

Health4Me Employee membership and option change form

Important notes:

- This form needs to be completed in the event that an employee wishes to make changes to his/her current benefit option.
- Please ensure that all sections are fully completed. Incomplete information will cause a delay in the processing of your benefit option change application.
- Option changes will be effective 01 January.
- Please submit the completed form via email to health4memembership@momentum.co.za.

1: Employer details

Employer group number
 Employer group name

2: Main member's personal details

Membership number
 First name
 Surname
 Date of birth Gender
 ID number Passport number
 Passport country of origin
 Contact number
 Email address

3: Withdrawal of dependant(s)

Name and surname of dependant	ID/passport number	Date of birth	Reason
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	

Effective date

4: Addition of dependant(s)

Name and surname of dependant	ID/passport number	Date of birth	Gender (M/F)	Relationship	Cellphone number
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			
		D D M M Y Y Y Y			

Effective date

5: Benefit grouping details

Please indicate which benefits you would like to take by ticking the applicable box/boxes below:

Benefit option	Add benefit	Remove benefit
Day-to-day benefit	<input checked="" type="checkbox"/>	
Accident and emergency cover	<input type="checkbox"/>	<input type="checkbox"/>
Hospital cash and maternity lump sum benefit	<input type="checkbox"/>	<input type="checkbox"/>
Funeral benefit	<input type="checkbox"/>	<input type="checkbox"/>

6: Employee application acceptance

By signing this form I hereby confirm that I am aware that the requested changes will have a direct impact on the monthly premiums payable in terms of the benefits selected.

Signature of employee	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of employer authorised signatory	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>