

#### Powered by

# YuBuntu

#### FEMINA PLUS APPLICATION FORM TO BE FILLED IN BLOCK LETTERS

#### SECTION A: MEMBERSHIP DETAILS

Employer:																				
Title:													Ma	le			F	emale	e [	
Applicant's Name:	F I	R	S	Т			M	D	D	L	Е					L	А	S	Т	
Date of Birth:	D	D	Μ	Μ	]	KRA PIN No.:														
ID/Passport No.:					Мо	bile I	No.:													
P.O. Box No.:					Post	al Co	ode:													
Email Address:						Cit	ty/To	wn:												
SECTION B: MEDICAL HISTORY																				
Have you suffered from any cancer related illness or disease of any nature or have you received treatment or ever been admitted? Yes No If YES, please give details																				
SECTION C: NAME AND ADDRESS OF YOUR DOCTOR/CLINIC/HOSPITAL																				
Name:										Loca	tion:									
Telephone Number:																				
SECTION D: SELECT PLAN																				
Silver					Γ		Gold										F	Platin	um	

### SECTION E: PERSONAL DECLARATION AND GUARANTEE

I hereby apply to be enrolled in the plan listed above. I declare, to the best of my knowledge and belief, that the information given in the application is true and complete. I acknowledge that benefits will not apply in the first Six (6) months of cover or to any existing ailments or conditions. I authorize APA Insurance to obtain medical information from any of the doctors I have consulted and shall submit to any medical examination(s) if so required by the company. It is agreed that this declaration and the information given above in this application shall form the basis of the contract between the insured person and the insurer.

Applicant's Signature \_

#### SECTION F: AUTHORISATION TO OBTAIN AND USE INFORMATION

Personal data refers to all information that may directly or indirectly identify you. In order to provide you with products and services, we need to collect, use, share and store your personal data. This may include information provided by you or obtained from third parties. The information may be used to assist us in providing the service you are applying for and shall be used in fulfillment of contractual obligations. We may also use the information to advise you of other products and services provided by us, to confirm, update and enhance records, and to establish your identity. The data collected may be shared/transferred/-stored/processed within or outside the Kenyan jurisdiction. Any reference to "We" or "Us" will mean Apollo Group. Refer to our website www.apainsurance.org to see the entities under Apollo Group.

I authorise APA Insurance to obtain and use my personal information as per the above. Yes No

Note: In case you would like to revoke the consent, kindly send an email to privacy@apollo.co.ke.

#### SECTION G: TO BE COMPLETED BY EMPLOYER

As Employer I confirm that the information given in section 'A' above is correct. This Employee is to be included in the scheme with effect from

Signature & Stamp of Employer \_

Date \_

Position in Company



## **APOLLO GROUP** PRODUCT CATALOGUE

#### **INDIVIDUAL PRODUCTS**

#### A. GENERAL INSURANCE

- 1. Domestic Package
- 2. Travel Insurance
- 3. Personal Accident
- 4. Motor Insurance

#### **B. AGRIBUSINESS**

- 1. Crop Insurance
- 2. Livestock Insurance
- 3. Canine Insurance

#### C. MICRO INSURANCE

- 1. Micro Property
- 2. Hospitalisation Cash
- 3. Heshima na Faraja
- 4. SimuSure
- 5. Linda Salo

#### D. HEALTH INSURANCE

- 1. Jamii Plus & Afya Nafuu
- 2. Femina
- 3. ER Card

#### E. LIFE INSURANCE

- 1. Akiba Halisi (Anticipated Endowment)
- 2. Imarika (Endowment)
- 3. Apa Elimu (Education)
- 4. Term Assurance
- 5. Whole Life Plan
- 6. WealthBuilder Plan
- 7. Upendo Life (Micro Life)
- 8. APA Hosicare
- 9. Last Expense Pumzisha

#### **CORPORATE COVERS**

#### A. GENERAL INSURANCE

- 1. Aviation
- 2. All Risk
- 3. Asset All Risk
- 4. Contractor's All Risk
- 5. Directors And Officers Liability
- 6. Fire & Perils
- 7. Goods In Transit
- 8. Group Personal Accident
- 9. Medical Malpractice
- **10.Professional Indemnity**
- 11. Property, Terrorism And Sabotage Cover
- 12. Work Injury Benefits Act

#### **B. GROUP LIFE**

- 1. Mortgages
- 2. Pension Products
- 3. Annuity
- 4. Income Drawdown
- 5. Group Life
- 6. Group Pension

#### C. APOLLO UNIT TRUST FUNDS

- 1. Apollo Equity Fund
- 2. Apollo Money Market Fund
- 3. Apollo Balanced Fund