

MEMBERSHIP APPLICATION CHECKLIST

- **All sections completed in full**
 - Personal details incl. gender, ID numbers, DOB, email address and telephone number
 - Start date
 - Bank details
 - Height and weight (for BMI)
 - Medical questionnaire completed
 - Details for questions ticked YES on medical questionnaire
 - Signature
- **Maximum entry age qualification**
- **Baseline test results for over 50years** ie: For any new applicants or transfers of members over the age of 50 years, or with an elevated BMI, we require the following:
Copies of all medical records from all attending doctors and /physicians
The following baseline health reports and diagnostics results need to be included as below:
Current Blood Pressure readings (within the last 3 months)
Current Lipid Profile (within the last 3 months)
Current Hb1AC (within the last 3 months)

Males

PSA (within last year)

Females

- Mammogram (within last 12 months)
- Ultrasound of breast (within last 12 months only if fibroadenosis present)
- Bone density (within last 12 month) and PAP smear (within last 12months)

1. Are you currently or were you covered by another medical aid prior to this application? Y / N

a. If YES, which one?

b. If YES, what is your reason for changing?

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2. Who recommended you to Alliance Health?

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3. Are any of your immediate family (spouse, children) on any other medical aid? (Either other providers or with us on a different package/scheme) YES NO

a. If YES, please specify

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