

2020 CLIENT CARD REQUEST FORM

1. YOUR PROFILE

PRINCIPAL INSURED DETAILS

Stratum Health Insurance Policy Number	Title	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID or Passport Number	Cell Phone Number	Alternative Contact Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address			
<input type="text"/>			

2. ADDITIONAL CARD REQUEST

Number of Additional Cards Please note that a cost of R 50.00 per card applies.

Our banking details are provided below for an EFT payment.

Please note that posting of cards can take up to 3 weeks.

Please confirm your postal address for postage of your card(s):

Postal Address

Postal Code

BANKING DETAILS

BANK	FNB (RMB)
ACCOUNT NAME	IOM - Unity Health ST
ACCOUNT NUMBER	62623859735
ACCOUNT TYPE	Current
BRANCH CODE	255005

Please quote CARD FEE and the Principal Insured's ID Number as reference. Your card(s) will be ordered once proof of payment is received.

Principal Insured Signature _____ Date

RETURN TO STRATUM BENEFITS

Stratum Benefits (Pty) Ltd / Reg no.: 2003/018155/07

t 011 781 4488 f 011 706 5568 e health@stratumbenefits.co.za



Administered by Unity Health, a division of Ambledown Financial Services (Pty) Ltd, an authorised FSP 10287. In partnership with Stratum Benefits (Pty) Ltd, an authorised FSP 2111, underwritten by Constantia Insurance Company Limited, an authorised FSP 31111.



Stratum Benefits⁺

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