MTIBA INPATIENT ONLY MEDICAL COVER

This policy is issued to the Policyholder in the schedule following a written proposal form submitted to **Britam General Insurance Company (Kenya)** Limited **Microinsurance Division** (hereinafter referred to as the "**The Company**").

The proposal form together with any statement, report or other document shall form the basis of this contract and shall be deemed to be incorporated herein. Britam will issue this policy provided the Insured has paid the premium when due for the duration of the policy period as consideration for such insurance.

NOW THIS POLICY WITNESSETH that the Company will settle upon receipt of due proof of medical expenses incurred, as the direct result of a Member sustaining, during the period of Insurance: -

a) Accidental bodily injury
b) Illness and/or disease.

This will be subject to the provisions, exclusions and conditions herein. The insured shall be deemed to have disclosed all material facts relating to the risk insured by this policy in the proposal Form or separately in a letter. In the event of wilful misrepresentation or non-disclosure of such facts the Company shall be entitled to avoid this Policy and all premiums paid in respect of the Member so affected shall be forfeited.

SECTION A: DEFINITION OF INSURANCE TERMS.

1. Proposal/Application Form: means the insured person statements in the proposal for this Policy submitted by or on behalf of the Member along with any other information or documentation provided to the Company prior to inception, any signed application form, declaration or any memoranda supplied by the Policyholder or their appointed representative.

2. Policyholder: shall be **Carepay** who has applied to the Company for membership with prior consent of the Client by submitting an application form and a declaration of health and whose application shall have been accepted by the Company in writing or issuance of a Member's photo card. Dependants of the Insured person detailed in the application for membership shall be deemed to be covered under the Policy Contract.

3. Dependant shall mean an insured persons legal spouse (one only), biological children and legally adopted children**.**

4. Insured Person shall be the client and their duly registered dependants under this Policy Contract.

5. Accidental injury shall be as a result of an event not expressly excluded under the Policy Contract and which occurs within the Policy period. It includes any unexpected personal injury resulting from any unsought for mishap or occurrence; any unpleasant or unfortunate occurrence that causes injury, loss, suffering, or death; some outward occurrences aside from the usual course of events. An event that takes place without one's foresight or expectation; an un-designed, sudden, and unexpected event.

6. Drug abuse shall mean taking of any form of drug which is not prescribed by a registered medical practitioner for purposes other than treatment of an ailment or disease, or if duly prescribed taken in disregard of medical advice.

7. Gender for purposes of this contract, the use of masculine gender shall be deemed to include the feminine and the singular to include the plural.

8. Hospital shall include any registered medical institution recognized by the Company as offering treatment and care for the sick and injured, excluding rest homes, convalescent homes for the aged, a place for custodial care or a place for the confinement and treatment of drug addicts and alcoholics.

9. MER is a Medical Examination Report requested by the Company on any Insured Persons who may have conditions that need clear indication of treatment.

10. Reasonable and regular costs shall mean those expenses or charges that do not exceed the general level charged in that hospital or medical facility where such costs incurred, when furnishing comparable treatment, consultation or medication to persons of the same sex and similar age for a similar injury or disease.

11. Sports: Dangerous sports shall include sky-riding/racing, rugby, horse racing, motor cycling, driving in any kind of race, polo, mountaineering and any especially hazardous pursuit.

12. Cancellation: Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days.

13. Co-payment: A Co-payment is a cost-sharing requirement under a health insurance policy that provides that the Insured person will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

14. Renewal: Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

15. Sum insured: Means the sum shown in the schedule of benefits which represents our maximum, total and cumulative liability for any and all claims under the policy during the policy period and against the respective benefit(s).

16. Network hospital/panel hospital: All such Hospitals, Day Care centres or other providers that the insurance company has mutually agreed with, to provide services like to policyholders. The list is available with the insurer and subject to amendment from time to time**.**

17. Territorial limits: This shall mean the geographical area within which the policy shall be applicable. This shall be within the territory of the Republic of Kenya.

18. Effective Date: Cover will become effective once full premium has been paid and written confirmation of application and terms given by Britam Insurance; notwithstanding the fact that payment may have been received. All membership benefits commence after the waiting periods has been served except for hospitalization following an accident, which is covered from the date of commencement of cover.

