

Policy Number	
Group Policy Number	
Policy Start Date	
Processor	
Brokerage Code	
Consultant Code	



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Medical Insurance Application Form

Essmed Medical Cover CC - Reg No 2005 / 146525 / 23 Trading as Essential Med - FSB Licence Number - 42980

Where did you hear about Essential Med? Please tick

Essential Med Agent	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Magazine	<input type="checkbox"/>	TV	<input type="checkbox"/>
Promotional Email	<input type="checkbox"/>	SMS Campaign	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Other	<input type="checkbox"/>
Google Search	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>		

1: Personal Information - Principal Applicant

Title	<input type="text"/>	Initials	<input type="text"/>	Names	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname	<input type="text"/>				Postal Address	<input type="text"/>		
Physical Address	<input type="text"/>				City	<input type="text"/>		
City	<input type="text"/>	Suburb	<input type="text"/>	Postal Code	<input type="text"/>	H: ()		
E-mail	<input type="text"/>				W: ()			
ID Number	<input type="text"/>				C:			
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow/er <input type="checkbox"/>	Co-habiting <input type="checkbox"/>	Fax: ()		

1.2: Employment Information

Employee No.	<input type="text"/>	Company Name	<input type="text"/>	Monthly Income	<input type="text"/>
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2: Dependants

Spouse/Partner: A person to whom the principal applicant is either married or has a committed and serious relationship with, similar to that of a marriage in which there is mutual financial and emotional support and a shared household, irrespective of the gender of either party.
Dependants: Children or other immediate family members in respect of whom, the principal member is liable for care and support. Maximum age of child dependant is 21, unless the dependent child is studying full time or is mentally or physically handicapped and fully dependent on the principal applicant.
Please note: If you do not have your dependant(s) ID number(s), please provide their date of birth in the ID Number field as follows: DDMMYYYY

2.1: Names	<input type="text"/>	M / F	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		Relationship	<input type="text"/>	
2.2: Names	<input type="text"/>	M / F	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		Relationship	<input type="text"/>	
2.3: Names	<input type="text"/>	M / F	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		Relationship	<input type="text"/>	
2.4: Names	<input type="text"/>	M / F	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		Relationship	<input type="text"/>	
2.5: Names	<input type="text"/>	M / F	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		Relationship	<input type="text"/>	

3: Beneficiary - Death Benefit

Name	<input type="text"/>	M / F	<input type="text"/>	Surname	<input type="text"/>
ID Number	<input type="text"/>		Contact Number	()	

4: Additional Information / Pre-Existing Conditions / Underwriting Questions

Note that Hospital Benefits and all claims arising from a known pre-existing condition are excluded for a minimum period of 24 months.

- 4.1: Currently receiving treatment on any medical / dental condition?
- 4.2: Concerned about / aware of any condition which may require medical / dental attention?
- 4.3: Currently use any medication?
- 4.4: Pregnant?
- 4.5: Undergone any major operations in the last 5 years?
- 4.6: Are you or your spouse a member of a medical scheme or a hospital plan?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If the answer to any of these questions is YES, please complete section 5 below with relevant information.

