

CUREPLUS – CLIENT ENROLLMENT & PAYROLL CONSENT (SIMPLIFIED)

1. Employee Details

Full Name (as per ID): _____
National ID Number/Passport: _____
KRA PIN: _____
Mobile Number: _____

2. Employment Details

Employer/Company Name: _____
Payroll/Employee Number: _____
Job Title: _____

3. Salary & Checkoff Authorization

Net Salary (KES): _____
Eligible Benefit (50% Net Salary) _____
Preferred Monthly Deduction (KES): _____
 I authorize payroll deduction for any CurePlus medical credit used

4. Next of Kin (Emergency Contact)

Full Name: _____
Phone Number: _____

5. Client Consent

I confirm that the information provided is accurate. I consent to enrollment into CurePlus medical financing and authorize salary deductions until full repayment.

Name: _____
Signature: _____
Date: _____

6. Employer Confirmation (Stamp Only)

We confirm the employee is on active payroll and approve payroll check off for CurePlus.

Authorized Stamp & Signature

Name _____
Designation _____
Signature _____

7. Terms & Conditions (Summary)

- CurePlus provides medical financing, not insurance
- Credit applies only when services are accessed
- Salary deductions apply only on utilized amounts
- Client remains liable even after employment exit
- Employer remits deductions to CurePlus as per Monthly utilization and agreed instalments
- CurePlus may adjust credit limits based on salary adjustments
- Data handled per Kenya Data Protection Act, 2019
- In case of defaults may trigger recovery action