19. Period of Insurance: The period from the effective date to the renewal date and each twelve-month period, or any such period as may be agreed between the parties, from the renewal date thereafter.

20. Physician: Means a properly qualified medical practitioner licensed by the competent medical authorities of the country in which treatment is provided and who in rendering such treatment is practicing within the scope of his or her licensing and training.

21. Bed Limit: Shall mean the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis

22. Injury: Means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

23. Illness: Means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

24. Hospitalization or Hospitalized: Means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

25. Pandemic: refers to a condition or disease spread over country or several countries or continents, usually affecting a large number of people. The spread could be from common source, propagated or mixed epidemics.

26. Chronic: A chronic condition is a disease, illness or injury which has one or more of the following characteristics irrespective whether, newly diagnosed or diagnosed earlier: requires ongoing or long-term treatment to control or manage the symptoms. It requires rehabilitation. It continues indefinitely, it has no known cure. It comes back or is likely to come back and it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests. Some examples of common chronic conditions include: asthma, diabetes, arthritis, chronic obstructive pulmonary disease, heart disease, cancer, malignancies and epilepsy.

27. Pre-existing Condition: Means any injury, illness, condition or symptoms**: (a).** for which treatment or medication or advice or diagnosis has been sought or received or was foreseeable prior to the commencement date for the member concerned, or **(b).** which originated or was known by the insured or the member to exist prior to the commencement date whether or not treatment or medication, or advice or diagnosis was sought or received**.**

28. Congenital Condition: Any genetic, physical, or biochemical (metabolic) defect, disease, or malformation (which may be hereditary or due to an influence during gestation), and which may or may not be obvious at birth.

29. Waiting period: The period from the commencement date during which a member is not entitled to any benefit except in the event of an accident, any applicable waiting periods will be indicated on the schedule of benefits.

30. Exclusion: Category of treatment, conditions, activities and their related or consequential expenses that are excluded from this policy for which Britam shall NOT be liable.

31. We, us, our, Britam: Words importing the singular number shall be deemed to include the plural number and vice versa. Where the context so admits, words denoting the masculine gender shall be deemed to include the feminine

SECTION B: POLICY CONTRACT WORDING

Whereas the Policyholder in this Policy Contract has, by a Proposal form and declaration, applied to **BRITAM GENERAL INSURANCE COMPANY(KENYA) LIMITED**, for **EMERGING CONSUMERS HEALTH CUM LIFE COVER** (also referred to as **MTIBA INPATIENT ONLY MEDICAL** Policy), the **Company** agrees to:-

Provide medical insurance cover for treatment of illness or disease and/or accidental bodily injury as limited by the Schedule of benefits purchased, as outline in the Appendix below.

Pay the sum assured stated under the **Last Expense Benefit** in the said Policy Benefit Schedule, to the Client on behalf of the named beneficiary or to the named beneficiary, to whom the sum assured is made payable, upon providing a written proof satisfactory to the Company of: -

1. The death of the Policyholder or Dependant;
2. The title and the identity of the claimant or claimants; and
3. The correctness of the date of birth of the Policyholder and /or Dependants stated in the list of Dependants and declaration,

Subject to the terms, conditions and exclusions contained or endorsed on this **Policy Contract** and **PROVIDED** that the Proposal form by the Policyholder has been accepted by the **Company**, shall be incorporated in and form the basis of this contract, and the Client shall have, on behalf of the Policyholder, paid the Company the annual premium in advance or on the effective date.

This Policy Contract, the Schedule, any endorsement and Memorandum of Understanding thereon shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of the Policy Contractor Schedule shall bear such meaning throughout.

The following shall be the conditions precedent to any liability to the Company: -

1. Observation of the terms of this Policy Contract relating to any requirement to be complied with by the Policyholder or the Dependant.
2. The factual accuracy of the Proposal form.

