

## BRANCH NETWORK

### NAIROBI BRANCHES:

#### Town Office

Reinsurance Plaza  
Mezzanine Floor, Aga Khan Walk  
Mobile: 0734 209600/1  
0722 209600/1  
Tel: (020) 329 6000  
townoffice@cic.co.ke

#### Buru Buru Branch

Vision Place, Ground Floor  
Mumias Road  
Mobile: 0773 592119,  
Tel: (020) 778 0132  
buruburu@cic.co.ke

#### Westlands Branch

Pamstech House  
2nd Floor, Woodvale Grove  
Mobile: 0718 882826  
cic@cic.co.ke

#### THIKA BRANCH

Thika Arcade, 6th Floor  
Kenyatta Highway  
Mobile: 0701 238227  
0734 080445  
Tel: (067) 222 00 43  
thika@cic.co.ke

#### KITENGELA BRANCH

Capital Center, 2nd Floor  
Mobile: 0773 616674  
kitengela@cic.co.ke

#### NANYUKI

Pearl Place, 1st Floor  
Mobile: 0703 099 770  
nanyuki@cic.co.ke

#### NAIVASHA BRANCH

Eagle Center, 1st Floor  
Mobile: 0739 111151  
naivasha@cic.co.ke

### NYAHURURU BRANCH

Kimwa Centre, 2nd Floor  
Kenyatta Avenue  
Tel: (065) 203 2055  
nyahuru@cic.co.ke

### MACHAKOS BRANCH

Imani Plaza (ABC Building)  
3rd Floor  
Tel: (044) 202 0349 / 0367  
machakosbranch@cic.co.ke

### KIAMBU BRANCH

Bishop Magua Hse, 4th Floor  
Mobile: 0701 238 226  
0734 080 430  
Tel: (066) 202 2038  
kiambu@cic.co.ke

### NYERI BRANCH

Co-operative Union Building  
3rd Floor, Mobile: 0737 696 358  
0737 226 967  
Tel: (061) 203 0657  
nyeri@cic.co.ke

### NAKURU BRANCH

Mache Plaza, 2nd Floor  
Geoffrey Kamau Road  
Tel: (051) 221 7204 / 6035  
nakuru@cic.co.ke

### KISUMU BRANCH

Wedco Centre, Mezzanine Floor  
Oginga Odinga Road  
Tel: (057) 202 1255  
kisumu@cic.co.ke

### HOMABAY

Cold Springs Plaza, Ground Floor  
Mobile: 0770 735 827  
homabay@cic.co.ke

### EMBU BRANCH

Sparko Building, 3rd Floor  
opposite Consolidated Bank  
Tel: (068) 223 0121 / 1127  
embu@cic.co.ke

### MERU BRANCH

Bhatt Building, 1st Floor  
Ghana Street  
Tel: (064) 313 0591 / 0869  
meru@cic.co.ke

### KAKAMEGA BRANCH

Walia's Centre, Ground Floor  
Tel: (056) 203 0242 / 0850  
kakamega@cic.co.ke

### ELDORET BRANCH

Co-operative Building, 1st Floor  
Mobile: 0737 155 924  
0714 180 003  
Tel: (053) 203 1490  
eldoret@cic.co.ke

### KISII BRANCH

Magsons Plaza, 2nd Floor  
Mobile: 0725 987183  
Tel: (058) 203 1242 / 0232  
kisii@cic.co.ke

### BUNGOMA BRANCH

Teachers Sacco Plaza  
3rd Floor, Hospital Road  
Tel: (055) 203 0121  
bungomabbranch@cic.co.ke

### KERICHO BRANCH

Kipsigis Teachers SACCO  
Building, Ground Floor  
Tel: (052) 202 0395  
kericho@cic.co.ke

