

FOMU YA MAOMBI YA PAMOJA AFYA

DIRECTIONS:

1. Please read carefully and fill the entire form.
2. This form must be completed in **FULL BLOCK** letters.
3. Please attach a copy of ID, 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.

MAAGIZO:

1. Tafadhali soma kwau makini na ujaze fomu yote
2. Hii fomu inatakiwa kujazwa yote na kwa heru kubwa.
3. Ambatanisha kopi ya kitambulisho chako na picha za watakapo jiunga na bima hii

*Vigezoni Masharti kuzingatiwa.

JUBILEE HEALTH INSURANCE COMPANY OF TANZANIA LIMITED

Head Office

5th Floor, Amani place, Ohio Street
P.O. Box 20524, Dar es salaam, Tanzania
Telephone: 0800780066 (Toll Free Number)
Email: enquiry@jubileetanzania.co.tz
Email: MedicalRetailUnderwriting@jubileetanzania.co.tz

Quality Plaza

Ground Floor, East Wing, PSSF Plaza, Nyerere Road
Telephone: +255222862124
Email: jicqc@jubileetanzania.co.tz

Tegeta Branch

1st Floor Kibo Commercial Complex, Block E, old Bagamoyo Road Telephone: +255 222926303
Email: jictgt@jubileetanzania.co.tz

Arusha Branch

2nd Floor, NSSF Mafao House, Old Moshi Road
P.O. Box 1836, Arusha, Tanzania
Telephone: +255272520131
Email: jicars@jubileetanzania.co.tz

Zanzibar Branch

Ground Floor, ZSTC Investment Building, Malawi Road
P.O. Box 2344, Zanzibar
Telephone: +255242239243
Email: jicznz@jubileetanzania.co.tz

Mwanza Branch

Nyanza Co-operative Union Building, Kenyatta road
P.O. Box 10456, Mwanza, Tanzania
Telephone: +255282541655/+255282500822
Email: jicmwz@jubileetanzania.co.tz

Dodoma Branch

Shop 1, Plot No. 14, Block 2, P.O. Box 11027, Dodoma
Telephone: +255 26 2321066, F : +255 26 2320167
Email: jicdom@jubileetanzania.co.tz

Mbeya Branch

NBC (1997) Building, Ground Floor, Karume Avenue, Mbeya
Telephone: +255252803172
Email: jicmby@jubileetanzania.co.tz

Moshi Sales Point

1st Floor Kilimanjaro Commercial Complex, Aga khan road
P.O. Box 465,
Telephone: +255769377914
Email: enquiry@jubileetanzania.co.tz

Iringa Sales Point

Ground Floor Kalenga Hotel, Uhuru Road, Iringa
P.O. Box 445, Tanzania
Telephone: +255685672610
Email: enquiry@jubileetanzania.co.tz

Kahama Sales Point

FINCA building, 1st Floor Room No
Isaka Road, Kahama
Email: jicshm@jubileetanzania.co.tz

SECTION A: DETAILS OF APPLICANT/MAELEZO YA MUOMBAJI

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:

CONTACT INFORMATION / MAWASILIANO

Postal Address/Sanduku la Posta:

Physical Home Address/Mahali Unapo Ishi:

Cell Phone/Namba ya Simu: Email/Barua Pepe:

SECTION B: NEXT OF KIN IN CASE OF EMERGENCY AND FUNERAL EXPENSES / TAARIFA ZA NDUGU WA KARIBU

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:

SECTION C: OPTIONS FOR PAMOJA AFYA/CHAGUO LA AINA YA PAMOJA AFYA

a) OPTION ONE/ CHAGUO LA KWANZA - PREMIUM FOR INPATIENT & OUTPATIENT BENEFIT ONLY/BEI YA MAFAO YA KULAZWA NA KUTWA TU

| | | |
|---------|---------|--------------------------|
| Almasi | 348,200 | <input type="checkbox"/> |
| Dhahabu | 310,200 | <input type="checkbox"/> |
| Shaba | 210,300 | <input type="checkbox"/> |

b) OPTION TWO / CHAGUO LA PILI - PREMIUM FOR INPATIENT, OUTPATIENT, DENTAL & OPTICAL BENEFITS/ BEI YA MAFAO YA KULAZWA, KUTWA, MENO NA MACHO

| | | |
|---------|---------|--------------------------|
| Almasi | 500,000 | <input type="checkbox"/> |
| Dhahabu | 400,000 | <input type="checkbox"/> |
| Shaba | 261,000 | <input type="checkbox"/> |

