



KenGen STAFF RETIREMENT BENEFITS SCHEME
 &
KenGen INCOME DRAW DOWN FUND
 P. O. BOX 47936 – 00100 – NAIROBI
[Toll free line 0800 724705](tel:0800724705)

MEDICAL COVER JOINING & PREMIUM DEDUCTION AUTHORITY FORM- 2026/2027

1. Introduction

The summary of the medical cover has been shared via medical cover options summary and the medical cover proposal through email and may be downloaded from www.kengensrbs.co.ke or through the link shared via Push SMS. Kindly read the document carefully before filling in the form.

2. Pensioner Personal Details

Name
 Pensioner No.-ID Number
 Mobile number-Email Address

3. Medical Cover Options selection - Pensioner only.

The premium deduction per month is Kes. for my medical cover with.....
-Category Option

4. Medical Cover Options selection - pensioner and Spouse

The premium deduction per month is Kes. for myself and my spouse with
-Category

Spouse Details (Attach copy of Spouse’s National ID)

Name
 Date of Birth ID Number

5. Important Information

- i. The premium deductions shall continue until the end of the medical cover period that is one (1) year.
 - ii. The pensioner shall share a written consent to continue with the medical cover when the renewal date falls due by filling in a new form.
 - iii. Failure to return the form means that the pensioner has withdrawn his medical cover.
 - iv. In case of the pensioner’s demise, the unpaid premium shall be deducted from the pension payable to the pensionable beneficiaries.
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6. Pensioner Execution & Declaration

I, (Pensioner Name) ----- ID NO. -----

Signature ----- on (Date) ----- confirm that I have read and understood the terms and conditions of the medical cover I am opting for during this cover period and therefore, I hereby consent to the terms and conditions of the cover.

I further give my irrevocable authority to the BOARD OF TRUSTEES to deduct from my pension, on monthly basis the due medical cover premium without fail until end of the cover period.

7. Official Section

- i. Kindly return your fully filled up form to pensions@kengersrbs.co.ke for you to be onboard into the medical cover.
- ii. Talk to us through our toll-free no. [0800 724705](tel:0800724705) during working hours for any assistance.

Data Protection

The Scheme shall always comply with the Data Protection Act, 2019. The Scheme shall process the personal data provided above to comply with its internal policies, all applicable laws, the Scheme’s legal obligations, and to promote its business. The Scheme’s Privacy Notice is enclosed with this form or available on the Scheme’s website www.kengersrbs.co.ke