



## SECTION C: EMPLOYER DETAILS

|                                       |                    |
|---------------------------------------|--------------------|
| Company                               |                    |
| Region                                | Date of employment |
| Date of addition effected by Employer |                    |

NB: Please complete debit order form for unsubsidised dependants

|                    |      |             |   |      |
|--------------------|------|-------------|---|------|
|                    |      |             | <div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> |      |
| Employer Signature | Name | Designation | Company Stamp   | Date |

## SECTION D: DEPENDANT MEDICAL HISTORY

| Do your dependants have, or ever had the following? If "yes" state full details below (complete all questions). If insufficient space please attach schedule.   |    |     |      |
|---|----|-----|------|
|   | No | Yes | Name |
| 1. Any disorder of the heart e.g. rheumatic fever, heart murmur, coronary artery disease, chest pain, shortness of breath or palpitations?  |    |     |      |
| 2. High blood pressure, chronic headache or disease of the blood vessels including cholesterol or circulatory disorder?   |    |     |      |
| 3. Any respiratory or lung trouble, e.g. asthma, bronchitis, persistent cough, tuberculosis?  |    |     |      |
| 4. Any disorder of the digestive system, gall bladder or liver, e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion or hiatus hernia?   |    |     |      |
| 5. Disease or disorder of the kidneys, bladder or reproductive organs, e.g. albumin in urine, stones, prostatitis or infertility?   |    |     |      |
| 6. Any nervous or mental complaint, e.g. epilepsy, black-outs, paralysis, anxiety state or depression, alcoholism or narcotism?   |    |     |      |
| 7. Ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, tonsillitis and sinus problems?   |    |     |      |
| 8. Disorder or disease of muscles, bones, joints, limbs, spine, e.g. rheumatism, arthritis, gout, slipped disc or other back trouble?   |    |     |      |
| 9. Diabetes, acne or skin problems, sugar in urine, thyroid or other glandular or blood disorders?  |    |     |      |
| 10. Cancer, growth or tumour of any kind?   |    |     |      |
| 11. Any tropical disease, e.g. Bilharzia?   |    |     |      |
| 12. Any other illness, disorder, operation, disability or injuries from any accident?   |    |     |      |
| 13a. Any disorder of the female organs (breasts, ovaries, uterus) or any abnormality of pregnancy or confinement, e.g. Caesarian section or miscarriage?<br>If "Yes", state full details including dates. |    |     |      |
| 13b. Are you now pregnant? If "Yes", how many months?<br>If "Yes" is this a multiple birth?   |    |     |      |
| 14. Any special dental treatment, e.g. crowns, bridges, orthodontic, etc?   |    |     |      |
| 15. Any illness or physical defect likely to necessitate medical or dental treatment, e.g. headaches, lumps, orthodontic work etc.?   |    |     |      |
| 16. Do you expect any medical or dental treatment within the next three months?   |    |     |      |
| 17. Do you or your dependants have a medical condition not disclosed?   |    |     |      |
| 18. Detail all medication used by applicant and dependants during the last 2 years, as well as all Pathology and Radiology tests.   |    |     |      |
| 19. Please state full name and contact details of usual medical practitioner  |    |     |      |

## SECTION E: UNDERTAKING BY MAIN MEMBER

- Please ensure relevant documentation is attached to the Update Form to avoid any delay in processing.
- I declare that the information given is true and correct and I am aware that any false statement will render my membership of the Scheme null and void.
- I accept that my dependants may be subjected to a general waiting period as per Scheme rules.
- I accept that I will be liable for the additional contribution for the dependants added on this form.
- Where applicable: Member Savings Account allocations will be pro-rated depending on when joining the option.
- The Scheme has the sole right to collect negative balances owed to the Scheme by the member, even when member has terminated from the Scheme.

|             |                  |      |
|-------------|------------------|------|
|             |                  |      |
| Member name | Member Signature | Date |