

Health4Me Employee membership and option change form

- Important notes:
- This form needs to be completed in the event that an employee wishes to make changes to his/her current benefit option.
 - Please ensure that all sections are fully completed. Incomplete information will cause a delay in the processing of your benefit option change application.
 - Please provide copy of ID, passport or birth certificate for all new dependants.
 - For spouses (including life partners), please submit a copy of the marriage certificate or an affidavit confirming dependency.
 - For children who are studying, or mentally or physically disabled, please submit proof of studies or a medical report in order for them to qualify for child dependant rates up to the age of 26.
 - Option changes will be effective 01 January.
 - Please submit the completed form via email to healthmemberqueries6@alexforbes.com

1: Employer details

Employer group number

Employer group name

Stellenbosch University

2: Main member's personal details

Membership number

First name

Surname

Date of birthGender

Male

Female

ID numberPassport number

Passport country of origin

Contact number

Email address

3: Withdrawal of dependant(s)

Name and surname of dependant	ID/passport number	Date of birth	Reason
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Effective date

4: Addition of dependant(s)

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

5: Benefit grouping details

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

Benefit option	Add benefit	Remove benefit
Day-to-day benefit	<input checked="" type="checkbox"/>	
Accident and emergency cover	<input type="checkbox"/>	<input type="checkbox"/>
Hospital cash and maternity lump sum benefit	<input type="checkbox"/>	<input type="checkbox"/>
Funeral benefit	<input type="checkbox"/>	<input type="checkbox"/>

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	<div></div>	Date	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Signature of employer authorised signatory	<div></div>	Date	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>