



Principal Member Personal Information

Surname:			Full Name:		
ID/Passport Number:			Date of Birth:		
Gender:	☐ Female ☐ Male	Marital Status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed		
Company Name:			Employee Number:		
Branch:			Home Language:		
Preferred Delivery Address:					
Contact Number:	Cell:		Work:		Emergency:
Email Address:			Spouse Contact Number:		

Dependants Details

Spouse:			ID/Passport Number:		
Ethnic Group:	☐ White ☐ Black ☐ Coloured ☐ Indian ☐ Other	Gender:	☐ Female ☐ Male	Relation:	
Dependant 1:			ID/Passport Number:		
Ethnic Group:	☐ White ☐ Black ☐ Coloured ☐ Indian ☐ Other	Gender:	☐ Female ☐ Male	Relation:	
Dependant 2:			ID/Passport Number:		
Ethnic Group:	☐ White ☐ Black ☐ Coloured ☐ Indian ☐ Other	Gender:	☐ Female ☐ Male	Relation:	
Dependant 3:			ID/Passport Number:		
Ethnic Group:	☐ White ☐ Black ☐ Coloured ☐ Indian ☐ Other	Gender:	☐ Female ☐ Male	Relation:	
Dependant 4:			ID/Passport Number:		
Ethnic Group:	☐ White ☐ Black ☐ Coloured ☐ Indian ☐ Other	Gender:	☐ Female ☐ Male	Relation:	
Dependant 5:			ID/Passport Number:		
Ethnic Group:	☐ White ☐ Black ☐ Coloured ☐ Indian ☐ Other	Gender:	☐ Female ☐ Male	Relation:	

Dependent Rates:

(Indicate the amount of dependants in the allocated space)

	☐ NBCPSS Healthcare	
Spouse:	R265	☐ Only 2 legal spouses allowed.
Adult Dependant:	R265	☐ Children up to 21 years.
Child Dependant:	R120	☐
Total Premium:	R	Inception Date:

Declaration

I, hereby request and authorise you to deduct from my salary the above mentioned amount or any other variable amount pertaining to this agreement. These deductions from my salary shall be treated as though they have been authorised by me personally.

Signature of Eligible Member:

Date:

DD | MM | YYYY

How to return this Form

Please attach a certified copy of the birth certificate and/or identity document. Additional documents may be required and will be confirmed with the Eligible Member.

The completed form can be:



EMAIL ADDRESS

employer@nbcpshealth.co.za

Note: Please be informed the dependants premium will be at your own cost.

For any queries please contact



EMAIL ADDRESS FOR GENERAL ENQUIRIES
info@nbcpshealth.co.za



WHATSAPP
083 231 6771



CALL CENTRE
0861 888 662

