

Plan	Optima Accidental & Trauma										Optima Enhance Plan												
Main Member																							
Title	Dr		Mr		Mrs		Miss		Ms		ID Number												
Full Name											Surname												
Cell											Home												
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 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												
Preferred	Optima Enhance										Optima Accidental & Trauma												
Principal	R567										R287												
Spouse	R567										R287												
Child 1	R296										R287												
Child 2	R296										R287												
Child 3	R296										R287												
Child 4	R296										R287												
Total Cost																							
Bank Details																							
Account Holder											Bank Name												
Account Number											Branch Code												
Deduction Dates	1 <sup>st</sup>					5 <sup>th</sup>					15 <sup>th</sup>					25 <sup>th</sup>					Last day of the month		
First Deduction Date																							
Additional Cards (R45 each)											First Debit Total												
<p>Registration fee includes a once off charge of R110 for Welcome Pack delivery.</p> <p>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 (FSP45551), 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 (FSP15283). MediWallet is operated by FeverTree Finance (Pty) Ltd, an Authorised Financial Services (FSP44281) and Registered Credit Provider (NCRCP19967).</p>																							

Signature of Principal Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office use only:**

Broker Name: \_\_\_\_\_ Advisor Code: \_\_\_\_\_

Entity Name: \_\_\_\_\_ Date: \_\_\_\_\_