### KILIFI

Kilifi Complex, 2nd Floor  
Mobile: 0739 111 166  
kilifi@cic.co.ke

### MOMBASA BRANCH

DL Furniture Plaza  
1st Floor, Nkrumah Road  
Tel: (041) 222 4129 / 0454  
mombasa@cic.co.ke

## CIC LIFE ASSURANCE LTD.

📍 CIC PLAZA MARA ROAD, UPPERHILL 📍 P.O. BOX 59485-00200 NAIROBI, KENYA

☎ +254 020 282 3000, 0703 099 120 📠 callc@cic.co.ke 🌐 www.cic.co.ke

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LIFE



# JKINGE WELFARE COVER

*We keep our word*

**CIC GROUP**

### JIKINGE WELFARE COVER.

CIC's family life Insurance package is designed to respond to welfare groups' priority needs for their family protection in an easy to understand and affordable offering. The product provides an avenue to convert the social Insurance scheme to a more beneficial cover for the members.

This cover is offered under a group policy with a minimum of 10 people.

### KEY FEATURES:

**a) WAITING PERIOD** - 3 months waiting period for natural death from the date of the first premium payment. Accidental deaths are covered immediately

**b) SHARED BENEFIT** - The shared cover pays in full on the first death of any declared family member and the cover ceases but can then be renewed.

**c) REINSTATEMENT OF COVER** - In the case of Family life, the cover can be immediately reinstated in case of death of any insured life, subject to 30 day waiting period. A cover can only be reinstated once during the course of the policy year.

### ENROLLMENT:

1. Read the policy document carefully
2. Choose the type of cover you want. The covers available are My Life, Family Life and Extended Family
3. Complete the attached application form
4. Send your first premium via M-Pesa on paybill number 600111 and specify the account number on the proposal.

BENEFIT	DESCRIPTION	AMOUNT
Life and Funeral expenses (M+4)	Payable on death or Total permanent disability	Kshs.50,000
Weekly benefit (Principal and Spouse)	Weekly amount paid in case of hospitalisation	Kshs.2,000
Medical Expenses(Family shared)	Payable on medical costs for accidental injury	Kshs.10,000
Artificial appliances(Family shared)	E.g. clutches etc.	Kshs.10,000
Evacuation(Family shared)	Transport from scene to hospital	Kshs.1,000
Annual premium		Kshs.1,200

BENEFIT LIMIT	MY LIFE (PREMIUM IN KSHS) This option provides a benefit in case of death of the insured individual	MY FAMILY (PREMIUM IN KSHS) Provides a shared benefit in the case of the first death of any declared immediate family member. (Principal, Spouse and Children as declared in the application form)	EXTENDED FAMILY (PREMIUM IN KSHS) Provides a shared benefit in the case of the first death of any declared immediate family member as well as declared parents and/or parents-in-law
50,000	500	1,000	4,900
100,000	1,000	2,000	9,800
200,000	2,000	4,000	19,600

## Jikinge Welfare Proposal Form



Intermediary: \_\_\_\_\_

Name of the Insured: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Mobile: \_\_\_\_\_ PIN No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

The policy covers life & injury caused by violent, accidental, external and visible means subject to the policy limits insured and will compensate the affected member if injured. The insured is covered on a 24 hour basis.

BENEFIT	DESCRIPTION	AMOUNT
Life and Funeral expenses (M+4)	Payable on death or Total permanent disability	Kshs.50,000
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Medical Expenses(Family shared)	Payable on medical costs for accidental injury	Kshs.10,000
Artificial appliances(Family shared)	E.g. clutches etc.	Kshs.10,000
Evacuation(Family shared)	Transport from scene to hospital	Kshs.1,000
Annual premium		Kshs.1,200

### BENEFICIARIES DETAILS

NAME	RELATIONSHIP	DATE OF BIRTH	%

Kindly complete the following details and pass this form to the CIC office nearest to you together with the premium. The Company will effect the cover on receipt of this form and the premium.

Signature of the Proposer: \_\_\_\_\_ Date: \_\_\_\_\_