

## Medical Scheme Quote Request

Intermediary  Code  Date

### Client Details

Surname  Initials  Title

ID number/Date of Birth  Telephone work

Home town  Telephone home

Province  Fax

Name of Employer  Cellular phone

Income per month  E-mail address

In which sector are you employed? Government  Private  Subsidy  Yes  No  %

Are you currently on a Medical Scheme? Yes  No  Which Medical Scheme?

Premium per month R  Which option?

Do you have a specific choice of Medical Scheme?

Indicate how many members in your family

Principal member  Spouse  Adult dependants  How many children?   
(older than 21 years)

How many chronic users in your family?  Cost per month? R

Specify chronic condition(s)

Do you also want cover for day-to-day expenses? (E.g. doctors and medicines) Yes  No

If you and/or your spouse are older than 34 years of age please complete the following:

Have you belonged to a Medical Scheme/s before 1 April 2001 to date? Yes  No  If No - please complete the following:

Have you previously belonged to a Medical Aid as an adult? Yes  No  If Yes - indicate how many years in total

Name of Scheme(s)

Comments