

OLD MUTUAL GENERAL INSURANCE KENYA LIMITED
Old Mutual Tower, Upper Hill Road, PO Box 43013 - 00100, Nairobi, Kenya
Tel +254 (0) 711 065 100, +254 (20) 2850 000, Email oldmutualgeneralinsurance@oldmutual.co.ke
www.oldmutual.co.ke

PRIVACY NOTICE

INTRODUCTION

Thank you for choosing Old Mutual. Old Mutual (“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 oldmutual.co.ke 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.

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: oldmutualgeneralinsurance.co.ke
Postal address: PO Box 43013 - 00100, Nairobi, Kenya
Physical address: Old Mutual Tower, Upper Hill Road, Upper Hill, Nairobi, Kenya
Telephone number: +254 (0) 711 065 100, +254 (20) 2850 000

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

CONSENT

We care about your privacy and the privacy of your family members. In line with the Data Protection Act, 2019, we need your consent to collect and process your health and other personal data. **If you do not provide your explicit consent for the processing of your personal data as outlined below, we will not be able to handle your data.** If you agree, your data will be processed for the following reasons and activities. The table below needs to be completed only by those members under this policy who have not already provided consent before. Their consent will be valid for the entire duration of their policy unless they decide to change or revoke at any time.

A parent or guardian should complete the consent for any member that is under the age of 18.

CONSENT FOR PROCESSING PERSONAL DATA

Personal data means any information relating to you as an identified or identifiable natural person. In line with the Data Protection Act and our privacy policy, we require your consent to process certain categories of personal data. 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. Where you provide information about others (for example, beneficiaries /next of kin), you must ensure that you have their consent or are otherwise entitled to provide such information to us.

By signing this form, you confirm that you have read and understood our privacy policy and that any queries you have about the processing of your personal data by us have been fully addressed. Further, by signing this form below, you authorise us to process your personal data in accordance with our privacy policy

CONSENT FOR PROCESSING SENSITIVE PERSONAL DATA OUTSIDE KENYA

Sensitive personal data includes data revealing your property details, health status, marital status, family details, ethnic social origin, sex, genetic and biometric data. Some of our service providers have servers located outside Kenya. In such instances and others, 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

CONSENT FOR PROCESSING PERSONAL DATA RELATING TO A CHILD

(Do not fill the section if it is not applicable)

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.

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 have read and understood the privacy notice above and our privacy policy and you hereby consent to our processing of the child's personal data in or outside Kenya.

Name
Signature
Date

CONSENT FOR MARKETING PURPOSES/ COMMERCIAL USE OF DATA

We would like to use your details to carry out analytical and market research about our and our affiliates' products and services and to provide you with information about these insurance and financial products, services and special offers from us or our affiliates.

Please note:

Old Mutual may need to share data with other health insurers for the purpose of underwriting the risks to be insured or processing any claims. Old Mutual may also need to obtain data from third parties (e.g. doctors, hospitals, independent medical experts, co-insurers) to assess insurance risks and for the purpose of handling claims.

Please tick the relevant boxes below if you agree to receive marketing information from us:

Note: If you do not tick a box we will assume that you do not wish to receive any marketing information.

- Yes, I consent to receiving all marketing information and communications about all new products and services
- Yes, I consent to receiving marketing information and communications about products or service which relate to my current insurance policy only
- No, I do not consent to receiving any marketing information

You can withdraw your consent to the use of your personal data for any of the instances indicated above at any time by writing to oldmutualgeneralinsurance@oldmutual.co.ke. However, kindly note that once shared with other third parties, it is impossible to remove your data from such copies.

DECLARATION

I confirm that I have read and understood the privacy notice and the privacy policy and that any queries/concerns I have with regard to the nature and purpose of the processing of personal data have been adequately addressed.

DECLARATION FOR INTERMEDIARIES

I, the undersigned, acknowledge the advice given and indemnify [**NAME OF COMPANY**] on any misrepresentation of such advice. I fully understand the terms, conditions and benefits of the Policy sold to the above applicant by me and I have addressed any queries or concerns regarding the processing of their personal data as set above.



