

KELLY GROUP VOLUNTARY APPLICATION FORM


68 OAK Avenue, Highveld Techno Park, Centurion, 0046

PO Box 10999, Centurion, 0046

Tel: 0860 438 633 Fax: 086 641 4465



1. MEMBER DETAILS															PAYROLL NUMBER:					
Title		Surname																		
Full First Names																				
Identity Number															Gender		M	F		
Date of Birth															Marital Status		Married	Single	Widow(er)	Divorce
Home Address												Postal Code								
Postal Address												Postal Code								
Telephone		Work ()			Home ()															
		Fax ()			Cell															
Contact E-mail address																				
Correspondence method preference (√)		Post		Tick		Email		Tick		Fax		Tick								
Previous Medical Aid		Medical Aid Name					Medical Aid Number													
Period of membership		Months	Years	NB: Please provide Getmed with a copy of previous member certificates.																
Beneficiary Name									Beneficiary Contact number											
2. DEPENDANTS (SPOUSE & CHILDREN)																				
Relationship		Surname			Name				Gender		Date of Birth									
Spouse									M	F	d	d	m	m	y	y	y	y		
Child Dep 1									M	F	d	d	m	m	y	y	y	y		
Child Dep 2									M	F	d	d	m	m	y	y	y	y		
Child Dep 3									M	F	d	d	m	m	y	y	y	y		
Child Dep 4									M	F	d	d	m	m	y	y	y	y		
Child Dep 5									M	F	d	d	m	m	y	y	y	y		
3. GETMED OPTIONS																				
Inception Date										d	d	m	m	y	y	y	y			
Select a Option		MEMBER		ADULT		CHILDREN		GAP COVER		TOTAL										
		Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly									
Getmed G1000	Tick	R1114.00	R292.00	R839.00	R220.00	R280.00	R74.00	R85.00	R22.00											
Getmed G500	Tick	R603.00	R158.00	R454.00	R119.00	R152.00	R40.00	R85.00	R22.00											
Getmed G200	Tick	R373.00	R98.00	R281.00	R74.00	R94.00	R25.00	R85.00	R22.00											
Getmed B300	Tick	R206.00	R54.00	R155.00	R41.00	R52.00	R14.00	R85.00	R22.00											
Getmed B200	Tick	R143.00	R38.00	R108.00	R28.00	R36.00	R9.00	R85.00	R22.00											
Getmed B100	Tick	R121.00	R32.00	R91.00	R24.00	R30.00	R8.00	R85.00	R22.00											
4. EMPLOYER DETAILS																				
Employer Name						Branch														
Branch Address																				
Contact Name						Tel:			Fax:											
Occupation																				
Employment Status		Permanent		Tick		Temporary		Tick		Employment Date		d	d	m	m	y	y	y	y	
5. EMPLOYER PAYROLL DEDUCTION									SPONSOR											
I hereby authorise my employer/sponsor to deduct the amount, as payment towards my medical benefit, from my remuneration										Signature Here										
I the employer hereby authorise that the member's contribution can be deducted from the payroll										Signature Here										
My contribution can be deducted						Weekly						Monthly								

6. PREFERRED PROVIDER DETAILS														
Practice Number		Provider Name												
Address								Postal Code						
Tel Number				Fax Number										
7. INTERMEDIARY DETAILS (BROKER)														
Brokerage Name				Broker Name										
Tel Number				Complete Application Form Received by GetMed						y	n			
8. FOR OFFICE USE ONLY														
Received By				Date Received	d	d	m	m	y	y	y	y		
Captured By				Date Captured	d	d	m	m	y	y	y	y		
Subsidy R:				Net Contribution R:										
9. APPLICANT SIGNATURE & DECLARATION														
<p>1. I warrant that the information herein, whether in my own handwriting is correct and complete</p> <p>2. I understand that I may only use the card for medical expenses at an approved GetMed Service Provider</p> <p>3. I understand that I have given authority to GetMed to debit my GetMed account for medical/health services made by the authorised cardholder as well for standard fees as will be notified from time to time.</p> <p>4. I understand that I may request a statement of transactions made on my card. Should I not agree with the content of the statement I must notify GetMed in writing within 30 days, failing which I will have no claim whatsoever in respect of any such error.</p> <p>5. I understand that I must notify GetMed in writing, fax or email should my card get lost or stolen</p> <p>6. I understand that I must notify GetMed of any change in demographic or related information such as address etc.</p> <p>7. I understand that should there be differences in information on account details, that GetMed records will be binding.</p> <p>8. I understand that the GetMed products are not a medical scheme but insurance based products.</p> <p>9. I have read the above terms and conditions of GetMed Health Protection Plan and will abide by and accept the terms contained therein.</p> <p>10. I understand that no premiums may be paid to my broker or broker organisation and that premiums may only be paid by debit order, payroll deductions or direct deposit into the following account:</p> <p style="margin-left: 40px;">Bank Name: Standard Bank Account Name: Getmed Account Number : 011 987 499 Branch Number: 011 545</p>														
Reference Number: Your policy or card number														
PLEASE SIGN HERE							d	d	m	m	y	y	y	y
Member Signature	Tiago de Carvalho Signed on Behalf of Constantia Insurance Company Limited						Date							

DECLARATION

I hereby declare that the foregoing statements, together with any other supplementary forms as requested by CICL, whether in my handwriting or not, are true and correct and shall be the basis of the contract and I agree that it is a condition precedent to the payment of any proceeds that no fact, judged to be material solely in CICL's opinion, has been withheld, misstated or concealed from me. I have also read the Statutory Notice to Short-term and Long-term Insurance Policyholders.

I/We, the client, have requested and instructed the broker not to complete a financial needs analysis. I/We further understand and acknowledge that this instruction not to proceed with a full financial needs analysis could have the effect that all my financial needs may not be addressed properly.

Signed at _____ this ____ day of _____

Name: _____

Signature of owner: _____

Please fill in the Health Questionnaire
Please provide GetMed with a copy of your payslip.