First Afya Biashara

Standard Application Form



absa) Part of the Absa family

		P	olicy No.								
Me	mbership Number								-		
Section A -	Company/E	mployer/Instit	ution De	etails							
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											-
		10 ya 1000									
		Fax (cod	e:)				-				
Postal Address											
Section B -	Member Det	tails									
Title	Initials	First Names									
			tionality								
						-					
Postal Address				_Postal Code	e						
Telephone Numbe	rs (H) (code:)	-	(W) (cod	e:)				
Fax (*required) (co	ode:)	Cell Phone		Er	nail						_
		I.D. / Passpor application form - legally requ	ired								
Marital Status Proposed Date of		Married	Divorce	d 🚺 V	Vidow	/ed					
-		s to be Cover	ed								-
		ort books MUST be attached.(Bir Whenever possible attach c	th notification cert		tificate f	or new b	orn bab	ies wil	l be ac	cepter	d)
First Name	Surname	Passport/ID no.	Relation	Gender	Date of Birth						
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Relationship abbreviations: PM - Principal Member, SP - Spouse, CD - Child Dependant, AD - Adult Dependant

Section D - Previous Medical Membership

Supply details of previous Medical Insurance membership and attach proof of previous membership Whenever possible attach membership certificates. Membership cards or copies thereof will not be accepted

	Membership Period														Names of previous Cover		
		D	ate	Join	ed						Date	left			1	Number	Names of previous Cover
D	D	M	M	Y	Y	Y	Y	D	D	11/I	M	Y	Y	Y	Y		
						1											





Answer

Annexure B:

Underwriting Information for acceptance of cover

Supply full details on questions. Where an answer to a question is "yes" - provide details in the space provided below Questions pertain to Applicant and ALL beneficiaries

Application by:_

(Principal member) Signature_

Have you/your spouse or any one of your beneficiaries ever experienced any of the following? Please initialize the relevant box

