



MEDICAL SCHEME QUOTE REQUEST

Intermediary Code Date

A. Client Details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Age

Name Surname

Contact Number Fax Number

E-Mail Province

B. Medical Aid Details

Are you currently on a medical scheme? Yes ☐ No ☐

Do you currently have a Health Care broker? Yes ☐ No ☐

What is your family size?

Are any of your dependants full time students? 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

Do you or your dependants use any chronic medication? Yes ☐ No ☐

Do you want cover for day-to-day expenses (eg. GP's, Dentists, X-rays) Yes ☐ No ☐

What is your current monthly income? R0 – R5000 ☐ R5 000 – R8 000 ☐ R8 000+ ☐

Can we provide you with information regarding GapCover? Yes ☐ No ☐

Comments

Fax to: 0866 827 495 or e-mail to quotes@medquote.co.za