

EMF Medical Aid Society

ZIG Membership Form

TYPE OF Form (tick appropriate)

Application ☐Change ☐**Harare Branch**

3rd Floor Engineering House
88 Rezendes Street, Harare, Zimbabwe
P.O.Box 1922, HARARE
Tel: 0242 775 144 / 734 538 / 759 962 / 780 437 / 775 145
Whatsapp: +263 718 571 570
Email: emfsecretary@emfmedicalaid.com
Website: www.emfmedicalaid.com

Bulawayo Branch

95 G.Silundika Street
P.O.Box 130, Bulawayo
Tel: (09) 881172/3
Email: emfsecretary@emfmedicalaid.com

Zvishavane Branch

Cell: 0712 123 570
0712 125 380

Kwekwe Branch

Shop No. 4
First Mutual Life Centre
R. G Mugabe Way
P.O.Box 1720
Kwekwe
+263 (5525), 22006, 23475

FOR EMF USE ONLY

		Member No.		Date Effective		Member's Contribution	
M/F		Payment advice to member (YN)		N.E.C GRADING			

(*) Member Category

(*) Required Fields (Application will not be successful if any are left out)

1. Member DETAILS

(*) Surname:	(*) First Name(s):	Initials:	(*) Title	Miss/Mr./Mrs./Dr/Prof
(*) ID Number	(*) Sex	(*) Date of Birth		
Residential Address:				
Town:		Suburb:		Address Line:
Contact Details:				
(*) Primary Phone:		Secondary Phone	Primary Email	Secondary Email
(*) Marital Status:			(*) Designation / Employment Title	
(Married, Single, Divorced, Widowed, Separated, Life Partner, Unknown)				

1.1 DEPENDANT DETAILS

(*) First Name:	(*) Surname:	(*) Date of Birth:	(*) Sex:	(*) Relationship to Member	Type of Change	(*) ID Number:	(*) Phone Number
		D D M M Y Y Y Y					
1							
2							
3							
4							

1.2 (*) PLEASE INDICATE THE PACKAGE YOU WISH TO JOIN

Diamond Plus	Diamond	Platinum	Gold	Silver	Bronze	Family	I require medical cover from Date: _____
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(*) Name of Bank or Building Society: _____

(*) Branch:	(*) Account Number:
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Should the society erroneously deposit money into my account I hereby authorise the Society to deduct such amount from my account

2. DETAILS OF PREVIOUS MEDICAL AID (Please attach certificate of membership of the last medical aid society)

Name of Medical Aid Society	Scheme	Membership No.	From	Date	To	Date

3. MEDICAL HISTORY (Have you/your spouse/any dependants suffered from any of the following)

Cancer	Cardio Heart Problems	Arthritis	Hypertension	Diabetes	Renal Problem
Psychiatric	Epilepsy	Asthma	Leprosy	Other	

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

Name and Address of Doctor: _____

Complete Declaration on Reverse

MEMBERSHIP FORM

4 I AM EMPLOYED BY _____ DATE COMMENCED _____
MY LAST EMPLOYER WAS _____ DATE LEFT _____
ARE YOU SELF EMPLOYED ? Y/N _____ ARE YOU UNEMPLOYED ? YES/NO _____

5 I AM EMPLOYED AS _____ (JOB TITLE)
NEC GRADING _____
OTHER (state nature of employment) _____

Cross out the inapplicable

6 RETIRED PERSONS ONLY: Date retirement commenced _____ Membership No. _____
Retired from (name of firm) _____
PERIOD OF MEMBERSHIP From: _____ To: _____

7 DECLARATIONS

Declared by member

I declare that the information given to be correct and that the dependant's name is/are wholly dependant upon me. I authorize my employer to deduct from my wages /salary all subscriptions due to the fund and any amount due, in full or in part as agreed by the council, by Stop Order in terms of Rules for the Fund and to pay such amounts to the council. I agree to be bound by the rules for the council.

Date: _____

Signature: _____

Employer's declaration applicable

I confirm the above to be employed by me in the capacity stated and acknowledge his/her authorization as above

Date commenced with Firm _____ Employer's Signature: _____

8 DATA PROTECTION & PRIVACY

EMF Medical Aid Society processes personal and health information in accordance with the **Cyber and Data Protection Act [Chapter 12:07]** for membership and claims administration. Information may be shared with authorised healthcare providers where necessary.

☐ I consent to the processing of my personal and health information by EMF Medical Aid Society in terms of the Cyber and Data Protection Act [Chapter 12:07].

NOTE: All members forms to be sent to EMF, P.O. BOX 1922, HARARE