CORPORATE EMPLOYEE PROPOSAL FORM

TO BE COMPLETED BY INDIVIDUAL STAFF AND ATTACH TWO RECENT PASSPORT SIZE PHOTOS WITH NAMES WRITTEN AT THE BACK PER EACH MEMBER

NAME OF COMPANY

SECTION A: MEMBER DETAILS

SURNAME | FIRST NAMES

DATE OF BIRTH (D D M M Y Y Y Y) | MARITAL STATUS | MARRIED/ SINGLE/ WIDOWED

OCCUPATION

EMPLOYEE ID | HEIGHT | WEIGHT

NATIONAL ID NO / PASSPORT NO | POSTAL ADDRESS

PHYSICAL ADDRESS | EMAIL

TELEPHONE NO. | OFF. | RES. | 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								

MEDICAL DECLARATION

NOTE: FOR MEMBERSHIP TO BE CONSIDERED THIS DECLARATION MUST BE COMPLETED IN FULL AND ALL QUESTIONS ANSWERD. IF THE ANSWER IS YES TO ANY OF THE QUESTIONS WHICH FOLLOW PLEASE PROVIDE DETAILS BELOW. ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND IN FULL. N/A IS NOT ACCEPTABLE AND ANY ALTERATIONS MUST BE COUNTER SIGNED BY THE MEMBER

HAVE YOU EVER HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS? Please answer YES or NO (ask your Doctor for assistance if needed)

	QUESTION	0	1	2	3	4	5	6
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 or HIV/Aids infection?							
13	Any disorder of the female organs (breasts, ovaries, uterus) or any abnormality of pregnancy or confinement, e.g. Caesarian section or miscarriage?							
15	Any illness or physical defect likely to necessitate medical or dental treatment, e.g. headaches, lumps, orthodontic work etc.?							
16	Has any member been hospitalized within the last 3 years?							
17	Other than those declared above, does any member have any particular health concerns you would wish to inform AAR about?							

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01	
02	
03	
04	
05	
06	

MEDICAL EXAMINATION IS REQUIRED AT AGE OF 50 YEARS AND ABOVE.

The application will not be accepted if you do not undergo medical examination.

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

NAME…….....NAME…… NAME……..……..

DATE OF BIRTH……DATE OF BIRTH…… ……DATE OF BIRTH……

MEMBERSHIP NO……MEMBERSHIP NO…… MEMBERSHIP NO…….

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:**

UNDERWRITING DECISION

……..

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……..

UNDERWRITING OFFICER: **SIGNATURE:** **DATE :**

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