## momentum

## 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.

2: Main member's personal details  Membership number  First name  Surname	Ithmembe	erc				·					port in or	der for t	them to qua				
Option changes will be effective 01 January.  Please submit the completed form via email to healt  Employer details  mployer group number  mployer group name  Stellenbosch U  Main member's personal details  embership number  rst name  urname			luer	ries	s6@	2 al	exf	orb	es.	com							
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First name Surname																	
Surname																	
Date of birth	YYY	Υ								Gender	Male		Female				
D number									Pas	sport number							
Passport country of origin																	
Contact number																	
Email address																	
3: Withdrawal of dependant(s)																	
Name and surname of dependant ID/passport nu	ımber	Date of birth							\/	Reason							
		D D	D	M	M	Y	Y	Y	Y								
		D		M	M	Y	Y	Y	Y								
		D		M	M	Y	Υ	Υ	Y								
		D	D	M	M	Υ	Υ	Υ	Υ								
iffective date	'									·							

Name and surname of dependant	ID/passport number	Da	ate	of b	irth					Gender (M/F)	Relationship	Cellphone number
		D	D	M	M	Υ	Υ	Y	Y			
		D	D	M	M	Y	Y	Y	Y			
		D	D	M	M	Υ	Υ	Υ	Y			
		D	D	M	M	Y	Υ	Y	Y			
		D	D	M	M	Υ	Υ	Υ	Y			
Effective date											D	D M M Y Y Y

## Please indicate which benefits you would like to take by ticking the applicable box/boxes below: Add benefit Benefit option Remove benefit Day-to-day benefit Accident and emergency cover Hospital cash and maternity lump sum benefit Funeral benefit 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

Momentum 268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046 South Africa Call Centre 0860 10 29 03 health4me@momentum.co.za momentum.co.za momentum.co.za momentum.ed/like is administered by Momentum Health, registration number 1969/016884/07, a Juristic Representative on the Momentum Healthcare Distribution Limited FSP license 27728 and the product is underwritten by Momentum Metropolitan Life Limited, registration number 1904/002186/06, an authorised insurer and financial services provider number 6406. The product terms and conditions apply.

5:

Benefit grouping details