

PROPOSAL FORM

Intermediary Name:

General Information

Date of Commencement: 1st April 2024

Name of Scheme/Applicant: World University Service of Canada (Kenya Office)

P.O. Box Postal Code:

Main Occupation of Applicant:

Tel no: Email Address:

Product (Please tick as applicable)

Group Life Combined Solution Last Expense

Keyman Group Credit/Mortgage

Benefits Structure

Benefit Type	Tick as applicable	Level of Benefit
Group Life		
Death Benefit		
Permanent and Total Disability		
Critical Illness		
Last Expense - Principal		
Last Expense - Spouse		
Last Expense – Child (Max 4)		
Last Expense – Parents (Max 4)		
WIBA/GPA		
Accidental Death		
Accidental Permanent and Total Disability		
Temporary and Total Disability		
Accidental Medical Reimbursement		

**NB: Note to attach the applicable quotation.
For Last Expense fill the Last Expense Part only**

Cannon Life Assurance (K) Limited

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a Gateway Park, Block D, Mombasa Road, P.O. Box 46783-00100 Nairobi, Kenya
www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

Previous Scheme Information (if applicable):

Previous Underwriter:

	Year	No. Of Deaths	Amount
Claims Experience			

Payment of Premiums:

How will the premiums be paid?

In Advance

Monthly

In Arrears

Annual

Other

If other has been selected, please supply details:

Authorization/Declaration:

I/We undertake to proceed with the set- up of the scheme and hereby request and authorize Cannon Life Assurance (K) Limited to prepare the necessary documents based on the above information and the attached members details. Additionally, I/We 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.

Name:

Designation:

Signature:

Date:

Official Rubber Stamp