount of inpatient and is restricted as below;

Inpatient Limit	Can purchase Outpatient Limit of:
500,000	50,000
1,000,000	75,000 and below
3,000,000	100,000 and below
5,000,000	Any of the options available



# OLDMUTUAL

## PREMIUM COMPUTATION

PRODUCT SELECTED		
OPTIONS SELECTED	LIMITS AMOUNT	TOTAL PREMIUMS
Inpatient		
Outpatient		
Total Premium payable excluding levies		
Training levy & Policy holders levy @0.45%		
Stamp duty	Kes. 40.00	
Total PREMIUM PAYABLE including levies		

## 9. PAYMENT DETAILS

Please tick ☐ to indicate your preferred payment frequency and method: **Annual**

Cheque <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>	Mobile Money <input type="checkbox"/>	Visa/Credit card <input type="checkbox"/>
---------------------------------	--	---------------------------------------	---

For mobile money; kindly follow the below steps;

- **Go to M-PESA on your phone menu**
- **Select Payment services**
- **Select Pay Bill Option**
- **Enter Business Number -505800**
- **Enter the account number**  
\*Enter Member number for existing clients or full names for new clients\*
- **Enter the amount of the premium**
- **Enter your M-PESA PIN**
- **Confirm details are okay and press OK**

## 10. IMPORTANT NOTES TO YOUR MEMBERSHIP

1. Members over 65 years of age should enroll into Afyalmara Seniors Cover.
2. Children whose parent or guardian shall not be covered with them as a principal should enroll in to the Afyalmara Junior policy.
3. Persons above 18 years but below 65 years should enroll in either Afyalmara or Afyalmara County. Afyalmara County is a budget alternative to Afyalmara which has a restriction on the hospitals the member can seek services from.
4. Particular conditions may have waiting period before they are eligible for treatment in the policy and a sublimit. You are obliged to ensure that you are familiar with cover terms applicable to each conditions.
5. There may be a limitation on the hospitals from which you can seek treatment depending on the benefit option that you choose. Seeking health service from ineligible hospital may render your claim unpayable. Refer to the schedule of providers in the brochure applicable to your coverage and ensure that you are comfortable with the hospitals eligible to the plan you are enrolling into.
6. Members of over 60 years of age will be required to undergo medical examination before joining cover.



OLDMUTUAL

## DECLARATION

This membership application form is part of the contract with UAP Insurance

- A. I declare that all the persons named in the application form are members of my immediate family for whose membership I am responsible
- B. I hereby apply to join the above mentioned health insurance plan
- C. I understand that any mis-statement or the non-disclosure of any material information in this form will jeopardise my membership.
- D. I warrant that the answers in this form are true, correct, and complete and I acknowledge that such answers are all material
- E. I hereby authorise the hospital, medical or dental practitioners who have treated me or any of my dependants to disclose to UAP the records relating to such current or previous hospitalisations/medical treatment and to allow the company to receive extracts from such records and undertake to assist in obtaining such information.
- F. I have read, understood and agree with the cover options, exclusions, terms and conditions as stipulated in the product brochure
- G. I have appointed \_\_\_\_\_ as my Agent/Broker for this policy.
- H. In Compliance with the Data Protection Act, 2019, I allow UAP Insurance Company Limited to provide me with insurance services declared in relation to the Insurance Policy/ies I have purchased.

As such, I agree and Authorize the Company to:

(please tick as appropriate)

- i. In some instances, it may be necessary that we obtain your personal data from third parties or publicly available sources. The reasons for this include verifying the information you have provided to us, assessing whether you are eligible for our products and services, complying with our legal or regulatory obligations or where it is necessary for our legitimate interests and for such other purposes as set out in our Privacy Policy. Where you seek to obtain an insurance policy from us, we may require your medical information from your medical practitioner in order to effect your policy and/or to process your claim.
- ii. We may use your information for commercial purposes such as carrying out analytics/market research about our products and services. Where we use your personal data for such commercial purposes, we will anonymise the data where possible in such a manner as to ensure that you are no longer identifiable. We may advertise and market to you our latest products and services. Please note that if you do not want to receive our marketing information you may opt-out by contacting us at any time.
- iii. Sensitive personal data means data revealing your race, health status, ethnic social origin, conscience, belief, genetic data, biometric data, property details, marital status, family details including names of your children, parents, spouse or spouses, sex or your sexual orientation. We may be required to process your sensitive personal data in order to provide our services to you. In some instances, it may be necessary that we transfer your sensitive personal data to third parties located within and outside Kenya as set out in our Privacy Policy. In case we process your personal/ sensitive personal data outside Kenya, we will ensure that measures are taken to protect your privacy rights and your personal/sensitive personal data. For more details on these measures, please see our Privacy Policy. Please note that if you do not provide us with your consent for our processing of your personal data or if you withdraw your consent for such processing, we may not be able to provide our products and services to you. Such withdrawal of consent will not however affect the lawfulness of our processing of your personal data prior to the withdrawal.
- iv. Share your information with affiliates and necessary third parties for any legitimate business purpose. There are instances where we are required by law to share your information with regulators and legitimate third parties. In all such instances, we shall ensure that security systems are employed to protect your information.

### SIGNATURE OF THE PRINCIPAL MEMBER (POLICY HOLDER)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### AGENT/BROKER DECLARATION

I CONFIRM THAT I HAVE EXPLAINED TO THE CLIENT THE BENEFIT STRUCTURE, GENERAL CONDITIONS AND EXCLUSIONS OF THIS COVER

AGENT'S / BROKER'S NAME \_\_\_\_\_

TEL. MOBILE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

AUTHORISED SIGNATURE & STAMP DATE \_\_\_\_\_

## UAP Old Mutual Health Business

UAP Old Mutual Tower, Upper Hill Road.  
P.O. Box 43013 - 00100 Nairobi,  
Tel: +254 711 065 100 / +254 20 285 000

Email: [RetailMedical@uap-group.com](mailto:RetailMedical@uap-group.com), Website: [www.uapoldmutual.com](http://www.uapoldmutual.com)

