

JUBILEE AFYA PROPOSAL FORM
FOMU YA MAOMBI YA JUBILEE AFYA



**The Jubilee Insurance Company
of Tanzania Limited**

Head Office:

Amani Place, Ohio Street, 6th floor
P.O. Box 20524, Dar es Salaam
Tel: +255 22 2135121 – 4 Fax: +255 22 2135116
Email: enquiry@jubileetanzania.com
www.jubileeinsurance.com/tz/

Mwanza

Nyanza Co-operative Union Building, Kenyatta Road
P.O.Box 10456, Mwanza
Tel: +255 28 2500822 Fax: +255 28 2500238
Email: jicmwz@jubileetanzania.com

Arusha

Ground Floor, Ngorongoro Wing, AICC Building
P.O. Box 1836, Arusha
Tel: +255 27 2507307 Fax: +255 27 2507341
Email: jicars@jubileetanzania.com

Zanzibar

Ground floor, ZSTC Building
P.O. Box 2344, Zanzibar
Tel: +255 24 2239243 Fax: +255 28 2239242
Email: jicznz@jubileetanzania.com

Mbeya

NBC (1997) Ltd Building,
Karume Avenue, Ground Floor
P.O. Box 2182, Mbeya.
T/F : +255 25 2503172
E : jicmby@jubileetanzania.com

Dodoma

Ground Floor, ACT Building, Corner of
Hatibu St/ Seventh Road.
P.O. Box 11027, Dodoma.
T : +255 26 2321066
F : +255 26 2320167.
E : jicdom@jubileetanzania.com

Morogoro

First Floor, Hood Property Building,
Ngoto Street.
P.O. Box 190, Morogoro.
T : +255 23 2613964
F : +255 23 2613966.
E : jicmor@jubileetanzania.com

Quality Centre Shopping Mall

Nyerere Road, Shop No G13C
P.O. Box 20524, Dar es Salaam.
T : +255 22 2135121-4
E : jicqc@jubileetanzania.com

Tegeta Branch

Kibo Commercial Complex
1st Floor
Plot No 483
Block "E" Tegeta
Bagamoyo Road
Dar es Salaam
T: +255 22 2926303
Email : jictgt@jubileetanzania.com

Please read carefully and fill out the entire form.

1. This form must be completely and legibly filled out in BLOCK letters.
2. Please attach a copy of ID or Passport, Birth certificate/ notification (for children below 18 years), passport size photograph of yourself and of each member of your family proposed for insurance.

* Terms and Conditions apply

Tafadhali soma kwau makini na ujaze fomu yote

1. Hii fomu inatakiwa kujazwa yote na kwa herufi kubwa.
2. Ambatanisha kopi ya kitambulisho chako na picha za watakapo jiunga na bima hii

