momentum



Health4Me employee application form

Important notes:															
 Please ensure that all section benefit option change application 		com	ple	te i	nfoı	ma	itior	n wi	ll ca	ause a del	ay in th	ne process	sing of	your	
Completed form to be sent to	o oosthuizenr@alexforbe	s.cor	m												
1: Employer details															
Employer group number]								
Employer group name															
2: Main member's person	al details														
Membership number															
First name															
Surname															
Date of birth	D D M M Y Y Y Y Gender Male Female														
ID number									Pas	ssport numl	ber				
Passport country of origin															
Cellphone number															
Email address															
3: Withdrawal of dependa	int/s														
Name and surname of dependant	ID/passport number Date of birth						Reason								
		D	D	M	M	Υ	Υ	Υ	Υ						
		D	D	M	M	Υ	Υ	Υ	Υ						
		D	D	M	M	Y	Y	Y	Y						
		D	D	M	M	Y	Y	Y	Y						
Effective date				IVI	IVI							D D) M M	YY	YY
4: Addition of dependant/s	S														
Name and surname of dependant	ID/passport number Date of birth						Gender (M/F)	Relat	ionship	Cellp	hone nu	mber			
		D	D	M	M	Υ	Y	Υ	Υ	,					
		D	D	M	M	Υ	Υ	Υ	Υ						
		D	D	M	M	Υ	Υ	Υ	Υ						
		D	D	M	M	Υ	Υ	Υ	Υ						
		D	D	M	M	Υ	Υ	Υ	Υ						
Effective date												DD	MM	YY	Y

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	\checkmark	Day-to-Day Benefit (D2D) - automatic	
, ,		D2D + Accident Cover (AC)	
Accident Cover		D2D + AC + Hospital Cash Benefit (HC)	
Hospital Cash Benefit		D2D + AC + HC + Funeral Cover (FC)	
•		D2D + FC	
Funeral Benefit		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	Date	
Signature of employer authorised signatory	Date	

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