

Health4Me employee application form

Important notes:

- Please ensure that all sections are fully completed. Incomplete information will cause a delay in the processing of your benefit option change application.
- Completed form to be sent to oosthuizenr@alexforbes.com

1: Employer details

Employer group number
Employer group name

2: Main member's personal details

Membership number
First name
Surname
Date of birth Gender
ID number Passport number
Passport country of origin
Cellphone number
Email address

3: Withdrawal of dependant/s

Name and surname of dependant	ID/passport number	Date of birth	Reason
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	

Effective date

4: Addition of dependant/s

Name and surname of dependant	ID/passport number	Date of birth	Gender (M/F)	Relationship	Cellphone number
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			

Effective date

5: Benefit grouping details

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

Benefit option	Add benefit	Your options are:
Day-to-day Benefit	<input checked="" type="checkbox"/>	Day-to-Day Benefit (D2D) - automatic
Accident Cover	<input type="checkbox"/>	D2D + Accident Cover (AC)
Hospital Cash Benefit	<input type="checkbox"/>	D2D + AC + Hospital Cash Benefit (HC)
Funeral Benefit	<input type="checkbox"/>	D2D + AC + HC + Funeral Cover (FC)
		D2D + FC
		Thus, D2D + HC is not an available option

6: Employee application acceptance

By signing this form I hereby confirm that I am aware that the requested changes will have a direct impact on the monthly premiums payable in terms of the benefits selected.

Signature of employee	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of employer authorised signatory	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>