

OCSACare Employee Application Form for Stellenbosch University

Important notes:

- OCSACare 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.

Employer's Details

Employer name

Branch name

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

Employer/Employee Consent

I authorise MMI Group Limited to:

- Obtain from MMI Health or any health service provider any medical information relating to a 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 This consent shall remain in force for the full duration of my membership, unless it is expressly withdrawn by me.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 | <input type="text"/> | Date <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Signature of employer | <input type="text"/> | Date <input type="text"/> - <input type="text"/> - <input type="text"/> |