*Vigeziona Masharti kuzingatiwa

1. DETAILS OF APPLICANT / MAELEZO YA MUOMBAJI

Surname / Jina la Uko Title / Cheo

First name / Jina la Mwanzo Other names / Majina Mengine

ID or Passport No / Na. ya kitambulisho

Gender / Jinsia Male / Kiume Female / Kike

Date of birth / Tarehe ya Kuzaliwa

Marital Status / Umeoa au Umeolewa

Occupation / Kazi Nationality / Uraia

CONTACT INFORMATION / MAWASILIANO

Postal address / Sanduku la Posta

Physical home address / Mahali unapo ishi

Cell phone/ Namba ya simu Email / Barua pepe

2. DEPENDANT'S DETAILS / MAELEZO YA WATEGEMEZI WAKO

Dependant 1 / Mtegemezi 1

Surname / Jina la Ukoo Title / Cheo

First name / Jina la Mwanzo Other names / Majina Mengine

ID or Passport No / Na. ya kitambulisho

Gender / Jinsia Male / Kiume Female / Kike

Date of birth / Tarehe ya Kuzaliwa

Marital Status / Umeoa au Umeolewa

Occupation / Kazi Nationality / Uraia

Relationship to Applicant / Uhusiano na Mwanachama Mkuu

Dependant 2 / Mtegemezi 2

Surname / Jina la Ukoo Title / Cheo

First name / Jina la Mwanzo Other names / Majina Mengine

ID or Passport No / Na. ya kitambulisho

Gender / Jinsia Male / Kiume Female / Kike

Date of birth / Tarehe ya Kuzaliwa

Marital Status / Umeoa au Umeolewa

Occupation / Kazi Nationality / Uraia

Relationship to Applicant / Uhusiano na Mwanachama Mkuu

Dependant 3 / Mtegemezi 3

Surname / Jina la Ukoo Title / Cheo

First name / Jina la Mwanzo Other names / Majina Mengine

ID or Passport No / Na. ya kitambulisho

Gender / Jinsia Male / Kiume Female / Kike

Date of birth / Tarehe ya Kuzaliwa

Marital Status / Umeoa au Umeolewa

Occupation / Kazi Nationality / Uraia

Relationship to Applicant / Uhusiano na Mwanachama Mkuu

GUARDIAN DETAILS / TAARIFA ZA MLEZI

Surname / Jina la Ukoo Title / Cheo

First name / Jina la Mwanzo Other names / Majina Mengine

ID or Passport No / Na. ya kitambulisho

Gender / Jinsia Male / Kiume Female / Kike

Date of birth / Tarehe ya Kuzaliwa

Marital Status / Umeoa au Umeolewa

Occupation / Kazi Nationality / Uraia

Relationship to Applicant / Uhusiano na Mwanachama Mkuu

3. a) OPTION ONE / CHAGUO LA KWANZA

PRODUCT STRUCTURE SUMMARY/ MPANGILIO WA BIDHAA		
Number / Idadi	LIMIT / KIMA	PUT A TICK / WEKA ALAMA
Number of Members <i>Idadi ya Wanachama</i>	In-patient Benefit <i>Huduma ya Kulazwa</i>	<input type="checkbox"/>
Main Principal <i>Mwanachama Mkuu</i>	Tsh 3,000,000/-	<input type="checkbox"/>
Principal and Spouse <i>Baba Na Mama</i>	Tsh 4,000,000/-	<input type="checkbox"/>
Principal, Spouse and Child <i>Baba, Mama na Mtoto</i>	Tsh 5,000,000/-	<input type="checkbox"/>
Principal, Spouse and 2 Children <i>Baba, Mama na Watoto wawili</i>	Tsh 6,000,000/-	<input type="checkbox"/>
Child Only <i>Kwa Mtoto peke yake</i>	Tsh 3,000,000/-	<input type="checkbox"/>

b) OPTION TWO / CHAGUO LA PILI

PRODUCT STRUCTURE SUMMARY/ MPANGILIO WA BIDHAA			
Number / Idadi	LIMIT / KIMA		PUT A TICK / WEKA ALAMA
Number of Members <i>Idadi ya Wanachama</i>	In-patient Benefit <i>Huduma ya Kulazwa</i>	Out-patient Benefit <i>Huduma ya Kutwa</i>	<input type="checkbox"/>
Main Principal <i>Mwanachama Mkuu</i>	Tsh 3,000,000/-	Tsh 450,000/-	<input type="checkbox"/>
Principal and Spouse <i>Baba Na Mama</i>	Tsh 4,000,000/-	Tsh 700,000/-	<input type="checkbox"/>
Principal, Spouse and Child <i>Baba, Mama na Mtoto</i>	Tsh 5,000,000/-	Tsh 1,000,000/-	<input type="checkbox"/>
Principal, Spouse and 2 Children <i>Baba, Mama na Watoto wawili</i>	Tsh 6,000,000/-	Tsh 1,200,000/-	<input type="checkbox"/>
Child Only <i>Kwa Mtoto peke yake</i>	Tsh 3,000,000/-	Tsh 450,000/-	<input type="checkbox"/>

