MediWallet

Powered by: Medicall HEALTHCARE

Plan	**Optima Accidental & Trauma**		**Optima Enhance Plan**	

Main Member												
Title	Dr		Mr		Mrs		Miss		Ms		ID Number	
Full Name									Surname			
Cell					Home				Work			
Fax					Email							

Preferred Delivery Address		Postal Address		Residential Address	
Code		Code		Code	

Additional Members to be Covered (Children under 18 years of age, unless in full-time education)			
MEMBER	FULL NAME	GENDER	ID OR DATE OF BIRTH
Spouse			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			

Medical Questionnaire (for any additional member names on this application form)				
Are you currently receiving treatment of 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 was answered to any of the above questions, please provide details:			
Member		Member	
Condition		Condition	
Medication		Medication	

Preferred	Optima Enhance		Optima Accidental & Trauma	
Principal	R444		R225	
Spouse	R444		R225	
Child 1	R232		R225	
Child 2	R232		R225	
Child 3	R232		R225	
Child 4	R232		R225	
Total Cost				

Bank Details							
Account Holder						Bank Name	
Branch Name						Branch Code	
Deduction Dates	1st	5th	15th	25th	Last Day	First Deduction Date	
Additional Cards (R35 each)						First Debit Total	

Registration fee includes a once off charge of R90 for Welcome Pack delivery.
Once your Welcome Pack has been dispatched, any additional membership card(s) ordered will incur a charge for delivery in addition to the cost of the card(s) ordered. I warrant that I have 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 this 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 Medical Aid and that the benefits are not equivalent to that of a medical aid. MediWallet Insurance Plans are powered by Medicall Healthcare which is a product of Xperia Financial Services (Pty) Ltd, a Licensed Financial Services Provider (FSP 45551), registered with FSCA (Financial Sector Conduct Authority) and CMS (Counsel of Medical Schemes) demarcation exemption (DM1051). Hospital Stated Benefits are underwritten by Guardrisk Life Limited (FSP 76). MediWallet is operated by FeverTree Finance (Pty) Ltd, an Authorised Financial Services (FSP 44281) and Registered Credit Provider (NCRCP 6072).

Signature of Principal Member:_____ Date: _____

Signature of Account Holder:_____ Date: _____

For Office use only:

Broker Name: _____ Advisor Code: _____

Entity Name:_____ Date: _____