



Surname:		Full Name:	
ID/Passport Number:		Date of Birth:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Company Address:		Employee Number:	
Physical Address:		Home Language:	
Preferred Delivery Address:			
Contact Number:	Cell:	Work:	Emergency:
Email Address:		Weekly/Monthly Wages:	
Ethnic Group:	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Other	Note: Ethnicity reporting is required by the Council for Medical Schemes.	
Do you Smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many a day?	Weight? <input type="checkbox"/> Height? <input type="checkbox"/>

Packages

Individuals Packages

Health Care	R480.00	<input type="checkbox"/>
Trauma	R500.00	<input type="checkbox"/>
Health Care / Trauma	R700.00	<input type="checkbox"/>

Family Packages

Dependent + Spouse	R780.00	<input type="checkbox"/>
Dependant + Children	R600.00	<input type="checkbox"/>
Dependent + Spouse + Children 3 Children Max	R1000.00	<input type="checkbox"/>

Trauma Packages

Dependent	R500.00	<input type="checkbox"/>
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Declaration

I hereby request and authorise you to deduct from my salary the above mentioned amount or any other variable amount pertaining to this agreement. These deductions from my salary shall be treated as though they have been authorised by me personally.

Principal Member Signature:

Date:

Termination of Medical Aid Letter

To whom it may concern, I (ID Number) employed by (Company Name) hereby confirm that I want to cancel my current medical aid with (Name of medical aid provider) and will be joining Foreign Care from the (Inception date).

Please note that the cancellation notice will be applicable from the (Cancellation date of Medical Aid)

I hereby confirm the statement provided above is true and accurate.

Please make all payments to Account.

Banking Details: Bank FNB - Account Number 63187630801