

1. YOUR PROFILE

PRINCIPAL INSURED DETAILS

Policy Number																				
Title		Name																		
Surname																				
ID/Passport													Date of Birth		/		/			
Cellphone													Alternative Contact No.							
Email Address																				

2. CARD REQUEST DETAILS

Additional cards cost R 50.00 per card. Please allow +/- 21 working days for delivery depending on postal services.

Number of additional cards

Where would you like us to send your Health Insurance card(s) to?

Physical/Postal Address

Postal Code

When making payment, please use "Card Fee" and the Principal Insured's ID or passport number as reference.

Send proof of payment to health@stratumbenefits.co.za so that we can order your card(s).

Bank

Account Number

Account Name

Total

Principal Insured Signature

Date / /

Email health@stratumbenefits.co.za. Please enquire if you have not received feedback within 7 days from submitting your Health Insurance Client Card Request Form.