



## Jubilee Insurance

The Jubilee Insurance Company of Kenya Limited  
Jubilee Insurance House, Wabera Street, P. O. Box 30376-00100 GPO, Nairobi, Kenya  
Tel: 328 1000 Fax: 328 1150 Email: jic@jubileekenya.com

The Jubilee Insurance Company of Tanzania Limited  
3rd floor, TDFL Building, Phase II, Ohio Street, P. O. Box 20524, Dar es Salaam, Tanzania  
Tel: 2135121 / 2 / 3 / 4 / 213 5127 Fax: 213 5116 Email: enquiry@jubileetanzania.com

The Jubilee Insurance Company of Uganda Limited  
Jubilee Insurance Centre, Parliament Avenue, P. O. Box 10234, Kampala, Uganda  
Tel: 236 029 / 344 949 / 344 938 / 343 743 / 260 899 Fax: 258 539 / 347 787 Email: jicug@jubileeuganda.com

### APPLICATION FORM - GROUP LIFE ASSURANCE

#### PARTICULARS TO BE FILLED IN BY THE EMPLOYER

Employee's full name

Date of birth

Occupation

Date of appointment

Date of admission to the scheme

Yearly salary or wages

This is to certify that the name and date of birth of the employee have been checked with his/her (Please tick appropriate boxes below) and have been found to be correct.

Birth Certificate  Passport  National Identification Card  Other  Please specify \_\_\_\_\_

Date \_\_\_\_\_ Signature over Company's rubber stamp \_\_\_\_\_  
(Authorised official)

#### Employer to attach photocopy of identification documents.

**PARTICULARS TO BE FILLED IN BY THE EMPLOYEE**

Application for admission to

(Name of employer)

I, Mr./Mrs./Ms. (Please insert the full names in BLOCK capitals)

hereby apply for admission to the above Scheme and agree to be bound by the Rules of the Scheme.

1. Are you now in perfectly good health? Yes  No

If not, please provide full details

2. Have you been absent from employment during the last two months due to illness, injury or any other type of incapacity? Yes  No

If so, please provide full details including address of the hospital/doctor where treatment has been sought

3. Have you ever had:

a) Unexplained, recurrent or persistent fever or skin disorder? Yes  No

b) Persistent, unexplained night sweats? Yes  No

c) Unexplained weight loss? Yes  No

d) Unexplained infections or swollen glands? Yes  No

e) Chronic or recurrent diarrhoea? Yes  No

f) Persistent cough? Yes  No

g) Hepatitis B or any sexually transmitted disease, including genital sores or discharge? Yes  No

4. Have you ever had or been advised to have a blood test for HIV or an HIV related condition? Yes  No

5. Have you ever been refused as a blood donor? Yes  No

6. Have you received a blood transfusion within the last 5 years? Yes  No

Please provide complete details of all 'Yes' answers above

I HEREBY DECLARE that all statements and answers to the above questions are complete and true, and I agree that they shall form part of my application for life insurance. I authorise any physician, medical practitioner, hospital, clinic, medical or medically related facility or insurance company having any records or knowledge pertaining to me or my health to provide Jubilee Insurance or its reinsurers with any information sought.

Name of beneficiary \* (in full) \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Guardian (if the beneficiary is a minor) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\* For more than one beneficiary please provide details on a separate sheet of paper and attach it to the Application Form**