

☐ I wish to add my partner as a dependant on my medical aid, as he/she is financially dependent on me for family care and support. He/she is not self-sufficient.

Full first name Relationship
Surname Income of dependant
Identity number
Personal circumstances of dependant

☐ I wish to add my spouse as a dependant on my medical aid, as we are customary married

Full first name Relationship
Surname Income of dependant
Identity number
Personal circumstances of dependant

SECTION 2 : To be completed by the parent of dependant when adding a grand child dependant

I,
Identity number hereby declare that I am the parent of the person in the table and that
 (insert name of main member) is financially and otherwise responsible for
him / her and wants to add him/her as a dependant on my membership of SAMWUMED.

Thus declared on this day of 20 at

I know and understand the contents of the declaration. I have no objections to taking the prescribed Oath. I consider the Oath binding on my conscience. So help me God.

Signed:

Main member SAMWUMED _____

Date

Parent _____

Date

The above-mentioned statement was made by the deponent and the deponent knows and understands the contents of the statement. The statement was sworn by the deponent and his/her signature placed thereon in my presence on this day

of in

Signature of Commissioner of Oaths _____

STAMP BY COMMISSIONER
OF OATHS

Identity number

Initial