1 Cardio Vascular Chest pain/angina, heart attack, heart failure, heart valve disease, rheumatic fever, high biod (hypertension), high cholesterol, heart murmurs, circulatory problems/disorders, varices deep vein thrombosis (DVT), or any other heart or circulatory problems. 2 Respiratory & Breathing Asthma, difficulty with breathing, bronchospasm, tuberculosis (TB), coughing up blood, empneumonia, cystic fibrosis, pthisis, chronic bronchitts, shortness of breath, any other breathing 3 Bladder & Kidneys Blood in urine, kidney failure, polycystic kidneys, kidney or bladder infections, removal of kidney kidney stones, abnormal kidney or urine tests or any other kidney problems. 4 Reproductive & Gynae Endometriosis, infertility, ovarian cysts, hysterectomy, abnormal PAP smear, laser treatment breast biopsies, fibro-adenosis of the breast, laparoscopies, hormone replacement therapy infections or surgery, prostate enlargement or any other digestive problems. 5 Digestive System Duodenal ulcers, gastric ulcers, peptic ulcers, hiatus hernia, colon problems, cron's du ulcerative colitis, gall bladder problems, liver problems or any other digestive problems. 7 Dental Orthodontic treatment, dental surgery, speech impairment, harelip, cleft palate, or any other sets prima addison's disease, pituitary gland, gland problems or any other glandular problems. 9 Endocrine Diabetes melitus or insipidus, underactive thyroid, gland problems or any other glandular problems. 10 Back and Muscles Nec		Yes	INC									
2Respiratory & Breathingpneumonia, cystic fibrosis, pthisis, chronic bronchitis, shortness of breath, any other breathing3Bladder & KidneysBlood in urine, kidney failure, polycystic kidneys, kidney or bladder infections, removal of kidney kidney stones, abnormal kidney or urine tests or any other kidney problems.4Reproductive & GynaeEndometriosis, infertility, ovarian cysts, hysterectomy, abnormal PAP smear, laser treatment breast biopsies, fibro-adenosis of the breast, laparoscopies, hormone replacement therapy infections or surgery, prostate enlargement or any other reproductive problems.5Digestive SystemDuodenal ulcers, gastric ulcers, peptic ulcers, hiatus hernia, colon problems, crohn's d ulcerative colitis, gall bladder problems, liver problems or any other digestive probler6Ear, Nose and ThroatDeafness, ear infections, sinus problems, nasal surgery, throat surgery.7DentalOrthodontic treatment, dental surgery, speech impairment, harelip, cleft palate, or any other surgery retinal detachment, impaired vision, or any other eyesight problems.9EndocrineDiabetes melitus or insipidus, underactive thyroid, overactive thyroid, thyroid surgery, cushing addison's disease, pituitary gland, gland problems or any other glandular problem10Back and MusclesNeck or back problems or operations, recurrent back pain, osteoporosis, ankylosing spo rheumatoid arthritis, osteo-arthritis, disease, or any other bone or skeletal disorder	se venis,											
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Epilopou straka (CVA) migraina, brain ar bood injurias, paralyzis, m												
Neurological Neurological Neurological problems.	ultiple sclerosis, ier's disease,											
2 Psychological Depression, anxiety, psychosis, suicide attempts, bipolar disorders, manic depression, "Stre tourete's syndrome, anorexia nervosa, received advice, counselling or hospitalisation drug abuse, attention deficit disorders, Bulimia or any other psychological condi	for alcohol or											
13 Tumours and Growths Benign or malignant growths or lumps or tumours including melanoma, lymph gland cancer breast cancer or any other tumours, growths and cancers.	r, leukaemia,											
14 Blood Blood or bleeding disorders e.g. haemophilia, christmas factor deficiency, platelet other blood clotting disorders.	t or any											
15 Skin Eczema, ance, dermatovositis, psoriasis, scleroderma, or any other skin disorder	Eczema, ance, dermatovositis, psoriasis, scleroderma, or any other skin disorders											
Advice, treatment or counselling for any of the following: HIV/AIDS, syphilis gonorrhoea, herpes, genital ulcers, pelvic infectious disease, genital warts, hepatitis B o sexually transmitted disease or disorder.	Advice, treatment or counselling for any of the following: HIV/AIDS, syphilis, gonorrhoea, herpes, genital ulcers, pelvic infectious disease, genital warts, hepatitis B or any other sexually transmitted disease or disorder.											
17 Hospitalisation Have you, your spouse or any dependants ever been hospitalised? If yes how frequ	Have you, your spouse or any dependants ever been hospitalised? If yes how frequently?											
18 Treatment & Surgery Are you, your spouse or any dependants expecting any medical or dental advice, treat or are you planning any such treatment within the next three to six months?	Are you, your spouse or any dependants expecting any medical or dental advice, treatment, or are you planning any such treatment within the next three to six months?											
19 Dangerous Pastimes Are you, your spouse, or any dependants participating in any hazardous sport or occ e.g. motor or motorbike or motorbat racing, dragster racing, bungee jumping, skyd scuba diving or any other hazardous pursuits?	Are you, your spouse, or any dependants participating in any hazardous sport or occupations, e.g. motor or motorbike or motorboat racing, dragster racing, bungee jumping, skydiving, scuba diving or any other hazardous pursuits?											
	Are you, your spouse, or any dependants currently pregnant? Should the answer be "yes",											
21 Other Are there any other factors related to you or your beneficiaries' health that is not disclos	Are there any other factors related to you or your beneficiaries' health that is not disclosed above?											
22 Planned Treatment During the last 12 months, have you, your spouse or any dependants had any special dentise are you planning any such treatment within the next six months?	During the last 12 months, have you, your spouse or any dependants had any special dentistry treatment or are you planning any such treatment within the next six months?											
Duestion number Name of person suffering from condition Nature and duration of condition or symptoms. Date of diagnosis and duration of treatment Dates symptoms were last experienced Exact dates of treatment/hospitalisa		d mont	nly									
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First Assurance's Acceptance number