MEDICOR

Life Impacting Benefits
that show you care.

FSP NO: 50332

Day-to-day application form (For individuals 64 years of age and under)

Applicant's contact details (Employer)			
Name		Cell	
Surname		Email address	
		Date of birth	
Physical address:			
Province:			
Suburb:			
Postal code:			

Principal member's personal details													
Name													
Surname													
Date of birth													
ID/Passport number													

Principal member's contact details			
Work number		Cell:	
Cellphone service provider	MTN/VODACOM/CELLC/TELKOM		
	Other:		
Email address			
Work address:			

Medicor is a product of Medgroup Consult (PTY) LTD, an authorised financial services provider (FSP NO: 50332). Underwritten by African Unity Life LTD (FSP No:8447) and administered by Day1 Health (PTY) LTD (FSP No:11319).

DAY1 HEALTH
FSP Number 11319 CMS Ref: DM1074

AFRICAN UNITY
FSP Number:8447

Province:	
Suburb:	
Postal code:	
Physical address: (Leave blank if this information is the same as above)	
Province:	
Suburb:	
Postal code:	

BENEFICIARY NOMINATION – Please nominate your selected beneficiary/ies

Name & Surname	ID Number	Contact Number

ADDITIONAL INFORMATION FOR PRINCIPAL MEMBER (This information will not be used for any other purpose other than enhancing the Medicor Medical Insurance Plan for the Principal member and his/her beneficiary/ies)	
Do you have any children?	☐ YES ☐ NO
If Yes, how many?	

Child's contact details		
Name of child	Date of birth	Gender: Male/Female

Do you play stokvol	☐ YES ☐ NO
If Yes, What do you use/ plan on using the money for (eg: school clothes, food, appliances such as a fridge, stove, etc)	
If you travel to work - How much do you pay for transport per day?	
How much do you pay on school fees per month?	
How much do you pay for babysitting/aftercare	

Medical information (Mandatory)

Are you/paid for beneficiaries on any form of chronic medication (medication you take daily for a pre-existing medical condition): ☐ YES ☐ NO

If Yes:

Condition:

Medication:

Are you/paid for beneficiaries receiving treatment of any other medical conditions other than chronic conditions: ☐ YES ☐ NO

If Yes:

Condition:

Medication:

Are you/paid for beneficiaries receiving treatment of any other medical conditions other than chronic conditions: ☐ YES ☐ NO	
If Yes:	
Condtition:	
Medication:	
Are you/paid for beneficiaries receiving treatment for any dental conditions: ☐ YES ☐ NO	
If Yes:	
Condition:	
Medication:	
Are you/paid for beneficiaries concerned about any other current conditions which may require medical or dental attention in the future: ☐ YES ☐ NO	
If Yes:	
Condition:	
Medication	
Are you/paid for beneficiaries pregnant: ☐ YES ☐ NO	
If NO, Is there a possibility you may be pregnant: ☐ YES ☐ NO	
Have you/paid for beneficiaries undergone any major operations in the past 5 years: ☐ YES ☐ NO	
If Yes:	
Procedure:	
Date of procedure:	

Have you/paid for beneficiaries been admitted to hospital in the past 5 years? ☐ YES ☐ NO	
If yes:	
Reason for admission:	
Date of admission:	

Acknowledgment

- I warrant that I have been provided with all the intermediaries', insurer's and benefit details and benefit details as well as any additional information that I may have requested.
- I warrant that all details and facts provided herein are accurate and properly disclosed.
- I understand that there are no surrender values attached to this policy.
- Failure to pay monthly premiums will result in all benefits lapsing.
- In the event of any query regarding this policy or any claim in terms of this policy, I consent to the disclosure of any relevant information to the intermediaries or any Day1 Health (Pty) Ltd official for the purposes of resolving the query.
- In the event of no nominated beneficiary/ies, I agree that the 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.
- I acknowledge that the Medicor Medical Insurance Plan is not a Medical Aid.

Monthly Premium – Please select the product option you prefer		✓
Single policy day-to-day plan	R325	
Single policy with coupon benefit	R325 + R75	
Other policy:	Debit amount:	

Signature of principal member

Date

Name of account holder		Name of bank	
Branch		Branch code	
Account number		Account type	
Inception date		Debit order date	

I authorise the Payroll Administrator / Day1 Health (Pty) Ltd to deduct the above premium from my account each month.

Signature of account holder
(Applicant/Employer)

Date

Principal member to sign the most relevant options

Either (A) (B) or (C)

Option A

I, _____, hereby declare that I have opted for the Medicor Medical Insurance Plan **as a replacement of my current medical aid:**_____

.....

Option B

I, _____, hereby declare that I have opted for the Medicor Medical Insurance Plan **as an addition to my current medical aid:**_____

.....

Option C

I, _____, hereby declare that I have opted for the Medicor Medical Insurance Plan **as I am presently not covered by any medical aid.**

.....

By choosing OPTION A, I have decided to do the replacement for the following reasons:

Due to circumstances beyond my control, the medical aid premium is no longer affordable.	
I enjoy good health and I am satisfied with the benefits that this product offers.	

Other reasons:_____

The Medical insurance benefits have been explained to my satisfaction and I am aware of the difference between this Medical Insurance Plan and a Medical Aid.

Signed at:	Date:	Signature of principal member: