

THE FOLLOWING REQUIREMENTS ARE **COMPULSORY**:

- COPY OF THE APPLICANTS IDENTITY DOCUMENT
- VERIFIABLE PROOF OF THE BANK DETAILS

**PLEASE RETURN TO:**

PO BOX 658, PINETOWN, 3600  
TELEPHONE 086 111 4203  
FAX: 086 566 0019  
EMAIL: newbusiness@complimed.co.za

**PERSONAL PARTICULARS**

**APPLICANT**

SURNAME  TITLE

FIRST NAMES

DATE OF BIRTH  **MAXIMUM ENTRY AGE 65 YEARS.**

ID NUMBER

MEDICAL AID  OPTION  MEDICAL AID NO.

**DEPENDANTS AS DEFINED BELOW WILL AUTOMATICALLY BE COVERED UNDER THIS POLICY. HOWEVER IT STILL REMAINS THE RESPONSIBILITY OF THE PRINCIPAL INSURED TO PROVIDE PROOF OF DEPENDANCY AT CLAIM STAGE**

**Eligible spouse** means the spouse of the Principal Insured Person who is not already insured under this section or any other policy issued by the Company providing similar cover. A spouse shall only be accepted for cover in terms of this policy if such spouse is a member of a registered and accredited medical aid scheme. For the purpose of the Policy "Eligible spouse" shall include a party to any union acceptable according to South African Law. Where a person shares an abode with a Principal Insured Person and has done so for at least six months and lives together in the manner of a legally married couple the person shall be regarded as a spouse. Should a Principal Insured Person have more than one spouse who could qualify as an eligible spouse then that Principal Insured Person must make an irrevocable nomination of one eligible spouse to whom the benefits provided by this policy are to apply.

**Eligible Child** means a child who is factually (by way of natural/ biological child born of or stepchild or legally adopted child or placed under the foster care of the Principal Insured Member) or financially dependent on the Principal Member and who has not attained the age of twenty one (21) and who is not already insured under this policy or any other insurance issued by the Company providing similar cover. This age may be extended to twenty five (25) in respect of an unmarried child who is a full time student. There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves always provided that the children are wholly dependent on the Principal Insured Member for support and maintenance. A child shall only be accepted for cover if such child is covered in terms of the principal insured member's medical aid scheme

**CONTACT DETAILS : Complimed will correspond with you via e-mail & cellphone only. Kindly ensure that these details are completed**

**POSTAL ADDRESS**

**PHYSICAL ADDRESS (IF DIFFERENT)**

POSTAL CODE

POSTAL CODE

EMAIL ADDRESS

**TELEPHONE NUMBERS**

CELL  HOME   WORK

**BENEFICIARY DETAILS - DEATH AND FUNERAL BENEFITS ONLY**

NAME AND SURNAME  ID NUMBER  RELATIONSHIP

**MEDICAL QUESTIONNAIRE**

**THESE UNDERWRITING QUESTIONS ARE ESSENTIAL FOR THE ASSESSMENT OF RISK, AND THE CONSEQUENCES OF NON-DISCLOSURE OR WRONG INFORMATION COULD LEAD TO THE NON-PAYMENT OF A CLAIM.**

If "YES" answered to any of the questions below, kindly provide details in the space provided hereunder:

1. Have you or any of your dependants consulted a Medical Practitioner for any illness or injury in the last 12 months?	(tick box)	YES	NO
2. Have you or any of your dependants been hospitalised during the preceeding 2 years?	(tick box)	YES	NO
3. Do you or any of your dependants expect to be hospitalised during the next 12 months?	(tick box)	YES	NO
4. Are you or any of your dependants currently pregnant?	(tick box)	YES	NO

NAME	DATE	CONDITION / TREATMENT / DOCTOR

**PRODUCT CHOICE**

**STAND ALONE BENEFITS** **PREMIUM PAYABLE**

TARIFF GAP 100 R100.00 pfpm	TARIFF GAP 200 R78.00 pfpm	TARIFF GAP 300 R60.00 pfpm	R
KEYCARE GAP R125.00 pfpm	SINAWA HEALTH PLAN R120.00 pfpm		R

**ADD-ON BENEFITS** **PREMIUM PAYABLE**

CO-PAYMENT GAP R50.00 pfpm	IN-HOSPITAL SUB-LIMIT GAP R35.00 pfpm	CANCER SUB-LIMIT GAP R55.00 pfpm	R
HOSPITAL EXCESS R50.00 pfpm	CO-PAYMENT & CANCER SUB-LIMITS GAP R90.00 pfpm		R
PREMIUM WAIVER 6 R30.00 pfpm	PREMIUM WAIVER 12 R60.00 pfpm	PREMIUM WAIVER 24 R120.00 pfpm	R

**FUNERAL COVER** **PREMIUM PAYABLE**

(AVAILABLE TO GROUPS OF 20 OR MORE AS A STAND-ALONE OR AS AN ADD-ON TO INDIVIDUALS AND GROUPS OF LESS THAN 20)

5000 R28.00 pfpm	10 000 R50.00 pfpm	R
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pfpm - per family per month

Total Premium Due R

