

GROUP MORTGAGE ASSURANCE PROPOSAL FORM

SECTION A – Member Details

Full names of member _____
Date of Birth _____
Occupation _____
I.D No. _____
PIN No. _____
Telephone No. _____

SECTION B – Particulars of Loan

Principal Loan Amount Kshs. _____
Duration (years) _____
Interest Rate per annum _____
Inception date _____

SECTION C - Beneficiary

Full Name	Address
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SECTION D - To be completed by financier.

I confirm that the information given above is correct.

I also confirm that the cover to be provided under the proposal is

- Death Benefit Permanent Total Disability Critical Illness Last Expense

The above-mentioned member is to be included in the Group Mortgage Assurance Scheme with effect
From _____ (date)

Signature & Stamp of financier _____

Date of signing _____

Position in Company _____

MEMBER NAME:

SCHEME NAME:

OCCUPATION:

PLEASE ANSWER TO THE BEST OF YOUR KNOWLEDGE OR BELIEF

1. a) Name and Address of your present doctor..... (If none, so state)
b) Date and reason last consulted (If within last 10 years)
c) What treatment was given or medication prescribed?

(TICK ✓ APPLICABLE ITEMS)

If the answer to any question is "Yes", identify question number and include diagnosis, dates, duration, degree of recovery or results and names and addresses of all attending physicians and medical facilities.

Yes No

2. Are you under medical treatment by diet, medicine or other means?

3. Have you ever had or sought advice for:-
- (a) chest pain, high blood pressure, heart murmur, heart or circulation disorder?
 - (b) asthma, chronic cough, shortness of breath or lung disorder?
 - (c) diabetes or sugar in the urine?
 - (d) ulcer, colitis, liver or digestive disorder?
 - (e) cancer, tumour or enlarged glands?
 - (f) anaemia, bleeding or blood disorder?
 - (g) dizzy or fainting spells, epilepsy, nervous system or mental disorder?
 - (h) urine, kidney or bladder disorder?
 - (i) arthritis or other joint disorder?
 - (j) any other illness, surgery or injury?

4. Have you had any change in weight in the past year?
Current weight ----- Height -----

5. Have you ever been advised to stop drinking alcohol or to drink less?

6. (a) Have you received medical advice or treatment in connection with - AIDS or an HIV/AIDS related condition or a sexually transmitted disease?
- (b) Have you been told you had HIV/AIDS or an HIV/AIDS related complex?
- (c) Have you had or been told you had a positive blood test for antibodies to the HIV virus (Human Immune Deficiency Virus)?
- (d) Do you have any of the following, which are unexplained: Fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?

7. Have you within the past 5 years:
- a) Had any mental or physical disease or disorder not listed above?
 - b) Had a check-up, consultation, illness, injury or surgery?
 - c) Been a patient in a hospital, clinic, sanatorium, or other medical facility?
 - d) Had electrocardiogram, X-ray, other diagnostic test?
 - e) Been advised to have any diagnostic test, hospitalization, or surgery, which was not completed?
 - f) Had a blood transfusion?

8. Have you ever had military service deferment, rejection, or discharge because of a physical or mental condition?

I declare that the answers to the above questions are true and complete and that I have not withheld any material information and agree that such answers shall be the basis of the contract for assurance.

I consent to the Company seeking information from any doctor, hospital or clinic I have consulted or from any Company I made a proposal for insurance and I hereby authorise the giving of such information.

Member Name _____

Date _____

Member's Usual Signature _____