

UMVUZO HEALTH UNDERWRITING REQUIREMENTS

Employer

In terms of Umvuzo Health's Restricted Scheme Eligibility:

What sector does the Employer Group fall under (e.g Food, Retail, Education, Mining, Steel, Manufacturing, Hospitality etc.)

Is Medical Aid voluntary or compulsory?

Voluntary

Compulsory

Join Date

Does the group have more than 100 employees? If there are less than 100 employees (not less than 50), will it be compulsory membership for all staff on Umvuzo only?

Yes

No

100 to 200

200 to 300

300 to 400

400 to 500

500+

(If more than 500, please specify)

Please indicate national footprint of client (branches), if any?

Yes

No

Number

What is the total number of employees with access to medical aid or Umvuzo Health?

Please provide Excel data of all active employees including ID numbers or birth dates and salaries.

Dependant detail is optional for underwriting decision and can be sent as the number of Adult dependant and child dependants.

If a quote is also required, please submit main member and dependant details and salaries in order to map the options.

Split risk or Umvuzo only? If split risk, who are the other Scheme/s?

What is the company subsidy?

R

%

Do all employees have the option to join Umvuzo, or a certain category of employees? If so, please specify

Will staff be able to choose from all Umvuzo plans or specific plans only?

QUOTATION

Please select plans from below, for Quote Required.

Plan Types	Plans Required
Activator	
Ultra Affordable	
Standard	
Supreme	
Extreme	

If income is not provided for Ultra Affordable we will default to the Highest Income band.

Exact income needs to be provided individually for each member on the quote request, no request will be completed if multiple income bands have been requested for the same member.