

UMVUZO HEALTH MEMBERSHIP CHECKLIST

ALL ITEMS TO BE TICKED PRIOR TO SENDING THE DOCUMENTS TO: membership@umvuzohealth.co.za	✓
	✗
	N/A

Is the form duly completed?

Date of permanent employment	
Scheme starting date	
Scheme option	
Address	
Contact details	
Disclosure form: Illness conditions (Please tick on the man if any of the conditions apply to you or your dependants. Please initial and sign both sides of the form. If you have NONE of these conditions, please cross out over the man and write NONE. Please initial and sign even if you have NO conditions.)	
Member signature and date	
HR signature, stamp and date	
Is everything readable on the form	
Copy of ID, passport, date of birth, certificate of previous membership (If applicable), etc attached.	
Did you check on the MIP/Dashboard system prior to submitting the form to ensure that changes have not already been loaded?	
For cancellations: Effective date at end of a month and reason for resignation. If member is not satisfied with the scheme, enquire and educate immediately.	
PLEASE NOTE THAT THIS FORM MUST ACCOMPANY MEMBERSHIP APPLICATIONS AND AMENDMENTS	

Name of employer	
Employee number	
Company	

Employee Signature _____

Date	Y	Y	Y	Y	M	M	D	D
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