



# Cimas Medical Aid Society

**Harare Head Office:** Cimas House, Cnr. Jason Moyo Ave and Harare Street, P.O. Box 1243, Harare, Zimbabwe. Phone 263-04-777300-15. Fax 753567

**Cimas Bulawayo:** Suite 4 Medical Centre, Cnr. Josiah Tongogara Street and 8th Ave, P.O. Box 5, Bulawayo. Phone 263-09-64876, 72318

**Cimas Gweru:** No. 23 Sixth Street, P.O. Box 1402, Gweru. Phone 054-226178

**Cimas Mutare:** Cimas House, 98 Second Street, P.O. Box 712 or 2560, Mutare. Phone 020-67703, 67639 Fax 020-67795

www.cimas.co.zw

Toll Free 0801 222 4627

## APPLICATION FOR MEMBERSHIP

Only new applicants should complete this form

Please read the notes on the back of this form before completing

### BLOCK A : EMPLOYER / ACCOUNT HOLDER DETAILS (Block A to be completed by Account Holder only)

Name of Employer / Account Holder:						Registration Date:	D	D	M	M	Y	Y	Y	Y
Employer / Account Holder Number:						Employer / Account Holder Authorisation:								

### BLOCK B : MEMBER DETAILS

Surname:				First Name:				Initials:			Title:	Mr	Mrs	Ms	Dr	Prof
ID Number				Sex		Date of Birth						Race: eg African				
				M	F	DAY		MONTH		YEAR						
						D	D	M	M	Y	Y	Y	Y	Y	Y	
Residential Address:										E-mail:						
										Bus.ph: Code		No				
										Home.ph: Code		No				
										Cell:						

### BLOCK C : PLEASE INDICATE THE PACKAGE YOU WISH TO JOIN :-

BASICARE	PRIMARY	GENERAL	PRIVATE HOSPITAL	MEDEXEC	OTHER please specify e.g. HEALTHSAV
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### BLOCK D : ELECTRONIC FUNDS TRANSFER

NAME OF BANK OR BUILDING SOCIETY:..... BRANCH:.....

BRANCH CODE: 

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 A/C NO.: 

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Should the Society erroneously deposit money into my account I hereby authorise the Society to deduct such money from my account

### BLOCK E : FAMILY MEMBERS TO BE INCLUDED (attach extra sheet if required)

First Name	Surname	Date of Birth							Sex	Relationship to Member	Name of Doctor
		D	D	M	M	Y	Y	Y			

### BLOCK F : DETAILS OF PREVIOUS MEDICAL AID (Please attach certificate of membership of last medical aid if any)

Name of Medical Aid Insurance	Scheme / Option	Membership No.	From	To

### BLOCK G : MEDICAL HISTORY : Have you/your spouse/any of your dependants suffered from any of the following:

Cancer	Psychiatric Conditions	Hypertension	Diabetes	Leprosy
Renal Disease	Cardio-vascular Problems	Epilepsy	Asthma	Other.....

If any of the above applies or if any other condition is present please give details of condition, when it was first diagnosed and any treatment being taken

Name and Address of Doctor:

### BLOCK H : DECLARATION AND SIGNATURE

I hereby certify that the information given above is correct and true and in all respects. I agree that should this application for membership be accepted, the contract between myself and the Society shall be strictly governed by the rules, regulations and benefits, as amended from time to time by the Society. I authorise the deduction from my salary of the monthly subscriptions due in respect of myself and my dependants.

I hereby authorise Cimas to access my medical records from any health service provider for any reason whatsoever.

I further declare that these dependant(s) do not suffer from any conditions, not declared.

NB. Please read notes on Block G overleaf before signing this form.

Date .....

Member's Signature .....

**NOTES FOR COMPLETION OF APPLICATION FOR MEMBERSHIP**

You should only complete this form if you are currently not a Cimas member, or if you are currently registered as a dependant on someone else's medical aid and now wish to become a member in your own right. Please complete the "Amendment Form" if you are an existing member and wish to change any of your membership details, or to add new dependants.

**Block A - Account Holder / Employer Details**

This section should be completed by the person who will be responsible for paying your contributions - either the account holder, or your employer. Employers should put the company's stamp on the form to show it has been approved. The account holder number is the number which appears on the billing invoice. If you are becoming an account holder at the same time as registering as a member, you should submit a completed Account Holder application form along with your membership application. Cimas will enter the Account Holder number on this form for you.

*Date of registration* is the date from which the membership should begin. Membership begins on the first day of the month and ends on the last day of the month. Applications must be received by the 25th day of the month for registration to be effective from the following month.

**Block B - Details of Principal Member**

The details of the principal member should be entered here. Settlement advice slips and cheque refunds will be made out to this person. Please enter these details as they appear on your identity document as you may be asked to produce this along with your membership card when you see providers of health services.

*Race* is required for statistical purposes only. State eg:- African, Asian, European etc.

**Block C - Package choice**

Cimas offers a variety of packages. Please tick the appropriate box for the package you wish to join. This should be approved by your employer if you are joining through a company.

**Block D - Electronic Funds Transfer**

The Society has an ELECTRONIC FUNDS TRANSFER facility that allows members' claims to be paid directly into their Commercial Bank or Building Society accounts. This facility ensures that the refunded money is immediately available to the member while also reducing the turn around time for claims. All members must register for this facility. Prospective individual members without bank details will not be registered.

**Block E - Family members**

Family Members - you may include your spouse, your children, in certain circumstances, other family members. The Society may request a medical report before accepting other family members as dependants.

*Relationship to member* - describe the relationship of the dependant to the principal member. Spouse and child are normal dependants - anyone else - mother, father-in-law etc. is considered to be an "other dependant".

A child over the age of 18 may be classified as a student provided they are studying full-time. Evidence of this is required. Otherwise such a child will be classified as an "other dependant".

**Block F - Previous Medical Aid Cover**

If you have previously been a member of another medical aid society or have had health insurance cover elsewhere, please give details.

**Block G - Medical History**

You need to inform the Society, if you, or any of the family members you are registering, is currently undergoing, or likely to require medical treatment. It is very important that you disclose all information here as failure to do so may result in your membership being terminated.

**WAITING PERIODS ON CERTAIN BENEFITS**

Generally all waiting periods apply to members joining the Society for the first time. Where there has been a lapse in membership or transfer from NAMAS affiliated medical aid societies, the Society reserves the right to waive. Waiting periods for haemodialysis, chemotherapy, ex-gratia and orthodontic will only be waived on application by the member. These waiting periods include:-

SIX (6) MONTHS	NINE (9) MONTHS	TWELVE (12) MONTHS	TWENTY FOUR (24) MONTHS
Specialist treatment	Maternity	Specialist Letter of Guarantee	Internal Prosthetic Devices
Hospitalisation of a non-emergency nature		Homes providing constant nursing care	Haemodialysis
Cold (Planned) Surgery		Spectacles/Contact Lenses	Chemotherapy
Computer Tomography (CT Scans)			
Magnetic Resonance imaging (MRI) Scans			