BULAWAYO HEAD OFFICE

MASCA House, 2 Eleventh Avenue P. O. Box 1776, Bulawayo Tel: +263-9-63274, 880829-33. E-Mail: marketing@masca.co.zw

A) PERSONAL DETAILS (PLEASE PRINT)

Website: www.masca.healtcare

COMPANY NAME:



HARARE OFFICE
MASCA House
37 College Road
Cnr Harry Pichanick
Alexandra Park
P.O. BOX A 842
Avondale

Avondale Tel: 263-4-744291/307/323/325 Fax: 263-4-744336 marketinghre@masca.co.zw

APPLICATION FOR MEMBERSHIP

(COMPLETE ALL SECTIONS)

PLEASE SEE PRE-BENEFIT WAITING PERIOD SCHEDULE

This form should be submitted with the monthly return for companies already registered with us.

NB: Persons over 60 years of age, not acceptable.

MEMBERSHIP START DATE

PRINCIPAL MEMBER: FIRST NAME(S): (EMPLOYEE)				SURNAME: AGE:			
POSTAL ADDRESS:	TAL ADDRESS:			TELEPHONE (W):	PHONE (W): (H):		
HOME ADDRESS:	S: EMAIL:						
DATE OF BIRTH:	SEX: M	F MARI	TAL STATUS:	SINGLE MARRI	ED DIVORCED [WIDOWED	
I. D. NUMBER:	WEIGHT (KG):			HEIGHT (CM):			
HOME LANGUAGE:	OCCI	JPATION:		INDUSTRY (e.g; MINING)			
ARE YOU COVERED BY ANY OTHER INSURANCE POLICIES: ROAD ACCIDENT:- i) FULL THIRD PARTY FIG. NO COMPANY'S NAME: ii) FULLY COMPREHENSIVE YES NO COMPANY'S NAME:							
NEXT OF KIN - NAM	E IN FULL:			TELEPHONE (W):	(H):	
ADDRESS:	: EMAIL:						
B. ELECTRONIC DATA: (F.C.A.) FOREIGN CURRENCY ACCOUNT (US\$)							
BANK:	ACCOUNT NUMBER:						
ACCOUNT NAME: SWIFT CODE: BRANCH CODE:							
PREVIOUS MASCA MEMBERSHIP NUMBER (if any)							
NAME OF MED AIDNUMBER							
Scheme applied for CLASSIC SCHEME: *(Written application only) ** PRINCIPAL * CLINIC HOSPITAL PLAN ONLY PRINCIPAL CHRONIC STANDARD SELECT							
heath INTERNATIONAL GROUP LIMITED EXTERNAL COVER	COMBO SUPREMA PACKAGE	PREMA PRIMA PRIMA form for HEALTH INTERNATIONAL (HI)				pplication	
C. PLEASE ENTER BELOW DETAILS OF THE APPLICANT (PRINCIPAL MEMBER) AND ALL DEPENDANTS TO BE INCLUDED IN THIS APPLICATION FOR MEMBERSHIP							
SURNAME	FIRST NAMES	DATE OF SEX	I. D. NUMBE	R WEIGHT/ HEIGHT	DOCTOR'S NAME	RELATIONSHIP TO PRINCIPAL MEMBER	
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				/			
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				/			
				/			