Mooirivier Mediese Fondse (Pty) Ltd
Reg No: 2018/417415/07
(Directors:
E Schoch & SC Van Staden)

MOOIRIVIER™
MEDIESE FONDSE • MEDICAL AID

Walter Sisulu Street No. 11, Potchefstroom, 2531
Email: mooimed@mooirivier.com
Phone: (018) 294-8109
www.mooirivermedies.co.za

Advice Record: Health service benefits

Thank you for your enquiry. Health insurance is all about your needs, risks, affordability and the best value for money.

Please complete the form and send it by fax to 086 626 7069 or by email to mediesinfo@mooirivier.com

This information is important to determine which Medical funds and plans we should suggest to you so that you can make an informed decision.

We offer a variety of medical aid options according to your needs, risks affordability and best value for money. Discovery Health, Bonitas, Fedhealth, Bestmed, Profmed, Keyhealth, and Stratum within hospital deficit coverage. (GAP cover) We are fully accredited with the Financial Services Council FSP 43939 as well as the Medical Funds Council; ORG 3897. We have the necessary experience and qualifications as determined by the legislation.

We receive 3% commission from your monthly premium up to a maximum of R116.74 + VAT per month. This is already included in your medical premium. We charge an additional one-off fee of R250 per consultation for advice and managing new applicants.

In your brokerage appointment, the various after-sales services are detailed as determined by the medical fund.

Mooirivier Mediese Fondse (Pty) Ltd
Reg No: 2018/417415/07
(Directors:
E Schoch & SC Van Staden)

MOOIRIVIER™
MEDIESE FONDSE • MEDICAL AID

Walter Sisulu Street No. 11, Potchefstroom, 2531
Email: mooimed@mooirivier.com
Phone: (018) 294-8109
www.mooirivermedies.co.za

Section 1: General Customer details

Name and Surname		Tax number	
Telephone number	Email address	Cell phone number	
Commencement date When you would like to join a medical aid fund			

Section 2: Details of dependents and medical history

Description	**Current age**	**Identity number or birth date**	**Notes**
Main member			
Spouse			
Child 1			
Child 2			
Child 3			

Chronic conditions	Yes	No	If Yes, describe	Specify medication::
Medical expenses per month / Medical fund budget	□ R0-R2 000	□ R2 001-R6 000	□ R6 000+	
Any know medical condition or illness e.g. cancer/pregnancy	Yes	No	Description:	

Current medical aid scheme		Option	Contribution
Problems with current medical aid scheme.			

Particulars of previous medical aid schemes

Name of scheme	Membership nr.	Commencement date	Are you still a member?	End date if you have already resigned	Reason for resigning
		Y Y Y Y M M D D	**Y N**	Y Y Y Y M M D D	
		Y Y Y Y M M D D	**Y N**	Y Y Y Y M M D D	
		Y Y Y Y M M D D	**Y N**	Y Y Y Y M M D D	
		Y Y Y Y M M D D	**Y N**	Y Y Y Y M M D D	

Do you currently have any waiting periods, exclusions or late joining fees (LJP) on your current medical?
If YES, specify:

Mooirivier Mediese Fondse (Pty) Ltd
Reg No: 2018/417415/07
(Directors:
E Schoch & SC Van Staden)

MOOIRIVIER™
MEDIESE FONDSE • MEDICAL AID

Walter Sisulu Street No. 11, Potchefstroom, 2531
Email: mooimed@mooirivier.com
Phone: (018) 294-8109
www.mooirivermedies.co.za

Section 3: Advice record:

Extent of coverage required	Limited / STATE (please describe):	
	Extended / NETWORK (please describe):	
	Specific / PRIVATE (please describe)	
Requirement	□ Require an affordable scheme □ Benefit design must allow for chronic benefits □ Benefit design should cater for a large family. □ Benefit design must not be too complicated □ Would like to make use of international travel cover □ Full medical aid □ Take part in dangerous sport or work activity □ Hospital plan only □ Benefits must allow for the following special needs: _____ _____ _____	

Product or option change recommended by broker		**Reasons why this product suites customer's requirements**	

Section 4: new application or replacement (if applicable)
Advised to replace: □ Yes □ No. If Yes, please complete: Difference in costs (If applicable).

Waiting periods and penalties apply to new application or replacement product:

General waiting period of 3 months	Y	N	Unknown	Advised to replace: □ Contribution □ Benefits are better □ Administration is better □ Other, please describe: _____ _____
12 month waiting period on all current conditions	Y	N	Unknown	
Late joining fee	Y	N	Unknown	

Additional notes:

_____

_____

_____ _____
Client signature Date