



2019 Option Change / Additional Product Form

Administrators (Pty) Ltd
An authorised financial services provider – FSP: 26848

Call Centre: 010 021 0260
Fax: 086 683 1913
E-Mail: newbus2@curaadmin.net

Section 1: To be completed by the Principal Member

Cura Policy Number	<input type="text"/>	ID Number	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>	Cell	<input type="text"/>
E-mail Address	<input type="text"/>		
Medical Scheme	<input type="text"/>	Medical Scheme Option	<input type="text"/>
I wish to change my Cura option to	<input type="checkbox"/>	I wish to add the following Cura product	<input type="checkbox"/>

Please select an option below by inserting an "X" in the appropriate block

Cura GapCo Sub CA Plus R494.00 pfp	<input type="checkbox"/>	GapCo Sub Cover R350.00 pfp	<input type="checkbox"/>	GapCo MRI Cover R324.00 pfp	<input type="checkbox"/>
Cancer Cover R167.00 pfp	<input type="checkbox"/>	Life & Health B R240.00 pfp	<input type="checkbox"/>	Funeral A R88.00 pfp	<input type="checkbox"/>

Additional Broker Fee:

I herewith authorise that an additional Broker Fee with intervals of R5.00 (minimum R10.00) can be debited from my bank account

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Member's Signature _____

Date _____

Health Declaration:

Did your or any of the eligible dependants' health status change in the last 12 months? Yes No

If yes, please provide details below

Name of insured	Details of known existing medical condition	Date of last treatment

Member's Signature _____

Date _____