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 Customer Care: 0860 08 08 88 or 041 395 4545
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 Website: www.suremedhealth.co.za

For: Registration of Dependants
NOTE: Legal Documentation Required:
 Spouse - Copy of Marriage Certificate
 Common Law Spouse - Affidavit
 Adoptions - Court Order

DEPENDANT REGISTRATION

SECTION 1 - PRINCIPAL MEMBER DETAILS

MEDICAL AID NO: / OPTION

MEMBER NAME

SECTION 2 - DETAILS OF THE DEPENDANT(S) YOU WISH TO REGISTER

First Names	Relationship	ID Number	Commencement Date	Gender
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SECTION 3 - MEDICAL HISTORY RELATING TO NEW DEPENDANTS ONLY

Please complete the relevant information below, if the answer is "YES", please provide further details where indicated. Please detail names, addresses and telephone numbers of your consulting doctors for the past five years. Please indicate how many years you have been consulting the respective doctor/s.

Current Doctor Telephone Years

Previous Doctor Telephone Years

NEW MEMBER Height (cm) Weight (kg) Do you smoke YES NO

- Has your weight changed by more than 5kg in the last 12 months? YES NO
- Have you or any one of your dependants ever been told to reduce alcohol or tobacco consumption? YES NO
- Are you or any of your dependants currently undergoing any form of routinely prescribed treatment, or undertaken any form of routine treatment in the past. YES NO
- Do you, or any of your family have a chronic condition requiring on-going medication? **(If "YES" please complete a Chronic Medication Application Form and attach it to this form)** YES NO
- Have you or any of your dependants ever had, or are currently undergoing or anticipating and special treatment. *Eg. orthodontic, periodontic, prosthodontic, maxillo facial procedures or treatment for impacted wisdom teeth?* YES NO
- Have you or any of your dependants ever had counseling, treatment or advice in connection with HIV or the AIDS virus or any sexually transmitted diseases? YES NO
- Do you or any of your dependants have any congenial, hereditary or physical disabilities? YES NO
- Has any parent or sibling of any of the proposed members ever suffered from porphyria, cancer, mental illness, retinitis pigmentosa, diabetes, stroke, chest pain, raised cholesterol or any other hereditary disorder? YES NO
- Are any of the proposed members currently pregnant? If so, state date of confinement _____ YES NO
- Have any of the proposed members received advice, counseling or treatment for alcoholism or drug dependency? YES NO
- Do you or any of your dependants participate in any hazardous sports or pursuits *eg: mountaineering, paragliding, scuba diving etc?* YES NO