SECTION C: MEDICAL COVER

Inpatient Medical Cover

The Policy covers Inpatient treatment up to the limit applied for, for treatment which includes reasonable costs incurred at duly appointed hospitals in connection with:

1) Daily bed charges and the cost of maintaining any of the Insured Person in a General Ward Bed.
2) General consultation by a General Practitioner.
3) Surgeon's, Physician's and Anaesthetist's fees and charges for use of operating theatres.
4) Cost of prescribed effective generics drugs (unless there is serious need to use branded drugs) and dressings.
5) Laboratory investigations, X-rays, Radiotherapy or Chemotherapy. Scans and Ultra Sounds are restricted to only once in a year per person.
6) Cost of normal child delivery or by way of Caesarean Section up to the limit provided in the Appendix or Schedule of benefits.
7) Bills incurred on the baby after delivery up to and including day of discharge shall be covered within the limit provided for maternity.
8) Day care shall not be treated as an inpatient service rather it shall be considered as an outpatient service.

9) Chronic conditions (both newly diagnosed, prior diagnosed) and pre-existing conditions shall be covered within the IP Chronic and pre-existing conditions sub-limit benefit.

Death Benefit

On death of any Insured Person during the term of cover while the policy is maintained in force by way of premium payment, the Company shall pay the amount of Last Expense Benefit as shown on the Policy Schedule, and as applied in the Proposal form, or following an endorsement, upon submission of written proof satisfactory to the Company of the death of the Policyholder.

SECTION D: ELIGIBILITY AND MEMBERSHIP

1. AGE LIMIT:

a) An eligible person shall be:
b) An insured member aged from **18-65 years.**
c) Spouse to the member aged between **18 -65 years.**
d) Children – from age of **30 days** (on condition that they were clinically discharged from hospital) and not more than **24 years** (if proof is provided to show that they are full time students at university or regular college for those above **18 years** at the date of joining cover.
e) Maximum joining age **65 years.**
f) Eligible dependants include one spouse, own children and legally adopted children.

2. IDENTIFICATION:

All persons who qualify and become Insured Persons shall be issued with Photo-Cards. The cards shall be the only mode of identification at the appointed medical facilities and any loss must be reported immediately for replacement (at the Insured persons cost). Insured Persons without Photo- Cards will only be treated once written authorization has been given from Company.

3. WAITING PERIOD:

Those arranging this insurance for the first time shall wait for Thirty **(30) days** from the Date of Issue (Effective Date) before the insurance cover take effect unless treatment or death is due to injuries as a result of an accident. For maternity care including, ante natal, delivery and post-natal care, the waiting period is Ten **(10) months**. For Surgery the waiting period is **(1) year** unless such surgery is as a result of an accident.

Renewal of the insurance cover nullifies the waiting period.

4. PREMIUMS:

The Company reserves the right to review the premium payable in future. If, in the opinion of the Company's Actuary, the future premiums are insufficient to maintain the benefits under the policy, the Policyholder shall be required to either: Increase the premium payable at renewal in order to maintain the current benefits OR to have benefits reduced or restrict proportionately to match the revised premium.

This condition may be evoked at the discretion of the Company when the portfolio claims experience exceed **Sixty five (65%)** per cent.

Premium payment made based on a quotation and a schedule of members will mean that the Company will be obligated to pay claims based on the provided schedule. The Company will not accept liability for a claim incurred by a member who is not part of the schedule. The Company will not refund premium for members on schedule who have not applied for cover during the cover period.

5. TERMINATION:

The insurance shall cease in respect of: -

a) Insured Persons (Children) on the annual renewal date coincident with or immediately following the attainment of eighteen (18) years of age Thereafter, such Insured Person may if desired continue to be insured by this Policy, provided that his permanent residence shall not have changed and shall continue as a member of the same family/household as hitherto except when attending school elsewhere. Such insurance cover shall remain in force until Annual Renewal Date coincident with or immediately following such insured person's attainment of twenty-five (25) years of age.

b) The dependants of an Insured Person upon the death of such insured person, members of his family who were entitled to benefit as his dependants at the time of his death may continue to be insured for the remainder of the period of Insurance within which such death shall have occurred, upon written request by the Insured.

6. CANCELLATION OF COVER:

a) Cancellation by the Corporate Client: The Corporate may cancel this policy by giving 30 days' notice by registered letter or an appropriate mode of communication. Britam shall cancel the policy and refund premium for the period as mentioned herein below, provided that no claim has been made under the policy by or on behalf of any insured person.

