

| DETAILS OF BENEFICIARIES | | | | | | | | | | | | |
|--------------------------|--|--|--|--|------------------------------|--|--|------|--|--------|--|--|
| Dependant 1 | | | | | | | | | | | | |
| Surname | | | | | Title | | | | | | | |
| First Name | | | | | Other Names | | | | | | | |
| ID / Passport No. | | | | | Gender | | | Male | | Female | | |
| Date of Birth | | | | | Relation to Principal Member | | | | | | | |
| Marital Status | | | | | Occupation | | | | | | | |
| Height (ft & inches) | | | | | Weight (Kgs) | | | | | | | |
| Dependant 2 | | | | | | | | | | | | |
| Surname | | | | | Title | | | | | | | |
| First Name | | | | | Other Names | | | | | | | |
| ID / Passport No. | | | | | Gender | | | Male | | Female | | |
| Date of Birth | | | | | Relation to Principal Member | | | | | | | |
| Marital Status | | | | | Occupation | | | | | | | |
| Height (ft & inches) | | | | | Weight (Kgs) | | | | | | | |
| Dependant 3 | | | | | | | | | | | | |
| Surname | | | | | Title | | | | | | | |
| First Name | | | | | Other Names | | | | | | | |
| ID / Passport No. | | | | | Gender | | | Male | | Female | | |
| Date of Birth | | | | | Relation to Principal Member | | | | | | | |
| Marital Status | | | | | Occupation | | | | | | | |
| Height (ft & inches) | | | | | Weight (Kgs) | | | | | | | |
| Dependant 4 | | | | | | | | | | | | |
| Surname | | | | | Title | | | | | | | |
| First Name | | | | | Other Names | | | | | | | |
| ID / Passport No. | | | | | Gender | | | Male | | Female | | |
| Date of Birth | | | | | Relation to Principal Member | | | | | | | |
| Marital Status | | | | | Occupation | | | | | | | |
| Height (ft & inches) | | | | | Weight (Kgs) | | | | | | | |
| Dependant 5 | | | | | | | | | | | | |
| Surname | | | | | Title | | | | | | | |
| First Name | | | | | Other Names | | | | | | | |
| ID / Passport No. | | | | | Gender | | | Male | | Female | | |
| Date of Birth | | | | | Relation to Principal Member | | | | | | | |
| Marital Status | | | | | Occupation | | | | | | | |
| Height (ft & inches) | | | | | Weight (Kgs) | | | | | | | |
| Dependant 6 | | | | | | | | | | | | |
| Surname | | | | | Title | | | | | | | |
| First Name | | | | | Other Names | | | | | | | |
| ID / Passport No. | | | | | Gender | | | Male | | Female | | |
| Date of Birth | | | | | Relation to Principal Member | | | | | | | |
| Marital Status | | | | | Occupation | | | | | | | |
| Height (ft & inches) | | | | | Weight (Kgs) | | | | | | | |
| Dependant 7 | | | | | | | | | | | | |
| Surname | | | | | Title | | | | | | | |
| First Name | | | | | Other Names | | | | | | | |

| | | | | | |
|--|-------------|------------|------------|--------|--------|
| Hospital Cash (per day up to 30 days per year) | 50,000 | 40,000 | 30,000 | 20,000 | 10,000 |
| Life Cover (Sum Assured) | 100,000,000 | 80,000,000 | 50,000,000 | | |

Please note the following: -

1. Inpatient is a mandatory benefit. All other benefits are optional
2. Combining benefits from different plans is not permitted
3. The same plan applies to all members on the same policy
4. To benefit from maternity cover, you will have to start paying for it in both the policy year prior to and on the policy year that you intend to benefit from it. Maternity benefit is offered to principal members and spouses only
5. Optical and Dental benefit benefits have to be selected together

| Premiums (in UGX) | | | | | | | |
|---------------------------------------|-----------|------------|-----------|---------|--------|------------------|---------------|
| | Inpatient | Outpatient | Maternity | Optical | Dental | Funeral Expenses | Total |
| Principal Member | | | | | | | |
| Spouse | | | | | | | |
| Child1 | | | | | | | |
| Child2 | | | | | | | |
| Child3 | | | | | | | |
| Child4 | | | | | | | |
| Child5 | | | | | | | |
| Child6 | | | | | | | |
| Child7 | | | | | | | |
| Total Premium | | | | | | | |
| Insurance Training Levy (0.5%) | | | | | | | 35,000 |
| Stamp Duty | | | | | | | |
| TOTAL PREMIUM DUE | | | | | | | |

Inception of cover is subject to acceptance by Prudential and payment of full premium due paid to Prudential via the available payment platforms.

