

NEXT OF KIN

Name:	
ID:	
Relationship:	
Phone Number:	

Name of previous health Insurer and the expiry date: _____

Confidential Medical History

Have you or any of your dependants ever had (been diagnosed and / or treated for) any of the following medical conditions? Kindly answer **YES** or **NO** to all the questions below. Answers are required for each applicant. (Ask a Doctor for assistance if needed)

Note: If the answer is YES to any of the questions which follow, you will be required to provide details of the medical condition in the comments section below. AAR Insurance may request you to provide a medical report

	00	01	02	03	04	05	06	07	08	09
1. Cancer, growths or tumors whether benign or malignant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiovascular (heart and blood vessels) disorders including high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Respiratory and Ear Nose and Throat (ENT) Disorders including asthma, tuberculosis, hearing & speech impairment, adenoids and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Endocrine disorders including high cholesterol, diabetes, thyroid abnormalities, obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Eye related disorders including glaucoma, blindness, cataracts and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gastro-intestinal disorders including peptic ulcer disease, heartburn reflux, haemorrhoids, pancreatitis, hepatitis, hernias and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gynecological & Obstetric disorder including caesarian section, fibroids ovarian cysts, infertility, pelvic inflammatory, menstrual irregularities, abnormal pap smear, hormone treatment, miscarriages and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Genitourinary disorders including enlarged prostate, kidney failure, dialysis kidney stones and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Musculoskeletal disorders including arthritis, gout, back problems, physical disabilities, joint problems and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Neurological & psychological disorders including epilepsy, mental disabilities, paralysis, schizophrenia, depression, bipolar disorder, attempted suicide, alcohol or drug dependency/ addiction and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Blood & connective tissue disorders including leukemia, HIV & AIDS, Systemic Lupus Erythematosus (SLE) and any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Congenital/inherited/hereditary disorders including birth defects, sickle cell disease, umbilical hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Skin disorders including eczema, keloids, warts, acne, moles, melanoma and any other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

DECLARATION

I, on behalf of myself and the members of my family proposed for insurance, hereby declare that I have not withheld or misstated any particular material fact. I understand that any misstatement or non disclosure of any material information in this form will jeopardize my membership. I hereby authorise the hospitals/medical practitioners who have treated me or any of my dependants to disclose to AAR Insurance Kenya Limited or their representative the records relating to such current or previous hospitalisation/medical treatment and allow AAR Insurance Kenya Limited to receive extracts from such

PRIVACY POLICY

Welcome to AAR's Privacy Notice. We appreciate you taking the time to read all our notices carefully.

AAR Insurance Limited ("AAR", "We" "Us" "Our") is committed to ensuring that your Personal Data is collected and used lawfully and transparently. We process your personal information according to the provisions of the Data Protection Act, 2019, and its supporting Regulations.

1. Who is AAR?

AAR is a leading medical and general insurance company, providing innovative underwriting solutions to individuals, families, and businesses. We offer products ranging from Family Plans, Personal Accident Insurance, School Insurance, Home Owners Insurance, Medical Insurance for SME's and Corporates, Professional Indemnity, WIBA Cover, Travel Insurance, Marine Insurance and Landlord Insurance. Our offices are located at Real Towers, Upper hill, Nairobi, Kenya.

2. Scope of this privacy notice

This privacy notice applies to anyone who interacts with us about our products and services ("you," "your") in any way.

3. How we collect your personal data

We collect personal data directly from you by email or hardcopy format.

We may also collect information indirectly through third parties who act on our behalf (e.g., agents, brokers, or your employer – if you are in a Group Scheme) or whose assistance is necessary for the purposes of offering our products and services to you.

4. Categories of personal data

We process the following categories of personal information about you and/or your dependents:-

- Biodata.
- Contact data.
- Identification information.
- Location data.
- Financial information (where applicable).
- Contractual data.
- Employment data.
- Sensitive personal data such as health information and information relating to you, your spouse and children and information relating to your next of kin.

5. How we use your personal data

AAR processes your personal data for the following purposes:

- To provide you with information on our products and services.
- To assess your eligibility for payment plans.
- Process your premium and other payments.
- To inform you about changes in our services and products.
- To prevent, detect and investigate crime.
- To carry out market research, statistical analysis and customer profiling to improve quality of our products and services; and
- To comply with our legal obligation among others.

6. Lawful grounds for processing your personal data

We process your personal data on the following legal bases: -

- Informed consent
- Performance of a contractual obligation.
- Compliance with our legal obligations, our legitimate interests, and for historical, statistical, journalistic, literature and art or scientific research.

7. Your rights

- Right to be informed of the use of your data.
- Right to access your information.
- Right to ask us to correct, erase and restrict the use of your information.
- Right to object to your information being used.
- Right to receive data in a machine-readable format.
- Right to withdraw your permission for us to use your information.
- Right to automated decisions including profiling.

8. Whom do we share your information with?

AAR may share your personal information with:

- Appropriate personnel within AAR.
- Third-party service providers such as cloud system service providers, agents and brokers and archiving service providers. When we share with these service providers, we do so on a need-to-know basis and under clear contractual terms and instructions for the processing of personal data.
- With Other Third Parties: We also share your personal information with other third parties such as our legal representatives on lawful grounds.



PRIVACY POLICY

9. International transfer of personal data

AAR stores your personal information on cloud systems whose servers are located outside Kenya and on servers of its authorized third-party service providers. This means that your Personal Data may be transferred across international borders to countries other than Kenya.

AAR takes appropriate steps to ensure that it gets your express unsolicited consent and puts in place necessary protective safeguards before transferring your personal data outside Kenya.

10. How we protect your information

AAR shall take appropriate technical, physical, legal and organizational measures, which are consistent with applicable privacy and data security laws and its data privacy policy.

11. How long do we keep your information?

We keep your personal information in line with the criteria set out in the privacy policy available on our website. The length of time shall be based on the minimum retention periods required by law or regulation.

12. Where should you direct your complaints?

If you have any questions or complaints about the processing of personal data, you can contact AAR on privacy@aar.co.ke

Signature of Principal Member: _____ Date: _____

Signature of Agent/Broker: _____ Date: _____

Kenya

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