

NOTES FOR COMPLETION OF AMENDMENT APPLICATION FORM

You should only complete this form if you are an existing Cimas member. Please complete this form, if you wish to change any of your membership details, or to add new or to remove old dependants.

NB: All additional members should be below the age of 60 years if joining the Society for the first time, unless if they are transferring from a NAMAS Affiliated Medical Aid Society.

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.

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 before the last 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. The principal member is required to write down his current membership number.

Race is required for statistical purposes only eg African, Asian, European etc.

Block C - Choosing your Choice Package

Cimas offers a variety of traditional 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 - Family Member/Dependants

Family Members - you may include your spouse, your children, or in certain circumstances, other family members. The Society may request a medical report before accepting other family members as dependants. If you choose to be on Healthguard Package please write the name of your dependants' doctor.

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 E - 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.

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