4. PREMIUMS / MALIPO

Idadi ya Wanachama / Number of Members	Premium/ Malipo	
OPTION / CHAGUO	In-patient Benefit Only <i>Huduma ya Kulazwa Pekee</i>	In-patient and Outpatient Benefit <i>Huduma ya Kulazwa na Kutwa</i>
Principal <i>Mwanachama Mkuu</i>	Tsh 195,000/-	Tsh 440,000/-
Principal and Spouse <i>Baba Na Mama</i>	Tsh 370,000/-	Tsh 680,000/-
Principal, Spouse and Child <i>Baba, Mama na Mtoto</i>	Tsh 495,000/-	Tsh 890,000/-
Principal, Spouse and 2 Children <i>Baba, Mama na Watoto wawili</i>	Tsh 580,000/-	Tsh 1,090,000/-
Child Only <i>Kwa Mtoto peke yake</i>	Tsh 195,000/-	Tsh 440,000/-

5. PROVISION AND GENERAL CONDITION / VIGEZO NA MASHARTI:

- Pre-existing, Congenital, Chronic, and HIV AIDS – 1 year waiting period
Ugonjwa unaoendelea, sugu & Ukimwi – mwaka 1 wakusubiri
- Cancer treatment - 2 year waiting period
Maradhi ya saratani - miaka 2 ya kusubiri
- Organ Transplant - 1 year waiting period
Upandikizwaji wa ogani mfano: moyo, figo, Inni, - mwaka 1 wakusubiri
- Knee replacement - 1 year waiting period
Ubadilishaji wa goti la bandia - mwaka 1 wakusubiri
- Hip replacement - 1 year waiting period
Ubadilishaji wa mfupa wa nyonga - mwaka 1 wakusubiri
- Psychiatric condition - 1 year waiting period
Magonjwa ya akili - mwaka 1 wakusubiri
- Inpatient non accidental related to eye and dental surgery - 1 year waiting period
Kulazwa kwa ajili ya upasuaji wa meno au macho - mwaka 1 wakusubiri
- Inpatient illness (surgical non accidental) – 6 month waiting period
Huduma ya magonjwa ya kulazwa kwa ajili ya upasuaji usio tokana na ajali - miezi 6 ya kusubiri
- Inpatient illness (surgical accidental) – Immediately
Kulazwa kutokana na ajali kwa ajili ya upasuaji - hakunakusubiri
- General Inpatient illness/ Outpatient (non-surgical) – 1 month waiting period
Huduma ya magonjwa ya Kutwa / kulazwa bila upasuaji – mwezi 1 wakusubiri
- Maternity – 10 months waiting period
Ujazito – miezi 10 yakusubiri
- Last expense – 2 months waiting period
Gharama za mazishi – miezi 2 yakusubiri
- MRI no waiting for Accident/ non accidental 12 month waiting period
MRI inayotokana na ajali hakuna kusubiri/ isiyo na ajali ni - miezi 12 yakusubiri
- No reimbursement of expenses out of listed hospitals
Hakutokua na urudishwaji wa gharama za matibabu nje ya Hospitali tajwa
- Upon the cancellation of contract no refund of premium will be entitled if the client has already started to use the benefit
Endapo Mkataba utavunjika hakuna urudishwaji wa gharama za bima endapo mteja alishaanza kupatiwa huduma za kimatibabu.
- Refund on prorated amount shall be done on when a member has been on cover but not claimed
Urudishwaji kwa kiwango kwa muda uliobakia wa gharama za bima utafanyika endapo mteja atakuwa hajatumia huduma hii
- No replacement of membership
Hakuna kubadilisha na uanachama
- Referral is as per Hospital selected
Hospitali za rufaa ni zile tu zilizo chaguliwa
- All waiting period terms will be applicable only for the first year except cancer treatment that will be applicable for 2 year from the beginning of the cover.
Sheria ya muda wa kusubiri itadumu kwa mwaka wa kwanza tu isipokuwa kwa maradhi ya saratani ambapo muda wake ni miaka 2 tu tangu kuanza kwa mkataba.
- Adult age is 18 – 65 years, child 0 – 17 years
Umri wa mtu mzima ni miaka 18 – 65 namtoto ni miaka 0 - 17
- Required ID are Passport, Driving License, and National ID, Vote ID or Birth certificate
Vitambulisho ni kama (leseni ya udereva, kitambulisho cha mpigakura, pasipoti, Kitambulisho cha uraia au Cheti cha kuzaliwa)

6. GENERAL EXCLUSIONS / YASIYO HUSIKA KATIKA MPANGO HUU

- Fraudulent or Unfounded claims
Kugushinyaraka au kutoa madai ya uongo
- Treatment outside the geographical boundaries of Tanzania and outside the agreed provider panel.
Matibabu ya nje ya mipaka ya Tanzania Na nje ya Hospitali zilizo katika mpango huu
- Intentional Self injury, suicide or attempted suicide, Intoxication and drunkness
Kujisababishia majeraha kwa makusudi au kukusudia kujiua au madhara yatokanayo na unywaji wa pombe
- Expenses recoverable under any other insurance
Gharama zozote zitokanazo aina nyengine za bima
- Cosmetic surgery, massage or beauty treatment
Upasuaji wa kubadili muonekano usio wa kitabibu, kukandana matibabu yote ya urembo
- Naval, Military and Air force operations
Majeraha yote yatokanayo na mazoezi ya kijeshi
- General or routine medical checkups & Vaccination
Uchunguzi wa mwili kiujumla afya na chanjo
- Multivitamins
Dawa za Virutubisho
- Injury sustained while in a state of insanity
Majeraha yatokanayo na maradhi ya akili
- War, invasion, civil war, riots or act of terrorism
Vita, Uvamizi, Vita vya wenyewe kwa wenyewe, vurugu au masuala ya kigaidi
- Herbalists, unproven and alternative treatment
Tiba mbadala
- Family planning and infertility treatment and costs related to impotence
Uzazi wa mpango na matibabu ya ugumba
- Fetal surgery
Upasuaji wa Kichanga kilichopo tumboni
- Sexual Transmitted Diseases excluding HIV/AIDS
Magonjwa ya zinaa isipokuwa UKIMWI
- Outpatient dental and Optical is not covered.
Hakutokuwa na huduma za kutwa kwa wagonjwa wa meno na macho

7. DECLARATION / UTHIBITISHO

Ido hereby declare that I have read the above statements /information regarding this proposal and understand clearly. I also agree that this declaration shall be the basis of the contract between me and The Jubilee Insurance Company of Tanzania Ltd. I agree to undertake and exercise all ordinary and reasonable precautions of this policy.

Mimi nakiri ya kwamba nimesoma Maelezo yote ya fomu hii na nimeelewa. Pia nakubali kuwa huu uthibitisho wangu ndio msingi wa mkataba kati yangu mimi na Kampuni ya Bima ya Jubilee Tanzania. Nakubali kuchukua tahadhari ya kusimamia masharti ya mkataba huu.

Signature/Saini Date/ Tarehe

8. DETAILS OF AGENT / MAELEZO YA WAKALA

Agent / Brokers Full Name / Jina kamili la wakala / Dalali.....

Phone Number / Namba ya Simu.....

AGENT'S DECLARATION / UTHIBITISHO WA WAKALA

I do hereby declare that i have explained the terms and conditions of The Jubilee Insurance Company of Tanzania Limited to the customer and has clearly understood.

Nakiri ya kwamba nimemuelekeza mteja Maelezo yote ya fomu hii na mteja amikiri kuwa ameyajua masharti na vigezo vya Kampuni ya bima ya jubilee Tanzania.

Signature/Saini Date/ Tarehe

OFFICIAL USE ONLY

9. POLICY COMMENCEMENT DATE

Commencement Date: Day_____ Month_____ Year_____

Subject always to Declaration section of this application form, the commencement date of this Policy will be the date on which this application is accepted in writing by us. Please note the commencement date can be no more than 30 days from the date of completion of this application. Under no circumstances will Policies be backdated

Note: Cover is conditional upon full payment of premium and acceptance of your application that is only confirmed when an acceptance letter is issued to you)