Length of Time Policy is in force	**Refund of Premium**
Up to one month	75% of annual rate
Exceeding one month	Nil

No refund premium shall be due or payable to the Insured if the amount of claims paid or payable as at the date of cancellation of the policy is equal to or in excess of the premium charged herein.

b) Cancellation by the Company: The Company may cancel this policy by sending 30 days' notice by registered post or an appropriate mode of communication to the Insured's last known address and in such event Britam shall refund the Insured as per the percentages in the table above and in respect of the insured and their dependants who have not lodged any claims under this policy or enjoyed cover for more than six months.

7. SUICIDE:

If the Policyholder commits suicide, while sane or insane, within one (1) year from the Date of Issue of this policy, the Policy shall be void, a refund of premium less commission refunded in full. No refund of premium shall however attach if any claim has been paid in respect of any Insured Person member of the family.

8. CURRENCY:

All payments to the Company shall be made at its Head Office as contained in the bilateral agreement and in the currency of the Republic of Kenya.

9. ARBITRATION:

This Policy is governed by the Laws of Kenya. All disputes arising out of this Policy shall be finally settled by arbitration in accordance with the provisions of the Arbitration Act, 1995 as amended from time to time by a single arbitrator appointed by the parties within Thirty (30) days of notification of the dispute by one party to the other, failing which the chairman for the time being of the Chartered Institute of Arbitrators, Kenya branch shall appoint an arbitrator on the application of either party. The seat of the arbitration shall be Nairobi.

10. TAXATION:

Should the Company be required by law to deduct and account for tax/levies payments under the provisions of this Policy, it shall be entitled to make such deductions as dictated by the law.

11. GRACE PERIOD:

Fourteen (14) days are allowed for payment of each renewal premium upon confirmation by the insured of renewal of cover. In the event of non- payment of premiums within the grace period, all the attached benefit cover shall lapse and become void.

12. MID TERM POLICY ENTRIES/ PRORATION:

Members joining the scheme within the first **six months (6)** will be expected to pay full premium as per set premium rate.

New members joining the medical scheme after the **(6) Six months** of the policy period shall pay **50%** of the annual premium and enjoy full cover benefit for the remaining part of the policy period.

13. REINSTATEMENT CLAUSE:

Where an insured person exhausts his/ her limit of indemnity as specified under this policy, such benefits as had been extended to him/her by virtue of this policy may not be reinstated during the duration of the policy.

SECTION E: PREFERED MEDICAL PROVIDERS

The Company shall appoint medical facilities to offer medical services to eligible members in consultation with the Client for and on behalf of the Policyholders.

1. Members shall use only appointed medical facilities, except in accidents. Any medical bills arising from non-compliance will not be the responsibility of the Company, and where the situation demands that Company settles the bills; the full amount so paid shall be recovered from the Client. Patients requiring specialized treatment shall be required to pay for the difference between the specialist fee and fee charged by the hospital's normal consultation fees.
2. The Policyholder shall notify the Company of any scheduled admissions into any hospital in advance so that balances of entitlement can be ascertained, failure to which the Policyholder shall be liable to pay Company any excess medical expenses paid over and above the purchased member's annual limit. Should the admission be as a result of an accident, the Policyholder shall notify the Company of such hospitalization within Twenty-four (24) hours during the weekdays or Forty eight (48) hours during weekends or public holidays.
3. Any Insured Person who wishes to use his or her personal doctor, that is, a doctor not in the Company list of preferred doctors or residential doctor of a hospital in the list of preferred hospitals, shall thereby be responsible for the Doctor's fees. The Company shall only pay for resident doctors of the hospitals in our panel or on the preferred doctors list.
4. The list of preferred hospitals provided to the Client shall be subject to change from time to time and at the Company's discretion, with/without notice to the Policyholders.

The Policyholders are hereby advised to continuously update themselves with the current preferred medical services providers at any given time.

