

Dear Customer,

We are hereby pleased to invite you for renewal for another year.

**To reflect the market dynamics and consumer needs, in addition to our medical plans we have introduced a number of products namely Travel Plans, Liability Plans, Asset Covers, Motor Covers and all other classes of General Insurance.**

**Kindly sign on the renewal instructions form provided attaching your renewal premium cheque/s and return to us for processing.**

Your Resolution Insurance sales agent or broker will contact you and provide you with all relevant information. Alternatively, you may contact the undersigned on the following number 0709990000.

- **Lapsed memberships:** Lapsed members who have already attained the age of 50years and above seeking reinstatement will be required to undergo a medical examination at their own cost and approval of the renewal will be subject to medical underwriting.
- **Renewal period:** Any membership not renewed within 30 days of the expiry date will not only be considered expired but also as lapsed and the member/s will be required to apply for a reinstatement.
- **Waiting period:** Lapsed covers reinstated after 30 days of expiry will also be subjected to all the standard waiting periods.
- **Upgrades:** All upgrades at renewal will be subjected to medical underwriting and the member may be required to undergo a medical examination before approval. The upgraded portion will be subjected to specified waiting periods.
- **Exceeded limits:** In cases where a member exhausted their outpatient annual limit in the previous membership year, renewal will only be confirmed after settlement of all outstanding amounts.
- **Outpatient cover:** If you opt for outpatient cover, remember it must be taken by all family members; it will not be applied selectively.
- **Health Status:** In case of any change in your medical condition that we may not be aware of please notify us immediately with a medical report. You will be informed about any effect this may have on your membership. Kindly note that the terms stated in this document are based on current claims incurred. In the event that additional claims or information on your health status are realized, Resolution Insurance reserves the right to amend the renewal terms before the start of the new policy year
- **Changes:** Any changes in the membership benefits can only be made within the first 30 days of cover. Premium is non-refundable after 30 days of approved cover.
- **Services:** Where payment is not received by the renewal date we regret that no services will be provided.
- **Medical report:** Members who are over the age of 65yrs are required to undergo a full Medical Examination annually before renewal can be confirmed. We cover the cost of the Medical Examination from the annual well person check-up for those products that have the benefit i.e. Advantage, Superior, Executive, Premier and Premier Plus Plans; excluding Harmony Plans. The medical examination can only be claimed before the current policy's end date noted above.
- **Membership:** Membership only becomes effective after approval of the application and written confirmation of terms by Resolution Insurance; notwithstanding the fact that payment may have been received.
- **Change in renewal terms** - Any changes in the renewal terms shall be communicated before renewal. Kindly contact your sales agent for further enquires

Please complete the attached **Renewal Instruction Form** to ensure that we maintain the most current and accurate records in our system.

At Resolution Insurance, we are committed to providing you with the very best in quality medical insurance, general insurance and continually improving our services to you. Kindly let us know what you would like us to do to make your customer experience more satisfying. You may express yourself on the space provided below or contact us via telephone or email.

### **Speak Out**

*Resolution Insurance Company Limited has a zero tolerance policy on fraud. Therefore, we encourage all our clients to make use of the anonymous whistleblowing toll free line (0800 722 626), website ([www.tip-offs.com](http://www.tip-offs.com)) and e-mail ([speakout@tip-offs.com](mailto:speakout@tip-offs.com)) to report any cases of theft, fraud, bribery, misconduct, cybercrime and nepotism.*

We thank you for your continued support and assure you of our commitment to provide you with a responsive and comprehensive range of insurance services.

We wish you and your loved ones continued good health and prosperity.

Yours Sincerely

**RESOLUTION INSURANCE LTD**

RESOLUTION INSURANCE COMPANY LTD.  
P. O. Box 1469 - 00100  
NAIROBI, KENYA.  
TEL: 2894000, FAX: 2894210

**HEAD OF MEDICAL UNDERWRITING**

**RENEWAL INSTRUCTION FORM**

|  |                                |   |  |
|--|--------------------------------|---|--|
| Principal Members name   |                                |   |  |
| Membership no.   |                                |   |  |
| Inpatient Plan   |                                |   |  |
| Outpatient Plan  |                                |   |  |
| Other Optional Plans   |                                |   |  |
| Total Premium  |                                |   |  |
| Mode of Payment/ Payment Options (tick where appropriate)  | Visa <input type="checkbox"/>  | Cheque <input type="checkbox"/>   |  |
|  | Mpesa <input type="checkbox"/> | Transfer <input type="checkbox"/>   |  |
| If the payment is paying more than one family please indicate  |                                |   |  |
| <b>BANK DEPOSITS - KSHS.</b>   |                                | <b>MOBILE MONEY - MPESA</b>   |  |
| BANK NAME: COMMERCIAL BANK OF AFRICA<br>ACCOUNT NAME: RESOLUTION INSURANCE COMPANY LTD<br>ACCOUNT NUMBER: 7110120015<br>BRANCH NAME: JUNCTION BRANCH<br>BANK CODE: 07 BRANCH CODE: 017<br>SWIFT CODE: CBAFKENX |                                | MPESA MENU SELECT; PAY BILL OPTION,<br><b>BUSINESS NUMBER: 503100</b><br>ACCOUNT NO. IS YOUR M/NO. E.G 123456 AS IT APPEARS ON YOUR CARD.<br><br>KEY IN THE AMOUNT TO SEND,<br>INPUT THE PIN NUMBER<br>CONFIRM PAYMENT & SEND MONEY |  |

Postal address: ..... Post code..... Town.....

Mobile phone no..... Alternative no.....

Email address.....

**Contact Preference:** Please indicate your preferred mode of communication that you would like us to contact you on all policy matters including renewal.

Post:       Email:       Mobile:

Please update the details below in case of any change.

Next of Kin name.....

Telephone No.....