CONFIDENTIAL MEDICAL HISTORY

State whether you as the principal member or any of your listed dependants have ever been treated or are currently receiving medical treatment, or expect to receive medical treatment for any of the following illnesses including but not limited to: -

Applicants are numbered as section 2. Please indicate YES or NO in the applicant's box below. Note that the principal member is No.1

| | | No.1 | No.2 | No.3 | No.4 | No.5 | No.6 | No.7 |
|----|---|------|------|------|------|------|------|------|
| 1. | Respiratory ailments e.g. tuberculosis, persistent cough, allergies, cigarette smoking related disorders, shortness of breath, asthma, | | | | | | | |
| 2. | Have you or any of your dependants ever sought counseling or treatment in connection with HIV or AIDS infections or tested positive for HIV or AIDS? | | | | | | | |
| 3. | Ear, nose and throat disorders e.g. hearing/speech impairment, ear infections, sinus problems, nasal/throat surgery, tonsils, adenoids, previous nasal injuries, upper airway infections, epistaxis | | | | | | | |
| 4. | Do you or any of your dependants have any hereditary disorders, birth defects or congenital conditions? | | | | | | | |
| 5. | Cardiovascular (heart and blood vessels) disorders e.g. high blood pressure, hypertension, varicose veins, palpitations, deep vein thrombosis' low blood pressure | | | | | | | |
| 6. | Have you or any of your dependants ever sought counseling or treatment in connection with sexual transmitted infection e.g. gonorrhoea, syphilis, herpes simplex, Chlamydia | | | | | | | |
| 7. | Have you ever had any endoscopic study of the oesophagus, stomach or Colon and/or treatment and diagnosis of gastro-intestinal disorders e.g. recurrent indigestion, heartburn, ulcers, hernia, piles and fissures? | | | | | | | |
| 8. | Musculo-skeletal disorders e.g. arthritis, Back problems, gout, and osteoporosis. All joint problems and fractures | | | | | | | |
| 7. | Neurological disorders e.g. epilepsy, Stroke. Brain or spinal cord disorders, Headache, migraine, Paralysis, meningitis | | | | | | | |
| 8. | Do you or any of your dependants have incomplete dental treatment plan, dental implants, orthodontic treatment, dentures, braces and wisdom | | | | | | | |

| | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| | teeth problems or do you or any of your dependants currently receive, or expect to receive dental treatment in the next 12 months? | | | | | | | |
| 9. | Psychological disorders e.g. alcohol or drug dependency, anxiety disorder, insomnia, depression, stress, attention deficit disorder, post-traumatic stress, attempted suicide, bipolar disorder | | | | | | | |
| 10. | State whether you or any of your dependants have received medical advice or treatment for any tropical disease e.g. leprosy, sleeping sickness, elephantiasis, bilharzia, yellow fever | | | | | | | |
| 11. | Gynecological and obstetrical disorders e.g. Fibroids, ectopic pregnancy, caesarian section, Menstrual irregularities. Abnormal pap smear, receiving hormone treatment. Uterine bleeding, Laparoscopic surgery, Dilatation and curettage, miscarriages, pregnancy related problems. | | | | | | | |
| 12. | Pregnant, if positive, provide expected date of delivery (dd/mm/yy) | | | | | | | |
| 13. | Respiratory disorders e.g. asthma, rhinitis, chronic bronchitis, cigarette smoking related disorders, tuberculosis, persistent cough, allergies, chronic obstruction pulmonary disease, shortness of breath. | | | | | | | |
| 14. | Endocrine disorders e.g. diabetes, high cholesterol , thyroid abnormalities | | | | | | | |
| 15. | Skin disorders e.g. eczema, melanoma, skin cancer, burns, scars, keloids, | | | | | | | |
| 16. | Genital-urinary system e.g. Pelvic inflammatory disease prostate problem, abnormalities of the penis, scrotum. Reproductive system, blood in the urine, kidney stones, kidney failure, bladder problems, Dialysis. | | | | | | | |
| 17. | Investigations and/or specialized treatment: In and out of hospital a. Are you or any of your dependants currently undergoing or expect to undergo investigations for any medical condition and/or symptoms not | | | | | | | |

| | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| | yet diagnosed? b. Are you or any of your dependants currently receiving, or expect to receive specialized treatment (i.e. chemotherapy, radiotherapy, bone marrow transplant, mechanical ventilation, oxygen therapy, dialysis, psychotherapy or counseling? | | | | | | | |
| 18. | Cancer, growths or tumors whether benign or malignant | | | | | | | |
| 19. | Eye related disorders e.g. blindness, glaucoma, eye surgery, , cataracts, lens implants, refractive and laser surgery | | | | | | | |
| 20. | Are you or any of your dependants on regular medication? If your response is "YES", please indicate the details as required below:- | | | | | | | |