SECTION F: COVER EXCLUSIONS

In-Patient

1. Congenital conditions.
2. Magnet Resonance Imaging (MRI), and Fibre-optic investigations e.g. colonoscopy, endoscopy etc., HSG.
3. Surgery within the First year of the policy unless such surgery is as a result of an accident.
4. Expenditure incurred by a member or dependants arising from any illegal or criminal act.
5. Diseases classified as pandemic, both spread through single source, propagated source or mixed endemic will not be covered.
6. Expenses arising from injuries sustained as a result of participation in professional sport or hazardous pursuits such as motor racing, skydiving, parachute jumping and Bungee jumping.
7. Operations, treatments and/or procedures of own choice for purely cosmetic purposes or obesity, and any complications that may arise from such operations, treatment and/or procedures.
8. Expenses incurred for recuperative or convalescent holidays.
9. All expenses in respect of illness conditions that were subject to waiting periods when the member and dependants joined the Scheme.
10. Purchase of: Applicators, toiletries, sunglasses and/or lenses for sunglasses and beauty preparations; Patented foods and nutritional supplements including baby foods; Contraceptive preparations, remedies and devices; Remedies for the treatment of infertility; Tonics, slimming preparations, appetite suppressants and drugs as advertised to the public for the specific treatment of obesity; Sunscreen and sun tanning lotions. Soaps and shampoos (medicinal or otherwise); Household and biochemical remedies which are not promoted by the medical profession. Cosmetic products (medicinal or otherwise); anti-habit forming products; vitamins and multivitamins (unless prescribed for documented deficiency); Remedies for body building

purposes; Aphrodisiacs; Patent and proprietary preparations; household bandages, cotton wool, dressings and similar aids.

11. Services arising from an accident or event of which the Policyholder or dependants has received, or is likely to receive compensation from any source whatsoever including National Hospital Insurance Fund (NHIF) and employer liability insurance.
12. Any treatment arising from an accident or event because the Policyholder and/or dependants was/were under the influence of alcohol or drugs, unless prescribed and taken according to the instructions of a medical practitioner.
13. Organ transplant and / or complications arising from organ transplant.
14. Exercise and/or guidance programs inclusive of antenatal exercises.
15. Kilometre charges and traveling expenses including ambulance services.
16. Treatment of impotence not related to a sickness that is harmful or a threat to essential bodily functions or treatment of impotence that is merely recommended for Psychiatric reasons.
17. Hormonal treatment.
18. Non-emergency and elective gynaecological surgeries.
19. Replacement of spectacles frames or lenses whether broken or lost.
20. Examination or check-ups such as general health examinations not related to diagnosis of sickness or accidental bodily injury unless explicitly agreed in writing by the Company.
21. Accommodation in convalescent or old age homes or similar institutions catering for the aged.
22. Costs associated with Vocational Guidance, Child Guidance, and Marriage Guidance.
23. Illness, injury or disablement directly or indirectly caused by or contributed to by: active participation in Wars, Riots or Civil Disobedience or political activity. Any declared or undeclared war, invasion, act of foreign enemy, hostilities or warlike operations. Nuclear fission, ionizing or non-ionizing radiation. Operating, learning to operate or serving as a Member of a crew of any aircraft being used for sky riding, racing, testing or exploration. Participation in Naval, Military, Air Force, Paramilitary, Police or Police Reserve service or operations. Attempted suicide or self-injury deemed deliberate by the Company
24. Pandemic diseases or conditions as declared by the World Health Organization or National Government
25. The wilful non-compliance on the part of the Policyholder with the Company's appointed doctors prescribed treatment.

SECTION G: GENERAL CONDITIONS.

The Company shall provide medical insurance cover to the Insured Persons subject to the following terms and conditions:

1. Area limits will cover hospitalization within Kenya.
2. All Insured Persons covered must only seek treatment at the preferred medical facilities except for accidental cases.
3. All Insured Persons shall identify themselves Only with PHOTO CARDS at medical facilities and any other identification the medical authorities may demand.
4. Patients shall sign the claim forms at the medical centres upon every visit for treatment.
5. Insured Persons shall pay a co-pay amount of Kshs 500 on all Out-patient visits. This MAY be reviewed during the currency of the cover.
6. Reimbursement for medical expenses shall not be admissible; Members visiting any other facility will be required to prove it was for an emergency medical condition to qualify for a refund of expenses.
7. Medical bills incurred on behalf of the Company over and above the purchased annual limits by any Insured Person shall be referred to Client for settlement. The Company shall only undertake to pay the Policyholder's balance of annual entitlement.
8. The Company reserves the right to accept or discontinue membership.
9. The Company reserves the right to accept or reject any Proposal form for medical insurance initially or on subsequent renewal or upgrading of cover.
10. The cover shall remain in force for Twelve (12) months from commencement date. Each annual renewal shall be treated as a new contract and shall therefore be subject to such terms and conditions as shall be prevailing at the time of renewal including any amendments, additions, exclusions, increase in annual premium or any other conditions laid out by the Company.
11. The Company will charge a premium per family per year for the provision of medical benefits to qualifying Insured Persons and such due premium shall be paid in full in advance or on the effective date by the Client to the Company.
12. The Company shall not be liable for any injury or loss suffered by the Policyholder or any Insured Person for delayed treatment or medical attention where such delay arises from any circumstances whatsoever beyond the Company's control including but not limited to acts of war, terrorism, civil commotion or strife, lockouts, stoppages or go-slows, restraint of labour for whatever cause, government intervention or restrictions, fire, floods, bad weather, Acts of God, compliance with medical regulations or any other regulation having the force of law.
13. The Company shall only be responsible for bills resulting from hospital admissions in Kenya.
14. The Company shall only be responsible for doctor's fees that are on the preferred list of doctors or residential doctors of the medical facility in our panel.

