



Momentum Health4Me

Internal Employee Application Form

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

Kindly request the HR representative to countersign the document and return a copy to you for your records, confirming receipt of your instruction.

Please complete this information if you wish to participate in the Health4Me low-cost medical insurance product:

GPID	
First name(s)	
Surnames	
ID number	
Cell phone	
Email address (if available)	

If you would like to include your spouse or children, please submit the following information. Please note that the full cost of their membership will be deducted from your salary.

Spouse first name(s)	Spouse surname	Spouse ID number	Spouse cell phone number
Child first name(s)	Child surname	Child ID number	Guardian cell phone number

Declaration and Application to Join Flexicare Plus

I confirm that Alexforbes has provided me with all the necessary information about the Health4Me 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 Health4Me option.

Signed by applicant:

Name:

Date:

Received by (HR representative):

Name:

Date: