

viii) Non-Health Hazards

Have you any intention or prospect of:	
a) Engaging in any hazardous occupations, sports or pastime? If so, please give details by completing the relevant Questionnaire.	
b) Flying other than as fare paying passenger by recognized airline, on scheduled air routes? If so, please give details by completing Aviation Questionnaire.	
c) Engaging in naval, military or Air services? If so, please give details by completing the relevant Questionnaire.	
Is there anything, not mentioned earlier in the proposal relating to your health, habits or other circumstance which might result in this assurance on your life being more than normally hazardous? Please give details.	

Section 6: Notice and Consent for Blood Testing for HIV Antibodies

I _____ do hereby give consent to undergo HIV test to facilitate issuance of this policy. I am aware underwriting decision will be based on the test results.

All test results and the fact the test occurred will be treated confidentially. The results in a sealed cover will be reported to the Underwriting Department, Madison Life Assurance Kenya Limited, Madison House, Upper Hill Road, Nairobi. However at your written request to Underwriting Department the test results may be disclosed to your personal doctor or any other doctor of your choice.

Name of Doctor _____ Address _____

Signature of Life to be Assured _____ Date _____

Agent or other witness _____ Date _____

I _____ the Life to be Assured, having been requested to undergo the HIV Test declare that I am not willing to undergo the same and hereby give Madison Life Assurance Kenya Limited authority to issue the policy subject to Aids Exclusion Clause.

Signature of Life to be Assured _____ Date _____

Agent or other witness _____ Date _____

Section 7: Declarations and Signature

a) For all Proposals. To be read and signed by the Applicant

I, the Life to be Assured, do hereby declare that all the forgoing information is true, that I have not concealed or withheld anything with which the Company ought to be made acquainted in order to assess my eligibility for Assurance and that I am willing to be medically examined if required.

I consent to the Company seeking medical information from any doctor who has at any time attended me or seeking information from any office to which I have at any time made a proposal for Life or Sickness or Accident Insurance and I authorize the giving of such information. I agree that these and all other statements I have made or shall make to the Company or to its medical examiners in connection with this or any previous proposal shall be the basis of the contract of Assurance to be written in the Currency of and within the laws of Kenya.

Signed _____ Date _____

b) Declaration by the Agent

I _____ have discussed the proposed life policy with the client and have explained all the features of the policy and the client has agreed to take the policy.

Signed _____ Date _____ Code _____

Unit _____ Unit Manager's Signature _____ Date _____

Agency _____ Agency Manager's Signature _____ Date _____