CORPORATE MEMBERSHIP ADDITIONAL DEPENDANTS FORM

About this form

- This form is designed for addition of dependent(s) of main member who is already enrolled in cover.
- You may include a spouse and unmarried dependant children under the age of 19, or under 25 if they are in full-time education.
- Attach two recent passport size photos with names written at the back for each dependant.
- Please take time to read this form carefully, making sure you have completed all the sections.
- Please write in BLOCK CAPITALS.
- Medical examination is required for applicants aged 50 years and above.
- A pro-rated premium will be charged from the date of joining the scheme to the date of scheme expiry.

NAME OF COMPANY

MEMBER DETAILS

SURNAME | FIRST NAMES

MEMBERSHIP NUMBER | EMAIL

MOBILE

ENTER BELOW DETAILS OF THE SPOUSE (01) WHERE APPLICABLE AND ALL DEPENDANTS TO BE INCLUDED IN THE CORPORATE APPLICATION FOR MEMBERSHIP IN AGE ORDER.

S/N	First Name	Surname	Relationship (spouse, son, daughter etc.)	Date of Birth (DD/MM/YYYY)			Weight (Kg)	Height (cm)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MEDICAL DECLARATION

Please declare below if your dependents have any special medical condition which need special attention or care.

DEPENDENTS	MEDICAL CONDITION
1	
2	
3	
4	
5	
6	

DECLARATION

This is signed declaration that information is true and that AAR has the express authority to access any medical information from any source as required from time to time.

I hereby consent to and authorize AAR to disclose to my employer any and all information, reports, records and details relating to me including such medical or other information that would otherwise be confidential for purposes of the administration of the medical scheme

Name & Signature Principal Member: …….....Date: ……

Signature/Stamp of Employer……..:……Date…….……

AAR CARD PHOTO SHEET

PLEASE STICK PHOTOS WITH GLUE ONTO SPACE PROVIDED, DO NOT STAPLE PHOTOS

01	02	03
NAME…….....	NAME……	NAME……..……
DATE OF BIRTH……	DATE OF BIRTH…… ……	DATE OF BIRTH……...
MEMBERSHIP NO……	MEMBERSHIP NO……	MEMBERSHIP NO……...

04	05	06
NAME…….....	NAME……	NAME……..……
DATE OF BIRTH……	DATE OF BIRTH…… ……	DATE OF BIRTH……
MEMBERSHIP NO……...	MEMBERSHIP NO……	MEMBERSHIP NO……

FOR OFFICIAL USE (UNDERWRITING COMMENTS)

AGENT : **START DATE :** **END DATE :** **POLICY TYPE:**

UNDERWRITING DECISION

……

……

……

UNDERWRITING OFFICER:	SIGNATURE:	DATE :
……	……..	……