



Medical Insurance - Exemption Application

Personal details of employee

Surname		First Name	
Employee Number		Branch	

Reason for Exemption

Currently belong to a Medical Aid	
Currently belong to a Medical Insurance	

Current Medical Aid / Medical Insurance

Medical Provider Name	
Date joined medical product	
Policy Number	
Main Member Name and Surname	
Main Member ID Number	

*Please attached a copy of a current membership Certificate from the Medical Aid / Medical Insurance clearly showing your membership.

Employee Name	Signature	Date

Received and Approved by:

Name	Designation	Signature	Date