

Installation Form

Income Continuation Benefit, Enabler,
Temporary Total Disability

METROPOLITAN
LIFE KENYA



A. Addressing of correspondence

Full registered Name of scheme / Fund	<input type="text"/>		
Full registered Name of Employer	<input type="text"/>		
Employer street address	<input type="text"/>		Postal code <input type="text"/>
Employer tel. no.	<input type="text"/>		
Name of brokerage	<input type="text"/>		
Broker postal address	<input type="text"/>		Postal code <input type="text"/>
Broker tel. no.	<input type="text"/>		
Correspondence to go to (Tick <input checked="" type="checkbox"/> where applicable)			
Benefit cheques	<input type="checkbox"/> Employer	<input type="checkbox"/> Broker	<input type="checkbox"/> Member or dependants
Annual reports	<input type="checkbox"/> Employer	<input type="checkbox"/> Broker	<input type="checkbox"/> Member or dependants
Routine matters	<input type="checkbox"/> Employer	<input type="checkbox"/> Broker	<input type="checkbox"/> Member or dependants
Matters of policy	<input type="checkbox"/> Employer	<input type="checkbox"/> Broker	<input type="checkbox"/> Member or dependants
Tender Ref. No.	<input type="text"/>		

B. General scheme information

Commencement date (yyyy/mm/dd)	<input type="text"/>	Commission regulation <input type="checkbox"/> Yes <input type="checkbox"/> No	Commission regulation 10% + VAT <input type="text"/>	Other <input type="text"/>
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C. Membership

Qualifications				
Category	Description	Min. Age	Max. Age	Normal Retirement Age

Is membership linked to a Fund? Yes No

If "yes", name of Fund

Any category of Employee to be excluded?



D. Funeral

Sum insured

	CAT A	CAT B	CAT C	CAT D
Cover				
Member				
Spouse				
Children 16 years and older				
Children 6 years and older but younger than 15				
Children younger than 6 years (including stillborn babies)				
Parent Cover				
Premiums				
Premium Member & Family				
Family premium plus up to 2 Parents <input type="checkbox"/>				
Family premium plus 3 or 4 Parents <input type="checkbox"/>				

Extended Family Yes No

PREMIUMS

Payable: Weekly Monthly Annually In Advance In Arrears

Type of benefit

Family cover

- F1 (no paid-up benefits)
 F2 (temporary paid-up benefits)
 F3 (paid-up benefits on death only)
 F4 (paid-up benefits on death/retirement)
 F5 (whole life)

Paid-up Benefit Basis - Individual

Ex-Scheme

Single Life

- E1 (no paid-up benefits)
 E2 (paid-up benefits on retirement only)
 E5 (whole life)

Accident benefits

Yes No

Retrenchment benefits

Yes No

If "yes", period in months

Disability benefits

Yes No

Own/Suited Any occupation

Membership lists

Yes No

Audit certificate

Yes No

Profit share %



E. General Information

Name, title and address of contact person to answer queries	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
Registered address of scheme	<input type="text"/>
<input type="text"/>	

F. Signature

I, the undersigned, hereby declare that the information provided is true and correct and I agree that non-disclosure or misrepresentation of information could result in the policy being declared null and void.

Client name

Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date (yyyy/mm/dd)

Metropolitan Life Insurance Kenya Representative

Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date (yyyy/mm/dd)

