

Plan	Classic Hospital or Combined 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													
Medical Questionnaire (for any additional member names 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 was answered to any of the above questions, please provide details:													
Member						Member							
Condition						Condition							
Medication						Medication							
Premium Options	Classic Hospital					Classic Combined							
Age	18-55		56-64		18-55		56-64						
Single Member	R1 242		R1 430		R1 395		R1 605						
Single + 1 Child	R1 536		R1 768		R1 845		R2 120						
Single + 2 Children	R1 832		R2 107		R2 285		R2 626						
Single + 3 Children	R2 125		R2 443		R2 755		R3 167						
Single + 4 Children	R2 421		R2 782		R3 171		R3 646						
Couple	R2 484		R2 858		R2 724		R3 130						
Couple + 1 Child	R2 779		R3 198		R3 164		R3 638						
Couple + 2 Children	R3 075		R3 534		R3 588		R4 126						
Couple + 3 Children	R3 368		R3 872		R3 922		R4 510						
Couple + 4 Children	R3 661		R4 211		R4 247		R4 885						
5 th Child	R164				R426								
Total Cost													
Bank Details													
Account Holder						Bank Name							
Account number						Branch Code							
Deduction Dates	1 st	5 th	15 th	25 th	Last day of the month								
First Deduction Date													
Additional Cards (R45 each)						First Debit Total							

Registration fee includes a once off charge of R105 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). Stated Hospital Benefits are underwritten by Lion of Africa Life Assurance Company Ltd, a licensed life insurer in terms of the Insurance Act (FSP 15283). 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: _____