| APPLICANT NAME | PRESCRIBED MEDICATION | DIAGNOSIS | DATE STARTED/TO BE STARTED |
|----------------|-----------------------|-----------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If you answered "YES" to any of the Questions from 1 to 20, please provide the relevant details below: -

| Question No. | Applicant Name | Diagnosis | Date of Diagnosis | Treatment Provided | Consulting Doctor Name | Consulting Doctor's Telephone No & Physical Address |
|--------------|----------------|-----------|-------------------|--------------------|------------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(If the table provided above is not sufficient, please attach an additional sheet with the necessary details to this application form

GENERAL EXCLUSIONS

Although most medical conditions are covered, this Policy does not cover claims arising from or connected with the following benefit exclusions unless specified in the Table of benefits, in any written endorsement to the Policy, or agreed by the Company in writing:

1. A pre-existing medical condition means any bodily injury or illness or its related condition that medically exists prior to the enrolment date of the Insured member, whether it is known or not known to the member, and necessitates the Insured member to receive care or Treatment. It has one or more of the following characteristics:

- was foreseeable,
- manifested itself,
- the insured person has signs or symptoms of,
- the insured person sought advice of,
- the insured person received treatment for

1. A benefit limit of the insured person as detailed on the Table of benefits, being exceeded and the Provider is aware of the same.

2. A benefit waiting period, as detailed on the Table of benefits, not being satisfied

PE4 Abuse of alcohol, drug, any other intoxicating substance, or any addictive condition of any kind and any medical condition arising directly or indirectly from any such abuse or addiction.

PE5 A medical condition due to an insured person being under the influence of alcohol, drugs or any other intoxicating substance.

PE6 Any type of infertility treatment, contraception, sterilization or fertilization, treatment for sexual problems (including impotence, whatever the cause), sex changes, assisted reproduction (E.g. IVF treatment) and any pregnancy, including surrogacy, resulting from such treatment.

PE7 Tests and treatment because of venereal and sexually transmitted diseases. Unless after sexual abuse as Post Exposure Analysis and Prophylaxis.

PE8 Experimental or unproven treatment, unless the Company has given specific pre-authorization.

PE9* Organ transplant and its related expenses.

PE10 Cryopreservation, implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.

PE11 Foetal treatment.

PE12* Congenital abnormalities or birth defects.

PE13 Injury or illness caused by, contributed to, or resulting from suicide, attempted suicide, self-infliction or willful exposure to danger, except in an attempt to save human life.

PE14 Medical conditions sustained by military, naval or air force personnel resulting from participation in any military, naval or air force operation or exercise.

PE15 Participation in war, riots, strikes, lock-outs, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal/criminal act, including resulting Imprisonment.

- PE16 The release of weapon(s) of mass destruction (nuclear, biological or chemical) whether such involves an explosive sequence(s) or not.
- PE17 Contamination from chemical, biological and nuclear materials, including waste products from the combustion of nuclear fuel.
- PE18 Medical Conditions due to the participation in professional and hazardous sports including but not limited to scuba diving, sky diving, parachuting, paragliding, mountaineering and martial arts, or use of weapons or firearms.
- PE19 Sleep apnoea, sleep related breathing disorders, snoring, or insomnia.
- PE20 Learning difficulties and/or disorders, developmental disorders and speech/or voice problems.
- PE21 Cosmetic, reconstructive, or remedial disorders, whether or not for psychological reasons, and/or any complications arising thereafter, unless required as the direct result of a covered medical condition.
- PE22* Routine medical examinations and regular check-ups, unless explicitly included as part of the scheme agreed by the member's employer.
- PE23 Circumcision unless medically necessary for the treatment of disease/injury not excluded in the Policy.
- PE24 Admissions for rehabilitation and isolation purposes.
- PE25* Vaccinations.
- PE26* Travel for the specific purpose of receiving medical treatment. Treatment outside the country on visits shorter than 6 weeks is covered at 70% of the claim, up to the available limit, within customary and reasonable rates, in Africa excluding in South Africa, Mauritius and Egypt.
- PE27 Psychiatric or mental disorders without demonstrable organic origin.
- PE28 Removal of fat from any part of the body, hormone replacement therapy, use of steroids and organic preparations (unless medically necessary), breast reduction or breast enlargement.
- PE29 Treatment in any quarantine/isolation or rest home, spa, hydro-clinic, health resort, massage center, sanatorium or long-term care facility that is not a Hospital.
- In compliance with the Public Health Act, the Provider may want to transfer patients from general wards to isolation wards whenever it is deemed medically necessary. The total costs thereof for the room difference (as the case may be) shall be borne by the Provider unless the Company on exceptional basis approves to cater for that cost and communication is provided in writing.
- PE30 Abortion due to voluntary, psychological or social reasons, and its consequences.
- PE31 Elective caesarean deliveries, if not medically necessary.
- PE32 Sunglasses, photo chromatic lenses and contact lenses.
- PE33 Preventative sight and hearing examinations.

