

# International Student Application form

2012

**For office use only**

Broker Code	<input type="text"/>	Broker House	<input type="text"/>
Group number	<input type="text"/>	Institution code	<input type="text"/>
Provider's practice number	<input type="text"/>		
Provider's practice name	<input type="text"/>		

**Section 1: Your application details**

**Please note: Application form can be submitted to [studenthealth@momentum.co.za](mailto:studenthealth@momentum.co.za). For assistance, simply call 0860 102 493. You could also visit [www.ingwehealth.co.za](http://www.ingwehealth.co.za).**

**Compulsory documents to be submitted with your application:**

- Copy of your Passport
- Letter of acceptance from the academic institution where you will be studying in South Africa
- Proof of payment (See banking details on page 2)
- If you are under the age of 18 years, please attach a letter confirming your legal guardian in South Africa. Your legal guardian must sign Section 5

Membership start date	<input type="text"/> 0 <input type="text"/> 1 - <input type="text"/> M <input type="text"/> M - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y	Membership end date	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y	Number of months	<input type="text"/> M <input type="text"/> M
How would you like to receive your membership card?	<input type="checkbox"/> Post to member	<input type="checkbox"/> Send to campus	<input type="checkbox"/> Send to branch	<input type="checkbox"/> Other <input type="text"/>	

Please specify \_\_\_\_\_

**Section 2: Main member particulars**

Passport Number	<input type="text"/>	Country in which passport was issued	<input type="text"/>
Name of Institution where studying	<input type="text"/>		
Campus	<input type="text"/>	Student Number	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
		Surname	<input type="text"/>
Date of birth	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	First name	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Cellphone number	<input type="text"/>	Cellphone Network Provider	<input type="text"/>
Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>
Email address	<input type="text"/>		
Can you access the internet on your cellphone?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, you will receive a link to the Momentum Health mobisite via SMS			
Marital Status (mark with X where applicable)	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law

**Address in South Africa**

Postal address	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>
Residential address	<input type="text"/>		
	<input type="text"/>		Postal code <input type="text"/>

### Section 3: Dependant particulars

**Please note: Please complete an Addition of Dependents form, if you wish to add dependants to your membership.**

### Section 4: Choose your option

Ingwe Option

Chronic and Day-to-day provider

CareCross

Prime Cure

Access Option

Chronic and Day-to-day provider

CareCross

Medicross

Prime Cure

### Section 5: Statement by applicant

I \_\_\_\_\_ hereby state that:

1. Should I be enrolled as a member of Momentum Health, I will subject myself to the rules of Momentum Health.
2. The information furnished herein is completely true to the best of my knowledge and conviction. No relevant information has been omitted. If after my admission to Momentum Health, it is found that any statement of information furnished by me was knowingly and willfully inadequate or untrue, I agree to refund in full to Momentum Health all payments which Momentum Health may have made on my behalf and to relinquish any claim to any benefits on the part of Momentum Health.
3. I irrevocably grant my permission to any physician, person or party who may be in possession of, or obtain information concerning my health, or that of my dependants, to divulge such information to Momentum Health, also after my death.
4. I undertake to pay any amount due to Momentum Health, on demand. Failure to pay any debt due to the Scheme may result in suspension of membership and/or handover to a third party for collection.
5. I will call the designated service provider Netcare 911 on 082 911, when I need an ambulance.
6. I will call 0860 102 493 for Client Service Pre-authorisation treatment enquiries.
7. I hereby state that I understand the benefits of my option.
8. I hereby grant permission to Momentum Health's Administrators to forward any details relevant to my membership status, to me via SMS technology.
9. I hereby declare that I do not earn a taxable income of more than R500 per month.
10. For female applicants: I understand that if I am pregnant at the time of joining Momentum Health, I will have a 12-month exclusion for pregnancy and related conditions.

Signature of applicant

Date    -    - 2 0

**For applicants under the age of 18:**

I \_\_\_\_\_ will be acting as the applicant's guardian in South Africa.

Signature of guardian

Date    -    - 2 0

### Banking details (Please use your passport number as reference when you deposit your contribution)

Name of bank: First National Bank  
Account holder: Momentum Health Student Account  
Account no: 62127765371  
Branch code: 223626  
Branch name: Corporate Account Services: Durban  
Swift code: FIRZAJJ

Name of bank: ABSA  
Account holder: Momentum Health  
Account no: 4060933128  
Branch code: 632005  
Branch name: Killarney  
Swift code: ABSAZAJJ