SECTION D: BENEFITS SUMMARY/MPANGILIO WA MAFAO

| BENEFITS SUMMARY/MPANGILIO WA MAFAO | | | |
|--|--|--|--|
| BENEFITS/MAFAO | ALMASI | DHAHABU | SHABA |
| INPATIENT BENEFITS/ MAFAO YA KULAZWA | | | |
| Inpatient Benefit Limit <i>Kima cha mafao ya Huduma ya Kulazwa</i> | 2,000,000 | 1,200,000 | 700,000 |
| Type of admission ward/Aina ya wodi ya kulazwa | General ward <i>wodi ya kawaida</i> | General ward <i>wodi ya kawaida</i> | General ward <i>wodi ya kawaida</i> |
| Accidental illness <i>Kulazwa kwa athari ya mfumo wa ajali</i> | Up to full inpatient limit <i>Kima sawa na mafao ya huduma ya kulazwa</i> | | |
| INPATIENT SUB – LIMITS / VIKOMO NDANI YA KIMA CHA MAFAO YA KULAZWA | | | |
| Maternity Sub-Benefit Limit <i>Kikomo cha mafao ya huduma ya uzazi</i> | 1,000,000 | 600,000 | 350,000 |
| Chronic & Pre - Existing and HIV Cover including provision of ARV's sub-benefit limit <i>Kikomo cha mafao ya huduma ya ugonjwa unao endelea, magonjwa yaliyokuwepo kabla ya mktaba wa bima, magonjwa sugu na ukimwi</i> | Up to full inpatient limit <i>Kima sawa na mafao ya huduma ya kulazwa</i> | | |
| Congenital Conditions Sub-benefit limit <i>Kikomo cha huduma za magonjwa ya kuzaliwa nayo</i> | Up to full inpatient limit <i>Kima sawa na mafao ya huduma ya kulazwa</i> | | |
| OUTPATIENT BENEFITS/MAFAO YA HUDUMA YA KUTWA | | | |
| Outpatient Benefit <i>Mafao ya huduma ya kutwa</i> | 500,000 | 400,000 | 300,000 |
| DENTAL AND OPTICAL BENEFIT/MAFAO YA HUDUMA YA KUTWA YA MACHO NA MENO | | | |
| Outpatient Dental Benefit <i>Mafao ya huduma ya kutwa ya meno na kinywa</i> | 200,000 | 150,000 | 100,000 |

| | | | |
|--|---------|---------|---------|
| Outpatient Optical Benefit <i>Mafao ya huduma ya kutwa ya macho</i> | 200,000 | 150,000 | 100,000 |
| Last Expense Benefit <i>Ubani wa mazishi</i> | 300,000 | 250,000 | 150,000 |

SECTION E: PROVISION AND GENERAL CONDITION/ VIGEZO NA MASHARTI

- Ugonjwa/Magonjwa/maradhi/majeraha uliyokuwepo/ yaliyokuwepo kabla ya kujiunga na na bima hii au unaoendelea/ yanayoendelea, sugu & Ukimwi – Yana mwaka 1 wakusubiri kabla yakupata huduma kupitia mfumo huu wa bima.
 - Magonjwa ya kuzaliwa nayo - Yana mwaka 1 wakusubiri kabla yakupata huduma kupitia mfumo huu wa bima.
 - Maradhi ya saratani - Yana miaka 2 ya kusubiri kabla yakupata huduma kupitia mfumo huu wa bima
 - Upandikizwaji wa ogani mfano: moyo, figo, Inni, - haufanyiki kwa bima hii.
 - Ubadilishaji wa goti la bandia - haufanyiki kwa bima hii.
 - Ubadilishaji wa mfupa wa nyonga - haufanyiki kwa bima hii.
 - Magonjwa ya akili - Yana mwaka 1 wakusubiri kabla yakupata huduma kupitia mfumo huu wa bima.
 - Kulazwa kwaajili ya upasuaji wa meno au macho - Una mwaka 1 wakusubiri kabla yakupata huduma kupitia mfumo huu wa bima.
 - Huduma ya magonjwa ya kulazwa kwa ajili ya upasuaji usiotokana na ajali ama Ugonjwa/ Magonjwa/ maradhi/majeraha.
 - Uliyokuwepo/ yaliyokuwepo kabla ya kujiunga na na bima hii au unaoendelea/ yanayoendelea, sugu & Ukimwi - Yana mwezi 1 ya kusubiri kabla yakupata.
 - Kulazwa kutokana na ajali iliyotokea ndani ya mkataba huu wa bima- hakuna kusubiri.
 - Huduma ya magonjwa ya Kutwa / kulazwa bila upasuaji – Zina mwezi 1 wakusubiri kabla yakupata huduma kupitia mfumo huu wa bima.
 - Matibabu yanayohusiana na ujauzito – Una mwaka 1 wakusubiri kabla yakupata huduma kupitia mfumo huu wa bima.
 - Gharama za mazishi – hakuna kusubiri.
 - MRI/CT scan inayotokana na ajali hakuna kusubiri/ isiyotokana na ajali ni – Ina mwaka 1 wakusubiri kabla yakupata huduma kupitia mfumo huu wa bima na baada ya hapo, italipiwa tu kwa magonjwa ya kulazwa.
 - Hakutokua na urudishwaji wa gharama za matibabu nje ya Hospitali tajwa zilizoko kwenye orodha ya bima hii.
 - Endapo Mkataba utavunjika hakuna urudishwaji wa gharama za bima endapo mteja alishaanza kupatiwa huduma za kimatibabu.
 - Urudishwaji kwa kiwango kwa muda uliobakia wa gharama za bima utafanyika endapo mteja atakuwa hajatumia huduma hii.
 - Hakuna kubadilishana uanachama wakati wa mkataba wa bima.
 - Rufaa ya matibabu ni kwa hospitali za Serikali zilizochaguliwa tu kama zilivyoorodheshwa kwenye bima hii.
 - 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.
 - Umri wa mtu mzima ni miaka 18 – 70.
 - Vitambulisho vinavyotambulika ni kama (leseni ya udereva, kitambulisho cha mpiga kura, pasipoti, Kitambulisho cha uraia au Cheti cha kuzaliwa.
 - Magonjwa yote yaliyoainishwa na shirika la Afya Duniani
- World Health Organization (WHO) hayatibika; mfano Homa ya Dengue, Kipindupindu, Uviko - 19.

