

Avenue Healthcare

Application for *Jamii* Membership



1. Family Details *(To be completed by the Principal member. Please fill in BLOCK LETTERS)*

Title				First Name								Middle Name				Surname						
Dr	Mr	Mrs	Ms																			
Date of Birth:				D	D	/	M	M	/	Y	E	A	R	ID No.	Attach copy				Blood Group:		+ / -	
P.O. Box:				Town:				Code:				Mobile Tel:										
Home Physical Location:																						
In case of an emergency, contact:(name)																						
Relationship:								Tel / Mobile No:														
Employer:								Office Tel. No:														
Occupation:								Email:														
2. The Scheme should be effective on the 1st of _____ (month) OR 15 th of _____ (month)																						

3. Details of Family Members to be covered		
Dependant's Full Names	Date of Birth	Relationship

4. Jamii Options <i>(Tick one)</i>	OP LIMIT	IP LIMIT	NOTE: ALL LIMITS ARE SHARED PER FAMILY	OP LIMIT	IP LIMIT
Standard <input type="checkbox"/>	20,000	100,000	Standard Plus <input type="checkbox"/>	50,000	100,000
Advantage <input type="checkbox"/>	20,000	200,000	Advantage Plus <input type="checkbox"/>	50,000	200,000
Privilege <input type="checkbox"/>	20,000	500,000	Privilege Plus <input type="checkbox"/>	50,000	500,000
Premier <input type="checkbox"/>	20,000	1,000,000	Premier Plus <input type="checkbox"/>	50,000	1,000,000

5. Preferred Payment Option All Cheques should be made out to Avenue Healthcare Ltd.

I prefer the following payment option	<input type="checkbox"/> Annual payment in advance	<input type="checkbox"/> Flexible payments per schedule
<input type="checkbox"/> Cheque Number:	Bank:	Amount: Kshs
<input type="checkbox"/> Cash	<input type="checkbox"/> Other (please specify)	

6. Authorised Signatory *I confirm that I have read and understood the terms, benefits, limits and exclusions of Jamii Plans*

Signature	Date
-----------	------

For this application to be considered, you must include a completed and signed medical history form for EACH FAMILY MEMBER

FOR AHC OFFICIAL USE ONLY

Principal	AHC	CSD Jamii No.	Dep 1	AHC	CSD Jamii No.
Dep 2	AHC	CSD Jamii No	Dep 3	AHC	CSD Jamii No
Dep 4	AHC	CSD Jamii No	Dep 5	AHC	CSD Jamii No