

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 birthGender

Male

Female

ID numberPassport number

Passport country of origin

Cellphone number

Email address

3: Withdrawal of dependant/s

Name and surname of dependant	ID/passport number	Date of birth	Reason
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Effective date

4: Addition of dependant/s

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

5: Benefit grouping details

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

Benefit option	Add benefit	Remove benefit
Day-to-day Benefit	<input checked="" type="checkbox"/>	
Accident Cover	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Cash 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	<div></div>	Date	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Signature of employer authorised signatory	<div></div>	Date	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>