



Underwritten by GENRIC Insurance Company Limited

Compliance Officer: Moonstone Compliance (Pty) Ltd
 Financial Services Provider: (FSP 45769)

ADDITIONAL DEPENDANTS APPLICATION FORM 2019

Please complete this form in black ink and CAPITAL letters

PRINCIPAL INSURED DETAILS

Policy Number:

Name and Surname:

ID number \ Passport: Mr Mrs Miss Dr Other

Date of birth: Email Address:

Contact details: Home no.: Work no.:

Fax no.: Cell no.:

Postal address: Code:

Residential address: Code:

Inception date for dependant:

DEPENDANTS

Dependants are: - Spouse and/or dependent children up to the age of 21 years
 - Adopted/foster child (please attach documentary proof) - Students up to the age of 27 (please prove full time enrolment)

Name and Surname:

ID number \ Passport: Male Female

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male Female

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male Female

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male Female

Date of birth : Relationship to applicant:

Name and Surname:

ID number \ Passport: Male Female

Date of birth : Relationship to applicant:

SPECIFIC HEALTH QUESTIONS

The following questions are related to the policyholder and or any beneficiaries or dependants on the policy.

YES NO

		YES	NO
1	Have you been admitted to hospital in the last 4 months?		
2	Are expecting a hospital admission or aware of any conditions or illness that would require treatment in the next 12 months?		
3	Are you or any of your dependants currently pregnant?		
4	Have you taken or are currently taking chronic medication in the past 24 months?		
5	Is there any additional information not specifically mentioned in this questionnaire that relates to your health state which may influence our decision on cover?		

