



**SIZWE HOSMED**  
MEDICAL SCHEME  
*Your choice for quality care*



**REQUEST FORM**  
CORPORATE HEALTH AND WELLNESS DAY

**Each employer group needs to complete the attached questionnaire for a Corporate Health and Wellness Day.**

**EMPLOYER GROUP DETAILS**

Organisation's Full Name:

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Regional offices (if applicable):

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Total Number of participating Sizwe Hosmed Medical Scheme Members:

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Number of Employee's not on Sizwe Hosmed Medical Scheme:

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## **CONTACT DETAILS OF PERSON AT PARTICIPATING EMPLOYER GROUP FACILITATING HEALTH DAY**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **CONTACT DETAILS OF THE KEY ACCOUNT CONSULTANT**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **CONTACT DETAILS OF BROKER**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## DETAILS OF HEALTH & WELLNESS DAY REQUESTED

Requested date for Health day: \_\_\_\_\_

Physical Address (Provide GPS coordinates if available): \_\_\_\_\_

Regional offices Health Day dates (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Venue or Conference room name (where applicable): \_\_\_\_\_

Set up date: \_\_\_\_\_

Event start time: \_\_\_\_\_ Event end time: \_\_\_\_\_

Indoor:

Outdoor:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## DETAILS OF HEALTH SCREENING TESTS REQUIRED AT YOUR WELLNESS DAY

**Option One:**

Diabetes  
Hypertension  
Body Mass Index  
Cholesterol

**Option Two:**

HIV  
Diabetes  
Hypertension  
Body Mass Index  
Cholesterol

Other (please specify): \_\_\_\_\_

Please note this category request is subject to Fund approval.

## SPECIAL REQUIREMENTS FOR ACCESS TO THE PREMISES WHERE THE WELLNESS DAYS WILL BE HOSTED (Drivers licence, ID documents, vehicle registration etc.):

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## SIZWE HOSMED MEDICAL SCHEME REQUIREMENTS

Power/Plug points - Tables & chairs:

A. 50 - 70 Pax	5 tables and 10 chairs
B. 70 - 100 Pax	7 tables and 14 chairs
C. 100 and more	10 tables and 20 chairs

Access to venue may be required one day prior to Health day (when over 100 participants)

## SIZWE HOSMED MEDICAL SCHEME TERMS AND CONDITIONS

1. Requests for events/campaigns must be sent 4 weeks prior to the anticipated date of event.
2. Company should provide resources to assist with setting up the venue.
3. The event venue should be made accessible from minimum one day prior to the event.
4. All companies are subject to the authorisation by Sizwe Hosmed Medical Scheme.
5. All Sizwe Hosmed Medical Scheme Health days times are run between 08h00 – 15h00. Where shifts are applicable, please be sure to advise what the shift times are and process to access the premises during these times. Please note this is subject to special arrangements being made as there are cost implications for teams being made available after hours of which we will advise you.
6. Range of screening tests available need to be confirmed by your Sizwe Hosmed Medical Scheme key account consultant.
7. Please note all screening is subject to the members Wellness benefit allocated per annum.
8. Please supply us with GPS coordinates or a Map if available.
9. The scheme will provide a wellness service provider.

I \_\_\_\_\_ on behalf of \_\_\_\_\_  
accept the above mentioned terms and conditions.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please note that all wellness day requests with less than 25 Sizwe Hosmed members will be automatically declined. If the company confirms 25 or more members and turnout is less than 25 on wellness day, the company will be liable for payment of each member that did not attend up to the value of 25 members. The amount payable per member can be discussed with our wellness coordinator and payment thereof will be made by the company directly to the nurse provider. Payment details will be made available on request.