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Health4Me Application form for Stellenbosch University employees

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 **health4me@momentum.co.za,** or via fax to **031 580 0500.**

1: Personal details

Branch name

Employee number

Title | Initials | First name

Surname

Date of birth D D M M Y Y Y Y | Gender Male | Female

ID number | Passport number

Passport country of origin

Cellphone number

Monthly salary R

2: 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)

Child dependant details

First name	Surname	Initials	ID number/ passport number	Passport country of origin	Date of birth (dd/mm/yyyy)	Gender (M/F)

3: Additional insured benefits

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

Benefit groupings

Benefit grouping 1	Day-to-day benefit	
Benefit grouping 2	Day-to-day benefit + accident and emergency cover	
Benefit grouping 3	Day-to-day benefit + accident and emergency cover + hospital cash and maternity lump sum benefit	
Benefit grouping 4	Day-to-day benefit + accident and emergency cover + hospital cash and maternity lump sum benefit + funeral benefit	
Benefit grouping 5	Day-to-day benefit + funeral benefit	

5: Employer/Employee consent

I authorise Momentum Metropolitan Life Limited to:

- Obtain from Momentum Health Solutions (Pty) Ltd or any health service provider any medical information relating to an insurance claim, so that Momentum Metropolitan Life Limited can assess and evaluate a claim in terms of the policy. I hereby authorise Momentum Health Solutions (Pty) Ltd or any health service provider to release the required information to Momentum Metropolitan Life Limited.
- Share any information required between Momentum Metropolitan Life Limited, Momentum Health Solutions (Pty) Ltd and any other health service provider.
- Disclose my medical information to any parties that Momentum Metropolitan Life Limited has contracted with 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 Momentum Metropolitan Life 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 D D M M Y Y Y Y

Name and surname of employee

Signature of employee **Date** D D M M Y Y Y Y

Signature of employer **Date** D D M M Y Y Y Y