



2021 Option Change / Additional Product Form

Administrators (Pty) Ltd

An authorised financial services provider – FSP: 26848

Call Centre: 010 021 0260

Fax: 086 6831913

E-Mail: newbus2@curaadmin.co.za

Section 1: To be completed by the Principal Member

Cura Policy Number	<input type="text"/>	ID Number	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>	Cell	<input type="text"/>
E-mail Address	<input type="text"/>		
Medical Scheme	<input type="text"/>	Medical Scheme Option	<input type="text"/>
I wish to change my Cura option to	<input type="checkbox"/>	I wish to add the following Cura product	<input type="checkbox"/>

Please select an option below by inserting an "X" in the appropriate block

Ultimate Cover	<input type="checkbox"/>	Advanced Cover	<input type="checkbox"/>	Standard Cover	<input type="checkbox"/>	Basic Cover	<input type="checkbox"/>
Cancer Cover	<input type="checkbox"/>	Life & Health B	<input type="checkbox"/>	Funeral A	<input type="checkbox"/>		

Did you receive any advice from your broker, regarding this option change? Yes No

Additional Broker Fee:

I herewith authorise that an additional Broker Fee with intervals of R10.00 (minimum R20.00) can be debited from my bank account

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Member's Signature _____

Date _____

Health Declaration:

Did your or any of the eligible dependants' health status change in the last 12 months? Yes No

If yes, please provide details below

Name of insured	Details of known existing medical condition	Date of last treatment

Member's Signature _____

Date _____