

UMVUZO HEALTH MEMBERSHIP CHECKLIST

<p>ALL ITEMS TO BE TICKED PRIOR TO SENDING THE DOCUMENTS TO: membership@umvuzohealth.co.za</p>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p>Is the form duly completed?</p>	
Date of permanent employment	<input type="checkbox"/>
Scheme starting date	<input type="checkbox"/>
Scheme option	<input type="checkbox"/>
Address	<input type="checkbox"/>
Contact details	<input type="checkbox"/>
Disclosure form: Illness conditions (Please tick on the man if any of the conditions apply to you or your dependants. Please initial and sign both sides of the form. If you have NONE of these conditions, please cross out over the man and write NONE. Please initial and sign even if you have NO conditions.)	<input type="checkbox"/>
Member signature and date	<input type="checkbox"/>
HR signature, stamp and date	<input type="checkbox"/>
Is everything readable on the form	<input type="checkbox"/>
Copy of ID, passport, date of birth, certificate of previous membership (If applicable), etc attached.	<input type="checkbox"/>
Did you check on the MIP/Dashboard system prior to submitting the form to ensure that changes have not already been loaded?	<input type="checkbox"/>
For cancellations: Effective date at end of a month and reason for resignation. If member is not satisfied with the scheme, enquire and educate immediately.	<input type="checkbox"/>
<p>PLEASE NOTE THAT THIS FORM MUST ACCOMPANY MEMBERSHIP APPLICATIONS AND AMENDMENTS</p>	

Name of employer	
Employee number	
Company	

Employee Signature	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">D</td> </tr> </table>	Date	Y	Y	Y	Y	M	M	D	D
Date	Y	Y	Y	Y	M	M	D	D		