Provision and General Condition:

- Pre-existing, Congenital, Chronic, and HIV AIDS – 1 year waiting period before accessing medical services through this policy.
- Congenital conditions – 1 year waiting period before accessing medical services through this policy.
- Cancer treatment - 2 year waiting period before accessing medical services through this policy.
- Organ Transplant – is not covered.
- Knee replacement - is not covered.
- Hip replacement - is not covered.
- Psychiatric condition - 1 year waiting period before accessing medical services through this policy.
- Inpatient non accidental related to eye and dental surgery - 1 year waiting period before accessing medical services through this policy.
- Inpatient illness (surgical non accidental which is neither a chronic or pre-existing issue nor accidental example Appendicitis) – 1 month waiting period before accessing medical services through this policy.
- Inpatient illness (surgical accidental) – Immediately
- General Inpatient illness/ Outpatient (non-surgical) – 1 month waiting period before accessing medical services through this policy.
- Maternity – 1 year waiting period before accessing medical services through this policy.
- Last expense – no waiting period.
- MRI/CT scan no waiting for Accidental injuries/ illness but for non-accidental illness has 1 year waiting period before accessing medical services through this policy, it is only covered for Inpatient illness.
- No reimbursement of expenses out of listed hospitals
- Upon the cancellation of contract, no refund of premium will be entitled if the client has already started to use the benefit.
- Refund on prorated amount shall be done on when a member has been on cover but not claimed.
- No replacement of membership.
- Referrals – the only referrals are to the Regional and National Hospitals.
- All waiting period terms will be applicable only for the first year except cancer treatment that will be applicable for 2 years from the beginning of the cover.
- Adult age is 18 – 70 years.
- Required ID are Passport, Driving License, and National ID, Voter's ID or Birth certificate.
- Any direct or indirect consequences, loss or bodily injury or sickness relating to a disease declared by the World Health Organization (WHO) as a pandemic outbreak is not covered. Example Cholera, Dengue Fever and Covid – 19.

SECTION F: EXCLUSION/ YASIYOHUSIKA

The following will not be covered in the first year/
Yafuatayo hayatahudumiwa kwa mwaka wa kwanza:

1. Maternity Benefits/ Huduma ya Uzazi

- The insurer shall not cover anything related to maternity clinics to delivery for the first year.
- Mtoa Bima hatahudumia kitu chochote kinachohusiana na Ujazuzito kwa mwaka wa kwanza, kwanzia matibabu ya kutwa/kliniki ya mama mjamzito mpaka kujifungua.

2. Operation/Upasuaji

- The insurer shall not cover anything related to operation for the first year if it is a chronic and pre-existing issue.
- Mtoa Bima hatahudumia kitu chochote kinachohusiana na upasuaji wa Ugonjwa/Magonjwa/maradhi/ majeraha uliyokuwepo/yaliyokuwepo kabla ya kujiunga na na bima hii au unaoendelea/ yanayoendelea, sugu & Ukimwi kabla ya bima kwa mwaka wa kwanza.

3. Kidney Failure/Kufeli kwa Figo

- The insurer shall not cover anything related to kidney failure treatment for the first year.
- Mtoa Bima hatahudumia kitu chochote kinachohusiana na matibabu ya figo kutokufanya kazi kwa mwaka wa kwanza.

4. Cancer/Saratani

- The insurer shall not cover anything related to Cancer treatment for the first year and the second year, there should be no break of cover.
- Mtoa Bima hatahudumia kitu chochote kinachohusiana na matibabu ya saratani kwa mwaka wa kwanza na mwaka wa pili wa mkataba wa bima. Na inabidi kuwe na muendelezo wa mkataba huo wa bima.

SECTION G: 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 Jubilee Health 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 Health Tanzania. Nakubali kuchukua tahadhari ya kusimamia masharti ya mkataba huu.

Signature/Saini: Date/Tarehe:

SECTION H: 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 Jubilee Health 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 Health Tanzania.

Signature/Saini: Date/Tarehe:

SECTION I: POLICY COMMENCEMENT DATE (OFFICIAL USE ONLY)

Commencement Date:

Note: Cover is conditional upon full payment of premium when an acceptance letter is issued to you).