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Please complete this form using BLOCK LETTERS.

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

- Copy of National ID
- Copy of KRA PIN
- One passport size photo for inpatient only covers
- Premium Payment
- Medical Exam Report if the insured is 60 years and above

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

1. APPLICANT DETAILS (PLEASE NOTE THAT THE APPLICANT WILL BE THE POLICYHOLDER)

Title: _____

First Name(s): _____

Surname: _____

Date of Birth: _____ Gender: _____

Nationality: _____

National ID/Pasport Number: _____

NHIF Number: _____ PIN Number: _____

Postal Address: _____ Postal Code: _____

Physical Address: _____

Country of Residence: _____ Cellphone Number: _____

Email Address: _____

Occupation (please state if student): _____ Employer: _____

**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.**

DETAILS OF EXISTING AND PAST HEALTH INSURANCE POLICIES

Name of Insurer: _____

Policy Number: _____

Start Date: _____ End Date: _____

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. 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 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	OTHER NAMES	*DATE OF BIRTH	ID NO.	*RELATIONSHIP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

*Means the Fields are required

3. NEXT OF KIN DETAILS

The next of kin will be contacted by Old Mutual in case the policy holder is incapacitated and cannot issue instructions with regards to this policy. The decision issued by the declared next of kin in such circumstances will be deemed legally binding. The policy holder consents to the sharing of any information relating to this policy with the declared next of kin.

SURNAME	FIRST NAME	RELATIONSHIP	CELLPHONE NO.	EMAIL

LAST EXPENSE BENEFICIARY

The last expense beneficiary is the person who will be paid the last expense benefit in case of demise of the policy holder. In case of demise of dependants, the beneficiary shall be the policy holder.

SURNAME	FIRST NAME	RELATIONSHIP	CELLPHONE NO.	EMAIL

4. COMMENCEMENT OF COVER

Please indicate the proposed date of cover commencement: _____

Cover is valid upon issuance of the policy document. Members who are 60 years and above will be required to undertake a medical examination to facilitate processing of your application. A letter requesting you to undertake a medical exam shall be issued on request through our contact.

5. MEDICAL HISTORY OF APPLICANT AND DEPENDANTS

Answer "Yes" (Y) or "No" (N) to all questions below.

Have you ever had any of the following medical conditions within the past seven years? (Ask your doctor for any assistance if needed.)
If the answer is "Yes" to any of the questions asked, kindly obtain a medical report from your attending doctor or discharge summary from hospital and forward together with your application form under confidential cover. This information is essential in processing your application. Please note that no liability will be accepted for any medical conditions which originated before the date of enrolment, or which was foreseeable at the time of application unless such medical condition has been declared to and accepted by Old Mutual in writing. If in doubt you should still disclose the medical condition

QUESTIONS		MEMBERS							
		1	2	3	4	5	6	7	8
A	Cardiovascular Conditions								
	High Blood Pressure								
	Heart Disease								
	High Cholesterol levels								
B	Respiratory								
	Asthma								
	Chronic Obstructive Airway Disease								
	Sinus Disease								
C	Endocrine								
	Thyroid Disease								
	Diabetes Melitus								
D	Neurological								
	Paralysis								
	Epilepsy								
	Fainting spell(s)								
E	Blood Disorders								
	Sickle Cell Disease								
	Leukemia								
	Blood transfusion								
F	Musculoskeletal								
	Arthritis								
	Gout								
	Chronic Back Pain/ Slipped Disc								
	Muscle weakness								
G	Genito-Urinary								
	Pelvic Inflammatory Disease (female)								
	Fibroids (female)								
	Enlargement of the Prostate (male)								
H	Gastrointestinal								
	Liver Disease								
	Stomach and Duodenal Ulcers								
I	Surgical Operations or daycare procedures (including non- surgical, gynaecological, dental, optical or any other form of treatment)								
J	Hospitalised								
K	On Regular Medication								
L	Currently pregnant (Female)								
	History of Caesarean Section								
M	Cancer, tumour, abnormal growths, enlarged glands (whether benign or malignant)								
N	Allergies								
O	Other medical conditions or disabilities not mentioned above								
P	Height	CM	CM	CM	CM	CM	CM	CM	CM
	Weight	KG	KG	KG	KG	KG	KG	KG	KG

