You're in control

ShwAARi Application Form

AAR Insurance

MPESA PAYBILL NO: 333200

NOTICE: *AAR Insurance company limited respects your right to privacy. Please take time to carefully read the privacy policy attached at the end of this form to understand how we process your personal information.*

Details Of The Proposer

Name: First Name | Middle Name | Last Name Nationality:

Postal Address: Postal Code: Country of Residence:

Telephone No. (Office): Mobile No:

Marital Status: Email Address:

PIN No.: ID No. / Passport number:

(Attach Copy Of Each)

Current permanent address & physical/residential address:

Are you employed? Yes ☐ No ☐ or self employed? Yes ☐ No ☐

If employed, state your current employer:

Occupation:

Source Of Income / Wealth:

- ☐ Salary
- ☐ Business Proceeds
- ☐ Pension
- ☐ Rent (Real Estate)
- ☐ Legal Settlement
- ☐ Royalties
- ☐ Inheritance
- ☐ Donations
- ☐ Winnings (Lottery/ Casino/Bettings)
- ☐ Savings
- ☐ Sale of Investment
- ☐ Sale of Property
- ☐ Non-Income generating dependant
- ☐ Other (please specify)

Dependants' Details

ENTER DETAILS OF THE SPOUSE (01) AND ALL DEPENDANTS TO BE INCLUDED IN THE APPLICATION FOR MEMBERSHIP IN ORDER OF AGE (DESCENDING) WHERE APPLICABLE

Category	Surname	First Name	Middle Name	Gender M F	Date of Birth D D M M Y Y Y Y	Height (Cm)	Weight (Kg)
00 Principal							
01 Spouse							
02 Dependant							
03 Dependant							
04 Dependant							
05 Dependant							

Name of Beneficiary: ID/Birth certificate no: Relationship: Phone Number:

Name of Next Of Kin: ID/Birth certificate no: Relationship: Phone Number:

AAR Insurance

Cover Options

100,000	250,000	500,000	750,000	1M	1.5M	2M	Scope
							Per Person
							Per Family

Name of current/previous health insurer and the expiry date

Previous Membership Number:

Have you or any of your dependents ever been declined coverage or had a premium loaded by any health insurer?

Yes No

State which one;

Confidential Medical History

All known medical conditions must be declared at inception of the policy and at any time during the currency of the policy period when the member becomes aware of it. The policy will pay for any claims from known conditions that have been disclosed. *Take note of waiting periods to apply.*

1. Have you or any of your dependants ever been hospitalized or sought any medical assistance? If yes, please provide details of the medical condition. Yes No

	Medical Condition	**Comment**
a)		
b)		
c)		

2. Have you been on /are you on any regular medication. If yes, give details of the medical condition(s) and the type of medication.

	Medical Condition	**Comment**
a)		
b)		
c)		

3. Is any medical condition known to exist in respect of yourself or any of your dependants which may necessitate treatment now or in future? If so, please give all the details.

4. Please specify if any of the persons proposed to be covered in this application suffers from any physical infirmities, physical defects or allergies.

5. Do you have family/ regular doctor? If yes, please provide details.
   Doctor's Name:
   Contacts:

Please provide further details that may have not been provided in the questions above.

Additional Comments:

Declaration

IMPORTANT: TThe following, in conjunction with the membership policy document, constitutes the contract with AAR Insurance. Please sign below to acknowledge your agreement, unless any aspect is unclear, in which case, kindly seek further guidance from AAR Insurance. It's important to note that all references to the singular include dependents under 18 years of age.
The policyholder must sign the declaration on their own behalf and on behalf of all dependents under 18 years of age.