15. The Company shall not be liable for any reimbursement claims unless such expenses result from accidental medical conditions or with the Company's approval. The Company's medical personnel will vet and verify all medical claims and shall reserve the right to determine the eligibility of such claims.
16. The Company shall not be liable for expenses incurred by Policyholder whose membership has ceased or expired as a result of expiry of member's contract term, or any reason whatsoever. The Client shall be held responsible for notifying the Company of such termination or cessation of membership; in default, the Company shall recover such incurred expenses from the Client in full or, if unable to recover them, cancel the entire Policy.
17. The Company shall reserve the right to require an Insured Person to consult any of its panel of appointed doctors or specialists at any time and to have access to the medical records of such an Insured Person wherever held for purposes of investigation, verification or any other professional reason in line with the Company's services.
18. Any dispute on medical matters shall be referred to arbitration by two qualified doctors to be agreed upon between the disputing parties or in default of an agreement, to be nominated by the Chairperson of the Medical Practitioners and Dentists Board of Kenya.
19. These terms and conditions shall be governed by the Laws of Kenya and the courts of Kenya shall have exclusive jurisdiction in any dispute between the Company and the Client on behalf of the Policyholder.
20. Any dispute between the Company and Client that touches on the construction or effects of these terms and conditions or on the rights or liabilities of the parties hereunder or any other matter arising out of the same or connected therewith shall be referred to a single arbitrator to be agreed between the parties or in default of agreement to be nominated by the Chairperson of the Law Society of Kenya upon the application of either party. The making of an arbitration award shall be a condition precedent to any right of action against or liability to the Company.
21. Granted that the Company's total liability shall not exceed the annual limit specified in the cover Schedule. The Company shall be responsible for settling medical bills and expenses incurred by the Insured persons at duly appointed medical facilities, subject to the overall limit purchased per family.
22. The Company's liability will be determined after deduction of the relevant National Hospital Insurance Fund rebate where the Policyholder has the National Hospital Insurance cover.
23. Upgrades/Change of cover: All upgrades/change of cover is subjected to underwriting. The upgraded portion will be subject to specified waiting periods after underwriting and approval by the company. All upgrades are done at inception or renewal of cover.
24. Change of Risk: Where there is a change of risk the company shall engage the client with a view of altering the policy terms or cancelling cover for an insured. The insured is bound to a duty of continued disclosure for any material changes that may affect the information given at application of cover.

DECLARATION:

We confirm that we have read and understood the terms and conditions (as printed above) governing the provision of Medical insurance services, and agree to be bound by them. We accept to Britam Insurance Company seeking any information from our previous insurers, who have previously received application from ourselves.

Appendix: 1

PREMIUM SCHEDULE

CATEGORIES & LIMITS		
BENEFIT	**Option 1**	**Option 2**
INPATIENT	**100,000** per family	**200,000** per family
	Maternity Limit **20,000** both normal& CS &within IP	Maternity Limit **20,000** both normal& CS &within IP
	25,000 limit for Chronic/pre-existing and HIV related cases within IP	**50,000** limit for Chronic/pre-existing and HIV related cases within IP
LAST EXPENSE	**50,000** for each life covered (principal member, spouse and children)	**50,000** for each life covered (principal member, spouse and children)
PREMIUM(Kshs)	**4,000.00**	**5,500.00**