- PE34 Natural or non-medical degenerative sight defects, non-medical or natural degenerative hearing defects, aids to assist eye sight and hearing, including, but not limited to, contact lenses.
- PE35 Ear or body piercing and tattooing, and any treatment required following these.
- PE36* Preventative dental examinations, prophylaxis treatment, scraping, scaling, cleaning, polishing, dentures, false teeth, dental implants and/or orthodontic treatment.
- PE37 Compulsive or addictive eating disorders and/or homesickness.
- PE38 Obesity, special diet or weight control.
- PE39 Children's food, baby supplies, vitamin, mineral or organic supplements, products that can be purchased without a doctor's prescription such as, but not limited to, mouthwash, toothpaste, antiseptic lozenges or sprays, shampoo, sunscreen, etc.
- PE40* Supplying, maintaining or fitting any external prostheses or appliances, rental or purchase of crutches, wheelchairs or other equipment, medical or otherwise. The Company will pay for spinal support, knee brace, collar brace, etc. if it is part of a surgical operation and/or integral to the treatment of a covered medical condition.
- PE41 Charges or fees incurred for the completion of Medical claim forms and any provider registration fees and medical report charges unless requested by the Company.
- PE42 Treatment after the expiry date of the Policy or after the expiry date of the insured person's cover, whichever occurs first, unless the Policy or the insured person's cover has been renewed and the premium paid and the treatment is eligible.
- PE43 Any treatment relating to a hospital admission at the time of the insured person's commencement date, which was not disclosed to us, and accepted by us.
- PE44 Any treatment relating to a planned hospital admission that the insured person was aware of at the commencement date, which was not disclosed to us, and accepted by us.
- PE45 Medication, drugs and dressings which are not recognized by the National Drug Authority of Uganda or are available without prescription from a medical practitioner, specialist/consultant, registered nurse or therapist.
- PE46 Treatment as a result of proven medical negligence or malpractice.
- PE47* Medical certificates and examinations for residence, employment or travel.
- PE48* All transportation costs occurring during trips specifically made for the purpose of obtaining Treatment.
- PE49 Payment of any excess/deductible/co-insurance applicable to the Policy.
- PE50 All costs relating to Outpatient treatment or other services provided on an Outpatient basis unless the Insured member's Membership card clearly states that outpatient coverage is included under their Policy.

PE51 Any other non-medical items that are not required for treatment will not be catered for by the Company e.g. phone calls, DVDs, airtime, internet, newspapers, diapers,

PE52 Treatment for national disasters, pandemics and epidemics.

PE53* Chronic condition means a disease, illness or injury that has at least one of the following characteristics:

- a) no known cure or fails to respond to treatment
- b) is recurrent in nature
- c) leads to permanent disability
- d) is caused by changes to one's body which cannot be reversed
- e) requires one to be specially trained or rehabilitated
- f) needs prolonged supervision, monitoring or treatment including palliative care.

Legal Expenses Policy exclusions:

PEL1 All costs relating to appointments not kept or cancelled by the Insured or Insured Dependants.

PEL2 All costs relating to interest charged and legal fees arising out of overdue medical expenses.

PEL3 Any costs incurred in the pursuit of any legal action against us.

* These may be covered in individual schemes, categories or special cases at which point they will be displayed on the biometric reader. Please feel free to contact our Helpline if in doubt.

DECLARATION

Please note that this application form is part of the Prudential contract

I hereby declare that the statements in this form are true and complete. I further declare that I have not withheld and material information in regard to this application that ought to be disclosed to Prudential. I have read, understood and agree with the cover options, terms and conditions as stipulated in the product and I agree to abide by the rules governing this policy and further agree that the answers given in this declaration and answers given in this application form shall be the basis of the contract between Prudential and I.

I consent to Prudential seeking information from any doctor, hospital or clinic I or any of my family members may have consulted or from any insurer from whom I have requested insurance and I hereby authorize the giving of such information to Prudential

Desired Start Date: _____

I have appointed _____ as my Agent/Broker for
this policy

SIGNATURE OF PRINCIPAL MEMBER / POLICYHOLDER

SIGNATURE _____ DATE _____

INTERMEDIARY DECLARATION

AFdsdgsdsgsg

tjryjtykukykyku