i. I declare that all those persons named in the application form are members of my immediate family for whose membership I am responsible.
ii. I am applying for the service combination of AAR membership as marked on the first page.
iii. My country of residence is the Republic of Kenya and I will inform AAR within reasonable time if it ceases to be so.
iv. I have declared all material facts whether or not asked. I understand that AAR reserves the right to reject my application or terminate membership with or without reason. I agree to notify AAR of any subsequent changes in my health information including medical conditions and understand that this may cause AAR to modify or discontinue my membership.
v. I understand and agree in particular that:
a. The cover will run from the policy commencement date until the expiry date indicated on my policy document.
   01. I am entitled to renew my cover on or before the expiry date. Failure to renew before the expiry date will result in the forfeiture of the policy cover. In such a case, I must submit and complete a new membership application form and will be treated as a new member.
   02. As a new member, AAR will not cover the costs of hospital adssion for illness or related Rescue and Evacuation that falls within the waiting period provided for in the relevant policy document.
   03. AAR will only provide service outside my country of residence during the first 45 days of absence from country of residence in any one visit.
   04. If I travel outside my country of residence only for inpatient emergencies cases, claims incurred in this regard will only be paid on reimbursement bases. I must notify AAR at least 48 hours before my date of travel.
   05. I shall inform AAR of any scheduled hospitalization at least 48 hours prior to admission, and in the event of an emergency I must contact AAR within 24 hours of admission. Once AAR has approved the hospitalization, medical services will be provided and bills shall be paid directly to the medical service provider and /or to the member in case of reimbursement.
   06. AAR reserves the right to cancel my policy cover for any misrepesentation. I will be liable to refund to AAR on demand all cost incurred by it in connection with rescue, evacuation, hospitalization or other services provided by it.
   07. AAR having relied on such misrepresentation, reserves the right to determine the medical provider that shall offer services in any given case. If a member prefers to seek services from non-panel providers, AAR liability will be limited to covering costs as charged by its panel doctors, hospitals, or facilities of choice.
   08. I will only be entitled to benefits from the commencement date and subject to my policy cover limit.
   09. AAR will not refund any premium unless I choose to cancel my membership within 30 days from my cover commencement date. In such a case, I may apply for a refund provided that no services have been rendered by AAR on my behalf.
   10. I understand that medical evaluation is a mandatory requirement at the inception of this contract, if I or any of the dependants has attained 55 years of age. Not withstanding the foregoing, AAR reserves the right to require medical evaluation from any applicant regardless of their age. Members and or dependents aged 65 years and above shall undergo mandatory annual medical evaluation.
   11. I understand that if my membership is not renewed on or before the expiry date, this contract shall be deemed to have been terminated. Renewals shall be processed upon AAR's receipt of written confirmation along with the appropriate premium payment. I further understand in renegotiating a new contract, AAR may at its discretion require my fulfillment of new conditions to join including but not limited to medical examination and AAR's decision thereon and revised membership fees.
   12. I hereby consent to AAR contacting Medical service provider involved in my and or my dependants medical treatment. I also authorize such medical service providers to disclose my complete medical and hospital records to AAR or its advisers as maybe required for purpose of this cover.

Upon acceptance of my membership by AAR, this declaration form shall be read together with the relevant policy document between myself and AAR.

Privacy Policy

Welcome to AAR Insurance Limited ("AAR") Privacy Notice. AAR 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. **Scope of this privacy notice**
   This privacy notice applies to anyone who interacts with us through our products and services ("you," "your") in any way.

2. **How we collect your personal data**
   We collect personal data directly from you by email or hardcopy documents or indirectly through third parties who act on our behalf (e.g., agents, brokers, or your employer) or whose assistance is necessary for the purposes of offering our products and services to you.

3. **What Categories of personal data do we process about you and/or your dependents?**
   Biodata, contact data, identification information, location data, financial information, contractual data, employment data, sensitive personal data such as health data, children's data, and biometric data.

4. **How do we use your personal data?**
   To provide you with information on our products and services; process your premium and other payments; carry
   out market research, statistical analysis and customer profiling; improve quality of our products and services; and comply with our legal obligations among others.

5. **Lawful grounds for processing your personal data**
   We process your personal data on the following legal bases: consent, performance of a contractual obligation, compliance with our legal obligations, our legitimate interests, for vital interests, and for historical, statistical, journalistic, literature and art or scientific research.

6. **You have the following rights over your data**
   Right to information, to access, rectification, erasure, restriction, objection, data portability, and the right not to be subject to automated decisions.

7. **Whom do we share your information with?**
   AAR Insurance may share your personal information with appropriate personnel within AAR, third-party service providers including MTIBA, SMART, cloud system service providers, intermediaries, consultants, lawyers, assessors, investigators, doctors, and auditors. We share data on a need-to-know basis and under clear contractual terms.

8. **International transfer of personal data.**
   AAR Insurance stores your personal information on cloud systems whose servers may be located outside Kenya (Ireland) and has put in place appropriate safeguards to protect the personal data.

   AAR Insurance Company Limited may process your confidential medical history and children's information over its cloud systems whose servers are located outside Kenya. Should we do so, we have put in place adequate technical and organisational measures compliant with Data Protection Act, 2019 to safeguard your personal information over such transfers.

9. **How do we protect your information?**
   AAR Insurance has put in place appropriate technical, physical, legal and organizational measures to safeguard your data consistent with applicable privacy laws and its own internal policies.

10. **How long do we keep your information?**
    AAR Insurance keeps your personal information in line with the retention periods required by law and our data retention and disposal policy.

11. **Where should you direct your privacy complaints?**
    For any questions or complaints visit any of our offices or email to privacy@aar.co.ke.

CONSENT

1. I consent to my phone number and email being used to receive marketing information

2. I hereby give AAR Insurance my consent to process personal data relating to being a minor below the age of 18 years.

3. I do not consent to AAR Insurance processing personal data relating to being a minor below the age of 18 years.

4. I consent to the sharing of my policy document and schedule with my intermediary for administration purposes.

Signature of Policy Holder: _____ Date: _____

Agent/Broker Declaration

I confirm that I have explained to the client the benefits, terms & conditions, and exclusions of AAR Insurance Company Limited.

Full name of Agent / Broker: _____ Tel: _____