



New	Amendment	Terminate
Effective Date		

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

EMPLOYEE/MEMBER NUMBER:

PRIMARY INSURED PERSON (Under 65 years when joining)

Surname		First Name/s	
ID Number /Passport		Date of Birth	
Cellphone Number		Gender	
Postal Address			

SPOUSE (Under 65 years when joining)

Surname		First Name/s	
ID Number /Passport Number		Date of Birth	
Cellphone Number		Gender	

CHILDREN

(Under 21yrs or under 25yrs if studying full time or wholly and continuously depended as result of mental or physical infirmity (proof required))

	Surname	First Name	Date of Birth	Gender	Relationship
1					
2					
3					
4					
5					
6					

PARENTS & PARENTS IN LAW (Under 75 years when joining)

	Surname	First Name	Date of Birth	Gender	Relationship	Benefit	Monthly Premium (BWP)
						Cover (BWP)	
1							
2							
3							
4							

EXTENDED FAMILY (Under 75 years when joining)

	Surname	First Name	Date of Birth	Gender	Relationship	Benefit	Monthly Premium (BWP)
						Cover (BWP)	
1							
2							
3							
4							

BENEFICIARY (Compulsory 18 years and older)

	Surname	First Name	ID / Passport Number	Relationship	Contact Number
1					

Note the maximum age at entry for member and additional dependents as stated above. If the age differs from the information supplied in the original application or subsequent additions to the application, and the particular applicant is thus over age based on the maximum joining age at the time of application, the underwriter's only obligation will be to return any premiums that it received for the particular member. All references to age mean the actual age reached. No medical underwriting requirements will apply to any applicant under this scheme, but the underwriter has the right to accept or decline an application.

I hereby declare that the above information is true and correct.

Primary Insured's Signature _____

Date _____