

Health4Me Employee Application Form for Stellenbosch University

Important notes:

- Health4Me is not a medical aid product, and is not a substitute for medical scheme membership.
- Please submit the completed and signed form via email to your Human Resources department.

Section 1: Employer's Details

Employer name

Branch name

Section 2: Personal Details

Employee number

Title Initials First name

Surname

Date of birth - - Gender Male Female

ID number Passport number

Passport country of origin

Cellphone number

Monthly salary R

Section 3: Family Details

Please provide the relevant information below if you want to cover your spouse and/or children under this policy.

Spouse dependant details						
First name	Surname	Initials	ID number/ passport number	Passport country of origin	Date of birth (dd/mm/yyyy)	Gender (M/F)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child dependant details						
First name	Surname	Initials	ID number/ passport number	Passport country of origin	Date of birth (dd/mm/yyyy)	Gender (M/F)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4: Additional Insured Benefits

Please indicate which benefits you would like to take by ticking the applicable box/es below:

Benefit option

- Day-to-day Benefit
- Accident Cover
- Hospital Cash Benefit
- Funeral Benefit

