Liberty Life Assurance Kenya Limited
Reg.No. C.7118
P.O. Box 30364-00100, Nairobi, Kenya
t +254 20 286 6000 f +254 20 271 8365
e: libertylife@libertylife.co.ke
w: www.libertylife.co.ke

Certificate of Continued Disability

Policy numbers

Life assured's name

Address

PLEASE ENSURE ALL QUESTIONS ARE FULLY COMPLETED

DECLARATION

I, the undersigned, declare that:

I reside at the above address. ☐ Yes ☐ No

I am unable to earn any income due to my disability. ☐ Yes ☐ No

I am not earning any income from any other sources. ☐ Yes ☐ No

DISABILITY DETAILS

Physical impairments:

Functions I cannot perform

DOCTOR LAST CONSULTED REGARDING DISABILITY

Name

Telephone number

Signed at

Signature

Date D D - M M - Y Y Y Y

ADVICE INSURE INVEST HEALTH

DOCTOR'S DETAILS

THIS SECTION MUST BE COMPLETED

Date the client was last seen for this condition D D - M M - Y Y Y Y

Current symptoms

Current treatment

When was the client last actively able to work? D D - M M - Y Y Y Y

Doctor's name

Qualifications

Telephone number

E-mail

Signature

Date D D - M M - Y Y Y Y