



Main Member												
Title	Dr	Mr	Mrs	Miss	Ms	ID Number						
Full Name						Surname						
Preferred Delivery Address				Postal Address				Residential Address				
Code				Code				Code				
Contact Details												
Cell				Home				Work				
Fax				Email								
Additional Members												
MEMBER	FULL NAME						GENDER		ID or DATE OF BIRTH			
Spouse							F	M				
Child 1							F	M				
Child 2							F	M				
Child 3							F	M				
Child 4							F	M				
Child 5							F	M				
Medical Questionnaire (for any person named on this application form)												
Are you currently receiving treatment or have received treatment for any medical/dental condition?										YES	NO	
Are you concerned about / aware of any condition which may require medical/dental attention?										YES	NO	
Are you currently on any medication?										YES	NO	
Are you pregnant?										YES	NO	
Have you undergone any major operations in the last 10 years?										YES	NO	
If YES answered to any of the above, please provide details												
Member				Member								
Condition or Event				Condition or Event								
Medication				Medication								
Premium Options		Day to Day Only			Hospital Plan Only			Combined Option				
		Reg Fee	Monthly		Reg Fee	Monthly		Reg Fee	Monthly			
Single Member		R402	R352		R479	R429		R704	R654			
Single +1 Child		R591	R541		R522	R472		R875	R825			
Single +2 Children		R740	R690		R570	R520		R1040	R990			
Single +3 Children		R889	R839		R616	R566		R1209	R1159			
Single +4 Children		R1038	R988		R664	R614		R1392	R1342			
Couple		R679	R629		R883	R833		R1297	R1247			
Couple +1 Child		R847	R797		R930	R880		R1475	R1425			
Couple +2 Children		R984	R934		R980	R930		R1646	R1596			
Couple +3 Children		R1121	R1071		R1026	R976		R1810	R1760			
Couple +4 Children		R1280	R1230		R1074	R1024		R1990	R1942			
Bank Details												
Account Holder						Bank Name						
Branch Name						Branch Code						
Account Number						Account Type						
Deduction Dates		1 <sup>st</sup>	5 <sup>th</sup>	15 <sup>th</sup>	25 <sup>th</sup>	Last Day	First Deduction Date					
Additional Cards (R20 each)						First Debit Total						

Registration fee includes a once off R50 charge for welcome pack delivery.

Once your Welcome Pack has been despatched, any additional membership card(s) ordered will incur a R50 charge for delivery in addition to the cost of the card(s) ordered.

I warrant that I have been provided with all the intermediary, insurers and benefit details, or any additional information as I may have requested. I warrant that all details and facts provided herein are accurate and properly disclosed, even if completed by the intermediary or representative on my behalf. I understand that the benefits offered are risk benefits only and that there are no surrender values. Failure to pay premiums will result in benefits lapsing. In the event of any query regarding this policy or claim in terms of this policy, I consent to the disclosure of any relevant information to the intermediary or any Medicall Healthcare company official for the purposes of resolving the query. In the event of no nominated beneficiary, I agree that necessary burial costs will be paid directly, or to the person who paid for such costs. Thereafter any remaining benefit will be payable to the first claimant with reasonable title to claim any benefits. Finally, I acknowledge that Medicall Insured Health Plan is not a Medical Aid and that the benefits are not equivalent to that of a medical aid.

Signature of Principal Member: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor Code: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Date: \_\_\_\_\_