

APPLICATION FOR MEMBERSHIP (COMPANIES)

All applications must be submitted with a cover letter signed by the employer as confirmation that the employee qualifies for membership.

COMPLETE ALL DETAILS REQUESTED (PLEASE PRINT CLEARLY)

SECTION 1 PERSONAL DETAILS OF MAIN MEMBER

Title (mark ✓) Mr Mrs Miss Mr Other (specify) Initials

Family Name

First names (in full)

Sex (mark ✓) M F Date of birth

Identity / S.S. No.

Nationality _____

SECTION 2 EMPLOYMENT DETAILS – MAIN MEMBER

Name of your employer (Business/Company) _____

Postal address of employer _____

Tel. N°.

Fax N°. (Work)

Corporate e-mail _____

Your job title _____

Date of commencement of employment

Y	Y	M	M	D	D

If you are on contract with your employer
 (Date of termination of contract)

Y	Y	M	M	D	D

SECTION 3 CONTACT DETAILS – MAIN MEMBER

Postal Address _____ _____ _____	Residential Address _____ _____ _____
E-mail: _____	Mobile No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel. No. (Work) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. No. (Home) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature (Main Member): _____	Date: _____

SECTION 4 PERSONAL DETAILS OF DEPENDANTS

Please complete this section for your spouse and all dependants. Please list children starting with the eldest to the youngest. Please append on different sheet if dependants are above 16 years and more than five (5).

1.	Spouse's full name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	ID/SS/Passport No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	Sex (✓) <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">F</table>	Date of Birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse; text-align: center;">Y <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> M <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> D <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table></table>	Marital Status <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">S</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">D</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">W</table>
	Signature (dependant 1 Spouse): _____	e-mail: _____			
2.	Dependant's full names <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	ID/SS/Passport No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	Sex (✓) <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">F</table>	Date of Birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse; text-align: center;">Y <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> M <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> D <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table></table>	Marital Status <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">S</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">D</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">W</table>
	Signature (dependant 2 above 16yrs): _____	e-mail: _____			
3.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	ID/SS/Passport No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	Sex (✓) <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">F</table>	Date of Birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse; text-align: center;">Y <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> M <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> D <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table></table>	Marital Status <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">S</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">D</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">W</table>
	Signature (dependant 3 above 16yrs): _____	e-mail: _____			
4.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	ID/SS/Passport No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	Sex (✓) <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">F</table>	Date of Birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse; text-align: center;">Y <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> M <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> D <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table></table>	Marital Status <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">S</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">D</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">W</table>
	Signature (dependant 4 above 16yrs): _____	e-mail: _____			
5.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	ID/SS/Passport No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	Sex (✓) <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">F</table>	Date of Birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse; text-align: center;">Y <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> M <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> D <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table></table>	Marital Status <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">S</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">D</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">W</table>
	Signature (dependant 5 above 16yrs): _____	e-mail: _____			
6.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	ID/SS/Passport No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	Sex (✓) <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">F</table>	Date of Birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse; text-align: center;">Y <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> M <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table> D <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"></table></table>	Marital Status <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">S</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">M</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">D</table> <table border="1" style="width: 20px; height: 20px; border-collapse: collapse; text-align: center;">W</table>
	Signature (dependant 6 above 16yrs): _____	e-mail: _____			

Note: Signature will be used to authenticate claims submitted on your behalf.

SECTION 5 YOUR CHOICE OF PLAN OPTIONS

Tick (✓) one choice only:

1.	Diamond	✓	<input type="checkbox"/>
2.	Gold		<input type="checkbox"/>
3.	Silver		<input type="checkbox"/>
4.	Bronze		<input type="checkbox"/>
5.	Third Party Agreement (TPA)		<input type="checkbox"/>
6.	Other (Please specify)		<input type="checkbox"/>

MEDICAL HISTORY – MAIN MEMBER & SPOUSE

	✓	Main Member		Spouse	
		Yes	No	Yes	No
A.	For female main members and female spouses – Are you pregnant? If “Yes”, how many months? (Please note that a waiting period will apply)				
B.	For all main members and their spouses. (Other dependants see next section) Have you ever had or been treated for any of the following:				
1.	Any disorder of the heart e.g. rheumatic fever, heart murmur, coronary artery disease, chest pains, shortness of breath or palpitations?				
2.	High blood pressure or disease of the blood vessels or circulatory disorder?				
3.	Any respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis?				
4.	Any disorder of the digestive system, gall bladder or liver, e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion or hiatus hernia?				
5.	Disease or disorder of kidneys, bladder or reproductive organs, e.g. albumin in urine, stones, prostatitis, pancreatitis or venereal diseases?				
6.	Any nervous or mental complaint e.g. epilepsy, blackouts, paralysis, anxiety state or depression?				
7.	Ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, recurrent tonsillitis?				
8.	Disorder or disease of muscles, bones, joints, limbs, spine e.g. rheumatism, arthritis, gout, slipped disc or other back trouble?				
9.	Diabetes, sugar in urine, thyroid or other glandular or blood disorder?				
10.	Cancer, growth or tumour of any kind?				
11.	Any tropical disease, e.g. bilharzia?				
12.	Any other illness, disorder, disability or accident which required hospitalisation, specialist, radiological, surgical or pathological investigations during the past 5 years?				
13.	Do you have any physical (including dental) abnormality, deformity, handicap or defect, whether congenital or as a result of an accident, disease or some other cause?				
14.	Do you suffer from any ailment or disease at present?				
15.	Advise of past or present diseases, accidents, operations or any other conditions for which advice has been sought or treated during the past 5 years.				
16.	Are you expecting to undergo any procedures or operations during the next 12 months?				
17.	Have you received counselling for or treatment of any substance abuse?				

If you or your spouse have answered “Yes” to any of the above, please provide full details in the space provided below. (If space is insufficient, please append on a separate sheet).

FAILURE TO DISCLOSE MATERIAL INFORMATION OR THE PROVISION OF INCORRECT INFORMATION CAN RENDER YOUR MEMBERSHIP AND THAT OF YOUR DEPENDANTS NULL AND VOID. I, the undersigned, hereby make application to become a member of the above-mentioned Plan. I understand that any false statement in my application form or the non disclosure of any material information in this form will render my membership null and void. I warrant that the answers in this application form are true, correct and complete and I acknowledge that such answers are all material. I hereby authorise the hospital authorities/ medical or dental practitioners who have treated me or any of my dependants to disclose to the Plan the records relating to such current or previous hospitalisation/ medical treatment and to allow the Plan to receive extracts from such records and undertake to assist in obtaining such information. I undertake to advise the Plan of any change in my state of health or that of my dependants which occurs prior to my receiving written acceptance of this application. I acknowledge and authorise Med-X Health Systems. or their representatives to assist me, my dependants or my Medical Practitioner in managing our medical expenses.

Please note that individual members will have one (1) year waiting period imposed on access to benefits in relation to maternity care and child birth.

