

## DomestiCare Application Form

### Important notes:

- DomestiCare is not a medical aid product, and is not a substitute for medical scheme membership.
- Please submit the completed and signed form via email to [info@domesticare.co.za](mailto:info@domesticare.co.za), or via fax to **021 413 1913**.
- You can contact DomestiCare on **0860 10 34 91**, email us at [info@domesticare.co.za](mailto:info@domesticare.co.za), or visit our website at [www.domesticare.co.za](http://www.domesticare.co.za).

### Section 1: Employer details

|  |                                |                      |                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                       |                      |                      |                      |                      |                      |
|--|--------------------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Email address  | <input type="text"/>           |                      |                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                       |                      |                      |                      |                      |                      |
| Title  | <input type="text"/>           | Initials             | <input type="text"/>         | First name           | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                       |                      |                      |                      |                      |                      |
| Surname  | <input type="text"/>           |                      |                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                       |                      |                      |                      |                      |                      |
| ID number  | <input type="text"/>           |                      |                              |                      |                      |                      |                      |                      |                      |                      | Date of birth        | <input type="text"/> | <input type="text"/> | -                    | <input type="text"/> | <input type="text"/>  | -                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport number  | <input type="text"/>           |                      |                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                       |                      |                      |                      |                      |                      |
| Physical address<br><i>(for delivery of membership card)</i> | <input type="text"/>           |                      |                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                       |                      |                      |                      |                      |                      |
|  | <input type="text"/>           |                      |                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | Postal code          | <input type="text"/> | <input type="text"/>  |                      |                      |                      |                      |                      |
| Cellphone number   | <input type="text"/>           | <input type="text"/> | <input type="text"/>         | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Work telephone number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Notification method  | <input type="checkbox"/> Email |                      | <input type="checkbox"/> SMS |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                       |                      |                      |                      |                      |                      |

### Section 2: Employee details

|                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                               |                                 |                      |                      |                      |
|------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------|---------------------------------|----------------------|----------------------|----------------------|
| Title            | <input type="text"/> | Initials             | <input type="text"/> | First name           | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                               |                                 |                      |                      |                      |
| Surname          | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                               |                                 |                      |                      |                      |
| ID number        | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      | Date of birth        | <input type="text"/> | <input type="text"/> | -                    | <input type="text"/> | <input type="text"/> | -                             | <input type="text"/>            | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport number  | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                               |                                 |                      |                      |                      |
| Cellphone number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Gender               | <input type="checkbox"/> Male | <input type="checkbox"/> Female |                      |                      |                      |

### Section 3: Product option details

Indicate your option selection by marking the required option with an X

 DomestiCare

 DomestiCare Plus

### Section 4: Payment details

Indicate your preferred payment method by marking the required payment method with an X

 EFT (Electronic Fund Transfer) (12 months upfront payment only)

 BDO (Bank Debit Order)

Please complete this section if BDO was selected as your preferred payment method

- Premiums are payable monthly in advance.
- Premiums are due on the 1st day of the month, if the 1st falls on a weekend or public holiday, the premium will be due on the first working day thereafter.

|                        |   |   |                      |   |                      |                                  |                      |             |                      |  |                                       |  |  |  |  |  |  |  |  |
|------------------------|---|---|----------------------|---|----------------------|----------------------------------|----------------------|-------------|----------------------|--|---------------------------------------|--|--|--|--|--|--|--|--|
| Name of account holder | <input type="text"/>                    |   |                      |   |                      |                                  |                      |             |                      |  |                                       |  |  |  |  |  |  |  |  |
| Name of bank           | <input type="text"/>                    |   |                      |   |                      |                                  |                      |             |                      |  |                                       |  |  |  |  |  |  |  |  |
| Account number         | <input type="text"/>                    |   |                      |   |                      |                                  |                      |             |                      |  |                                       |  |  |  |  |  |  |  |  |
| Account type           | <input type="checkbox"/> Current/Cheque |   |                      |   |                      | <input type="checkbox"/> Savings |                      |             |                      |  | <input type="checkbox"/> Transmission |  |  |  |  |  |  |  |  |
| Branch code            | <input type="text"/>                    | - | <input type="text"/> | - | <input type="text"/> | -                                | <input type="text"/> | Branch name | <input type="text"/> |  |                                       |  |  |  |  |  |  |  |  |

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## Section 5: Employer consent

I authorise MMI Group Limited to:

- Obtain from MMI Health or any health service provider any medical information relating to a claim, so that MMI Group Limited can assess and evaluate a claim in terms of the policy. I hereby authorise MMI Health or any health service provider to release the required information to MMI Group Limited.
- Share any information required between MMI Group Limited, MMI Health and any other health service provider.
- Disclose my domestic worker's medical information to any parties that MMI Group Limited has contracted to in order to provide services in respect of the policy.

I accept and understand that my consent to the disclosure of medical information may impact on my domestic worker's right to privacy. This consent shall remain in force for the full duration of my domestic worker's membership, unless it is expressly withdrawn by me. I understand that MMI Group Limited will not disclose any medical information without my domestic worker's consent. I understand that the consent will only apply for the purpose indicated above and will not be shared with other parties.

Cover start date

0 1 - M M - 2 0 Y Y

Signature of employer

Date

D D - M M - 2 0 Y Y



BROKER CODE: 120