

Apollo Centre, Ring Road Parklands,  
Westlands  
P.O. Box 30065 – 00100 Nairobi  
Tel: +254 (0) 20 286 2000 / 364 1000  
E-mail: info@apainsurance.org info@  
apalife.co.ke  
Website: www.apainsurance.org

#### **Branch Offices**

##### **City Centre**

6th Floor, Hughes Building, Kenyatta  
Avenue  
P.O. Box 30065 – 00100, Nairobi  
Tel: +254 (0) 20 286 2000 / 364 1000  
Fax: 020 286 2220  
E-mail: info@apainsurance.org info@  
apalife.co.ke

##### **Nakuru**

Giddo Plaza, George Morara Road  
P.O. Box 14188 – 20100, Nakuru  
Tel: 051 221 3412/6 | 020 286 2337  
Fax: 051 221 3449  
E-mail: apa.nakuru@apainsurance.org

##### **Mombasa**

Apollo House, Moi Avenue  
P.O. Box 81821 - 80100, Mombasa  
Tel: 041 222 19 41 | 2 041 222 0758 | 9  
Pilot Line: 020 286 2400  
E-mail: apamombasa@apainsurance.org

##### **Kisumu**

Ground Floor, Tuff Foam Mall - Jomo  
Kenyatta Highway  
P.O. Box 632 – 40100, Kisumu  
Tel: 057 202 4860 | 020 286 232325  
Fax: 057 202 4860  
E-mail: apa.kisumu@apainsurance.org

##### **Naivasha**

1st Floor, Eagle Centre, Mbari Kaniu  
Road  
P.O. Box 1819 – 20117, Naivasha  
Tel: 050 202 0086 | 020 286 2353  
Fax: 050 202 0086  
E-mail: apa.naivasha@apainsurance.org

##### **Eldoret**

1st Floor, Zion Mall, Uganda Road  
P.O. Box 3600 – 30100, Eldoret  
Tel: 053 203 0937 | 020 286 2334  
2334  
Fax: 053 203 0938  
E-mail: apa.eldoret@apainsurance.org

##### **Thika**

5th Floor, Zuri Centre, Kenyatta Highway  
P.O. Box 4400 – 01002, Thika  
Tel: 067 - 222 0196 | 020 286 2300  
Fax: 067 222 0197  
E-mail: apa.thika@apainsurance.org

##### **Meru**

2nd Floor, Twin Plaza, Ghana Road  
P.O. Box 3298 – 60200, Meru  
Tel: 064 3131 823 | 020 268 2312  
Fax: 064 3131 821  
E-mail: apa.meru@apainsurance.org

##### **Nyeri**

1st Floor, Peak Business Centre, off  
Kenyatta Highway  
P.O. Box 2443 – 10100, Nyeri  
Tel: 061 203 0332 | 020 286 2307  
Fax: 061 203 0332  
E-mail: apa.nyeri@apainsurance.org

##### **Embu**

2nd Floor, Sparko Building, Kenyatta  
Highway  
P.O. Box 1817 – 60100, Embu  
Tel: 068 2230103 | 020 286 2317  
Fax: 068 2230104  
E-mail: apa.embu@apainsurance.org

##### **Kisii**

2nd Floor Mocha Place –Kisii Kisumu  
Highway  
P.O. Box 3479 -40200, Kisii  
Tel: 058 2031773 | 020 286 2327  
Fax: 058 2031773  
E-mail: apa.kisii@apainsurance.org

##### **Machakos**

ABC Imani Plaza, Ngei Road  
P.O. Box 2475-90100, Machakos  
Tel: 044 2021455 | 0202 286 2347  
E-mail: apa.machakos@apainsurance.org

The beauty is in believing  
you're a survivor



# Femina Insurance

## Femina

FEMINA is a cash benefit payable for any policy holder diagnosed with breast or cervical cancer.

- The plan will pay cash on diagnosis
- Does not require any checkup before signing up
- APA Insurance will deliver a cheque at your hospital bed if necessary

Facts about breast/ cervical cancer

- Anybody can get breast/ cervical cancer
- It affects women and men of all ages, race and social classes
- There are no known causes of breast cancer
- Having one or more of the risk factors associated with breast/ cervical cancer does not necessarily mean one will develop the disease
- Not all breast lumps are cancerous
- Cancerous lumps are initially painless
- Men do get breast cancer
- Mastectomy does not affect a woman's sexuality
- Breast cancer is curable if detected early
- Surgery for removal of cancerous lumps does NOT lead to fatality

Option	Benefit	20-29 yrs.	30-39 yrs.	40+
A	KShs 250,000/-	KShs 1,000/-	KShs 1,550/-	KShs 2,000/-
B	KShs 500,00/-	KShs 1,950/-	KShs 3,000/-	KShs 3,950/-

### In the event of a claim?

Immediately inform APA through our 24-hour helpline 0722 200 100/ 0734 600 577 or email [info@apainsurance.org](mailto:info@apainsurance.org) or [medical@apainsurance.org](mailto:medical@apainsurance.org) and your account handler will be ready to assist you.

## Femina Insurance

### How do I get covered on Femina?

Simple! Complete this form and send it to an APA office near you with your selected option and we will be happy to contact you.

Name in Full (Block letters)

\_\_\_\_\_

Postal Address \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Option Desired (Tick one) A  B

Email \_\_\_\_\_

Tell/Mobile \_\_\_\_\_

NB: You can download the proposal form from our website [www.apainsurance.org](http://www.apainsurance.org) or contact any of our offices countrywide.

### Disclaimer

The information contained in this brochure is for marketing purposes only. For detailed information on the product please contact your agent/broker or any one of our branches near you.

Terms and conditions apply.