

**CHRONIC DISEASES ADD-ON**

**APPLICATION FORM**

**Name of Account Holder:** .....

**Account Holder No. / Firm No.:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Physical Address:** .....

.....

**Postal Address:** .....

.....

**Business Telephone No.:** ..... **Fax No.:** .....

**E-mail Address:** .....

**Name of Contact Person:** .....

**Date of Commencement:** .....

I agree that should this application to register for the Chronic Diseases Add-on be accepted, the contract between this organisation and the Society shall strictly be governed by the rules, regulations and benefits as amended from time to time by the Society. I hereby authorise registration of this organisation for the Chronic Diseases Add-on.

**N.B. PLEASE READ THE NOTES BELOW BEFORE SIGNING THIS FORM**

**NAME OF AUTHORISING PERSON:** .....

**POSITION:** .....

**SIGNATURE:**..... **DATE:** .....

**NOTES:**

1. This form should only be completed if you are already a Cimas account holder and wish to be registered for the Chronic Diseases Add-on.
2. If the application is accepted, all members on the firm's account, who are on Medexec, Private Hospital, HEALTHGURAD and General, will automatically be registered for the Chronic Diseases Add-on benefit. Special arrangements can be made for members on Basicare and Primary packages.
3. Members joining Medical Aid for the first time will be subject to a two-year waiting period for this benefit.
4. The Chronic Diseases Add-on provides cover for HIV/AIDS treatment.
5. Members will continue to enjoy their normal medical aid package benefits with the Society.