

Declaration of health

Member number

Important notes:

- Please do not resign from your current medical scheme until you have received written notification of acceptance from Momentum Medical Scheme.
- It is very important to disclose full information regarding any pre-existing medical condition or symptoms experienced by you or your dependants. If authorisation for any benefits is requested within the first 12 months of membership, we may request a full medical history from your treating doctors. If we find that you did not disclose all the relevant information, we may limit and/or exclude certain benefits, or terminate your membership.
- Please email the completed and signed forms to us at healthnewbusiness@momentumhealth.co.za.

1: Current state of health

Completion of this section is compulsory

Have you, or any of your dependants, sought medical advice or received treatment for any condition or illness, or have you had symptoms or received treatment for any illness even if no diagnosis has been made, since the date of your application to Momentum Medical Scheme?

- No **If No, please complete Section 2.**
- Yes **If Yes, please complete Section 3.**

2: No change in health

- 2.1 I hereby declare that there has been no change in my health, or the health of my dependants, since the date of my application to Momentum Medical Scheme.
- 2.2 I understand that this Declaration of health confirms my and/or my dependants' current state of health and that it extends the terms and conditions of my Momentum Medical Scheme application for membership by 30 days from the date of my signature below.
- 2.3 I will notify the Scheme of any changes that take place, in any circumstances on which the Scheme based its assessment of its risk (including my health status), after the date of signing this form and prior to my joining date. I acknowledge that failure to do so will result in the termination of my contract with the Scheme. In such event, the Scheme will have the right to reclaim any amounts that it may have paid to me or any person on my, or my dependants' behalf, under such contract.

Name

Start date

Signature

Date

3: Updated health information

- 3.1 If there have been any changes in your, or your dependants' health status, please provide full details below:

- 3.2 I understand that this Declaration of health confirms my and/or my dependants' current state of health and that it extends the terms and conditions of my Momentum Medical Scheme application for membership by 30 days from the date of my signature below.
- 3.3 I will notify the Scheme of any changes that take place, in any circumstances on which the Scheme based its assessment of its risk (including my health status), after the date of signing this form and prior to my joining date. I acknowledge that failure to do so will result in the termination of my contract with the Scheme. In such event, the Scheme will have the right to reclaim any amounts that it may have paid to me or any person on my, or my dependants' behalf, under such contract.

Name

Start date

Signature

Date