



MASOMO PLUS CO-OP EDUCATION PLAN PROPOSAL FORM

All questions must be answered in full, in block letters and in applicants own handwriting or dictation. Proof of age will be submitted through national ID, passport or birth certificate together with this application.

1. The life assured

Name as per ID.....
Nationality Birth Date
Gender PIN number Age Admitted.....
Marital status Married Single Widowed Title: Mr/ Mrs/Ms/Dr/Prof/.....
ID/Passport Number
Name of employer
Occupation Payroll Number.....
Email Address..... Cell phone number
Postal address Postal code
Bank name..... Branch Name.....
Branch code Account No.....
Mode of identification: Identity Card Passport Birth Certificate

2. Child details

Name as per birth certificate.....
Nationality Birth Date..... Relationship.....

3. Beneficiary details

Name as per ID	Date of Birth	Relationship	Benefit share	Phone number

4. Trustee details

Please note that the trustee will be in charge of seeing to the education plan in place has been met. It can be anyone or Co-operative Bank of Kenya. Person Bank

If person name as per ID.....
Relationship to policy holder Phone number

5. Education information

- i. After how many years do you wish to receive the education cash benefits?.....
- ii. For how many years do you want the cash benefits to be paid.....
- iii. Policy Term (i + ii).. years

6. Policy details

a) Education cash benefit amount (Kshs.)

Premium payable by life assured

- i. Savings premium
- ii. Waiver of Premium Benefit disability
- iii. Waiver of Premium Benefit Critical Illness
- iv. Critical Illness Benefit
- v. Total premiums

Premium frequency: Monthly Quarterly Half Yearly Annually

Mode of payment (please tick as appropriate): Standing order Debit order Employer check off



MASOMO PLUS CO-OP EDUCATION PLAN PROPOSAL FORM

7. Health questionnaire

(Please disclose all Material Facts. Failure to disclose all relevant facts including full disclosure of your medical details and history may delay or prevent the issue of your policy and /or invalidate future claims)

- i. Has your application for life or health insurance ever been declined, postponed or accepted with an extra premium? Yes [] No []
ii. Have you ever been hospitalised for more than 3 consecutive days or more than 5 days in total during the last three years? Yes [] No []
iii. Are you currently undergoing any medical treatment for an illness or injury? Yes [] No []
iv. During the last three years, have you consulted a medical practitioner for any condition, are you intending to or have been advised to? Yes [] No []
v. Have you ever been counselled or advised in connection with conditions such as HIV/AIDS, STIs, HBP If yes, please specify the medical condition with treatment dates with treatment duration and give the doctor's contacts...
vi. Does your occupation or pursuits that you engage in include hazardous activities like mountain climbing, working with explosive, any speed contests etc.? Yes [] No []
vii. Height feet/cm Weight kg/lbs

8. Declaration and consent by applicant

(Read this section carefully before signing)

I apply for the Masomo Plus Co-op Education plan as set out in this form. The statements that I have made are true and complete and to the best of my knowledge and belief.

I consent to the company seeking information from any Doctor who at any time has attended me or seeking information from any life assurance office to which i have at any time made a proposal for life assurance and i authorize the giving of such information.

This information may be given at any time irrespective of whether I am alive or not.

Date Signature of applicant

9. Declaration by Bancassurance Officer

I the undersigned acknowledge the advice given and indemnify CIC Life on any misrepresentation of such advice. I fully understand the terms, condition and benefits of the Policy sold to the above applicant by me.

Name of Bancassurance officer Branch.....

Signature of Bancassurance officer Date