

2022 HEALTH INSURANCE | MEMBER CARD REQUEST FORM

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 member card(s) to? Please provide an address where mail can be received.

Physical/Postal Address

Postal Code

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

Send proof of payment to health@stratumbenefits.co.za

Bank

Account Number

Account Name

Total

Principal Insured Signature

Date - -

Email health@stratumbenefits.co.za

Please enquire if you haven't received feedback within **7 working days** from submitting your Card Request Form



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