8. PREMIUM TABLES

AFYAIMARA FAMILY COVER

INPATIENT ANNUAL COVER LIMIT PER FAMILY					
ANNUAL COVER LIMITS (KSHS.) *The principal member is the oldest insured	500 000	1 000 000	3 000 000	5 000 000	10 000 000
19 YEARS - 29 YEARS					
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
30 YEARS - 40 YEARS					
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
41 YEARS - 50 YEARS					
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
51 YEARS - 65 YEARS					
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
66 YEARS AND ABOVE					
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

OUTPATIENT 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

- 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	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.) *The principal member is the oldest insured	100 000	250 000	500 000	1 000 000
19 YEARS - 29 YEARS				
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
30 YEARS - 40 YEARS				
Principal Member	11 752	15 471	24 203	28 068
Spouse	9 846	11 681	8 638	21 428
Child (0 -18 yrs)	5 438	6 725	10 552	13 856
41 YEARS - 50 YEARS				
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	3 856
51 YEARS - 70 YEARS				
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

OUTPATIENT 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

- 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:
100 000	25 000
250 000	40 000 and below
500 000	50 000 and below
1 000 000	50 000 and below

AFYAIMARA SENIOR

ANNUAL COVER LIMITS (KSHS) *The principal member is the oldest insured	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
1 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

ANNUAL COVER LIMITS & RATES: UNLIMITED PANEL OPTION				
OUTPATIENT	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	50 000	75 000	100 000	150 000
1 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
1 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

ANNUAL COVER LIMITS & RATES: GERTRUDE'S CHILDREN HOSPITAL ONLY OPTION				
OUTPATIENT	OPTION 1	OPTION 2	OPTION 3	OPTION 4
	50 000	75 000	100 000	150 000
1 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	1 000 000 and below
5 000 000	Any of the options available

AFYAIMARA PRODUCT SELECTED	LIMITS AMOUNT	TOTAL PREMIUMS
OPTIONS SELECTED		
Inpatient		
Outpatient		
Total Premium Payable Excluding Levies		
Training Levy & Policy Holders Levy @ 0.45%		
Stamp Duty	Kshs. 40	
Total Premium Payable including Levies		

9. PAYMENT DETAILS

Please tick to indicate your preferred payment method:

Cheque
 Bank Transfer
 Mobile Money
 Visa/Credit card

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 correct and press OK

10. IMPORTANT NOTES TO YOUR MEMBERSHIP

- Members over 65 years of age should enroll into Afyalmara Seniors Cover.
- Children whose parent or guardian shall not be covered with them as a principal should enroll in to the Afyalmara Junior policy.
- 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
- 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 condition.
- 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.
- Members of over 60 years of age will be required to undergo medical examination before joining cover.

DECLARATION

This membership application form is part of the contract with Old Mutual.

- I declare that all the persons named in the application form are members of my immediate family for whose membership I am responsible
- I hereby apply to join the above-mentioned health insurance plan
- I understand that any misstatement or the non-disclosure of any material information in this form will jeopardise my membership
- I warrant that the answers in this form are true, correct, and complete and I acknowledge that such answers are all material
- I hereby authorise the hospital, medical or dental practitioners who have treated me or any of my dependants to disclose to Old Mutual 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
- I have read, understood, and agree with the cover options, exclusions, terms and conditions as stipulated in the product brochure
- I have appointed _____ as my Agent/Broker for this policy
- In Compliance with the Data Protection Act, 2019, I allow Old Mutual to process my personal data for the purpose of providing me with insurance services declared in relation to the Insurance Policy(ies) I have purchased.

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 _____

Cellphone No. _____ Email: _____

Authorised Signature & Stamp Date _____