

Section 7 Medical details (continued)

5. Ear, nose or throat disorder? (e.g. Glaucoma, cataracts, visual disorders, deafness, rhinitis, orthodontics). If yes, provide details

Name of beneficiary	Diagnosis and date	Name of medication	Are you currently receiving treatment?	Have you been hospitalised?	Name and contact number of treating general practitioner, dentist or specialist

6. Blood disorders, immune efficiency state, HIV/AIDS, cancer etc.? If yes, provide details

Name of beneficiary	Diagnosis and date	Name of medication	Are you currently receiving treatment?	Have you been hospitalised?	Name and contact number of treating general practitioner, dentist or specialist

7. Is the beneficiary pregnant? If yes, provide details

Name of beneficiary	Expected delivery date	Attending doctor

8. Are there any other conditions or symptoms not listed above, for which medical advice, diagnosis, care or treatment has been recommended or received, or that could potentially result in a medical claim in the next 12 months? If yes, provide details

Name of beneficiary	Diagnosis and date	Name of medication	Are you currently receiving treatment?	Have you been hospitalised?	Name and contact number of treating general practitioner, dentist or specialist

Section 8 Employer information

This section must be completed by your employer

Name of employer

Dependant/s subsidised Yes No

The above details have been noted and contributions will be adjusted in terms of Sasolmed rules on (date of benefit) and include arrears, if applicable.

Name of salary administrator _____

Designation _____

Signature _____

Company stamp

Date

Section 9 Declaration by principal member (This section must be completed)

I declare that to the best of my knowledge that the information give above is true and correct

Principal member's signature _____

Date