



**DISCOVERY HEALTH: FLEXICARE PLUS**

Important note: Flexicare Plus is **not a medical aid product** and is not a substitute for medical scheme membership.

**Member application form**

**Employee Group 358320**

All fields are mandatory | Internal use

**Branch 163**

PERSONAL Details					
Employee GPID		Start date of policy:	DD / MM / YYYY		
First name (s)		Surname			
ID No/ Passport no					
Location - Work					
Work address line 1					
Work address line 2					
Work Town/ City		Postal code:			
Cell number					
Email address					
DEPENDANT Details - Complete section for all dependants to be covered under your Flexicare Plus option					
SPOUSE: Relationship To Main Member (Legal Spouse or Common Law Spouse or Additional Spouse)					
CHILD: Relationship To Main Member (Son or Daughter or Adopted Child or Foster Child)					
Initials	First Name	Surname	ID Number/ Passport Number	Gender	Relationship
Declaration and Application to Join Flexicare Plus					
<p>I confirm that Alexforbes has provided me with all the necessary information about the Flexicare Plus health insurance plan. This has allowed me to make an informed decision. I understand the benefits, rules, and costs of this plan and understand that this is not a Medical Aid or a substitute thereof. I also acknowledge that I can contact my Alexforbes consultant at any time for advice or assistance. I hereby apply to join the Flexicare Plus option.</p>					
<b>Employee Signature:</b>				Date:	
<b>Employer Approval Signature:</b>				Date:	