

## momentum

## Health4Me Employee Application Form for Stellenbosch University

Section 1: Em	ployer's Det	tails																						
Employer name																								
Branch name																								
Section 2: Per	sonal Detail	s																						
Employee number																								
Title		Init		Initia	ials				First name		ne													
Surname								Ť								Ì			Ť					T
Date of birth		D	D	_ N	l M	Ī <b>-</b> Ī	Υ	<u> </u>	ΥΥ							Gen	der	Male	•			Fei	male	)
ID number									Pa		Pas	assport number												
Passport country of c	origin				Ì		Ť	Ť			Ť								Ť					
Cellphone number								Ť																
Monthly salary		R					$\overline{}$	Ť																
Please provide the re	elevant informatio	n belov	v if yo	u wai	nt to	cove						dren	und				untr	v   1	Dat	e of	birth		Ge	nde
Section 3: Fan Please provide the re Spouse dependa First name	elevant informatio	n belov	v if yo	u wai	nt to	cove	r you Initia		ID	numi	oer/			er this	spoi	t co	untr			e of l			Ge (M/	
Please provide the re Spouse dependa First name	ant details Surname	n belov	v if yo	u wai	nt to	cove			ID	numl	oer/			Pass	spoi	t co	untr							nde F)
Please provide the re Spouse dependa First name  Child dependant	elevant information ant details Surname details	n below	v if yo	u wai	nt to	cove	Initia	als	ID pa	numi	oer/ rt nu			Pass of or	spoi rigir	rt coi			dd	/mm/	<b>'</b> YYYY	<i>(</i> )	(M/	F)
Please provide the re Spouse dependa First name	ant details Surname	n belov	v if yo	u wai	nt to	cove		als	ID par	numl	per/ rt nu per/	mbe	r	Pass	spoi rigir	rt coi		y   1	(dd/		birth	()	(M/	r)
Please provide the re Spouse dependa First name  Child dependant	elevant information ant details Surname details	n belov	v if yo	u war	nt to	cove	Initia	als	ID par	numi sspo	per/ rt nu per/	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	r)
Please provide the re Spouse dependa First name  Child dependant	elevant information ant details Surname details	n belov	v if yo	u war	nt to	cove	Initia	als	ID par	numi sspo	per/ rt nu per/	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	r)
Please provide the re Spouse dependa First name  Child dependant	elevant information ant details Surname details	n belov	v if yo	u war	nt to	cove	Initia	als	ID par	numi sspo	per/ rt nu per/	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	r)
Please provide the re Spouse dependa First name  Child dependant	elevant information ant details Surname details	n belov	v if yo	u war	nt to (	cove	Initia	als	ID par	numi sspo	per/ rt nu per/	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	r)
Please provide the re Spouse dependa First name  Child dependant First name	surname  details  Surname  details  Surname					cove	Initia	als	ID par	numi sspo	per/ rt nu per/	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	F)
Please provide the re Spouse dependa First name  Child dependant First name	selevant information ant details Surname  details Surname	red E	3ene	efits			Initia	als	ID pa	numl sspor	oer/ rt nu oer/ rt nu	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	F)
Please provide the re Spouse dependa First name  Child dependant First name  Section 4: Add	selevant information ant details Surname  details Surname	red E	3ene	efits			Initia	als	ID pa	numl sspor	oer/ rt nu oer/ rt nu	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	F)
Please provide the re Spouse dependa First name  Child dependant First name  Section 4: Add Please indicate which Benefit option	selevant information ant details Surname  details Surname	red E	3ene	efits			Initia	als	ID pa	numl sspor	oer/ rt nu oer/ rt nu	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	F)
Please provide the re Spouse dependa First name  Child dependant	selevant information ant details Surname  details Surname	red E	3ene	efits			Initia	als	ID pa	numl sspor	oer/ rt nu oer/ rt nu	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	F)
Spouse dependa First name  Child dependant First name  Section 4: Add Please indicate which Benefit option Day-to-day Benefit	sidetails Surname  details Surname  details Surname  ditional Insuration	red E	3ene	efits			Initia	als	ID pa	numl sspor	oer/ rt nu oer/ rt nu	mbe	r	Pass of or	spoi rigir	rt coi		y   1	(dd/	/mm/	birth	()	(M/	r)

## Section 5: Employer/Employee Consent

I authorise MMI Group Limited to:

- Obtain from MMI Health or any health service provider any medical information relating to an insurance claim, so that MMI Group Limited can assess and evaluate a claim in terms of the policy. I hereby authorise MMI Health or any health service provider to release the required information to MMI Group Limited.
- Share any information required between MMI Group Limited, MMI Health and any other health service provider.
- · Disclose my medical information to any parties that MMI Group Limited has contracted to in order to provide services in respect of the policy.

I accept and understand that my consent to the disclosure of medical information may impact on my right to privacy. This consent shall remain in force for the full duration of my membership, unless it is expressly withdrawn by me. I understand that MMI Group Limited will not disclose any medical information without my consent. I understand that the consent will only apply for the purpose indicated above and will not be shared with other parties.

Employee cover start date	
Name and surname of employee	
Signature of employee	Date D D - M M - 2 0 Y Y