RI FINANCIAL MANAGEMENT SERVICES (PTY) LTD

Appropriate Medical Aid Questionnaire



Current Medical Aid

Scheme Provider

Member Since

Premium

Option

Continues Membership in years

At Application stage, all membership certificates would be

needed

Main member information

Full Names

ID number

Passport number

Contact Details

Work Contact Number

E-mail

Postal Address

Surname

Date of Birth

Monthly Income

This is required for income level plans

Home Contact Number

Cell phone

Physical Address

Dependants

Spouse

Full Names

ID Number

Current medical needs or condition

Surname

Adult Dependants

Full Names, Surname and Date of Birth

Current medical needs or condition

Child Dependants

Full Names, Surname and Date of Birth

Current medical needs or condition

What is important to be covered? Do you need Chronic medication? if YES - What medication is needed (Chronic - Prescribed medication that you need for continues period.)	Yes	No
What is your current spend per month on Chronic Medication?		
Do you visit your GP often? If YES - How often?	Yes	No
Do you prefer you current GP? If YES - Do you know with whom is he/she contracted with?	Yes	No
Do you need specific or specialised Dental Care? If YES - Elaborate please.	Yes	No
Do you need Day-to-Day expenses? (Doctors Visits, Dentists, Acute Medication) Do you need specific or specialised Eye Care? If YES - Elaborate please.	Yes	No
Do you travel abroad often? Where do you travel to?		
Which hospitals are near your frequent areas?		
Do you have Emergency Savings available?		
Any other special requirements that you want to mention?		

Preferred Medical Scheme and Options to consi	der?
What monthly premium are you looking at?	
I have completed and provided RI Financial Mar	nagement Services (PTY) Ltd with the required
Authorisation Letter or RI Financial Management Services (PTY) Ltd is m	ny Appointed FSP.
RI Financial Management Services (PTY) Ltd has Solutions (FSP: 13475) as their fulfillment partne	a referral agreement with MedQuote which in turn use Optivest Healther.
MedQuote - They prepare all the quotes and ad MedXpert - Client services with a dedicated Pri	vice relating to the quotes. vate Client Manager to assist you with your active Medical Aid.
I could anticipate to be contacted by them to co Scheme or Plan options.	nfirm my information and to provide me with advice relating to the
Please take note of the following:	CMS Frequently Asked Questions
Late Joiner penalty - When you are 35 and older the schemembership to a scheme by way of your membership cerepenalty bands	eme can impose the late joiner penalty. You have to show proof of continues rtificates.
After age 35, years of no cover	Maximum penalty
1 - 4 years	0.05 x monthly contribution
5 - 14 years 15- 24 years	0.25 x monthly contribution 0.50 x monthly contribution
25+ years	0.75 x monthly contribution
Waiting periods - The scheme can impose a general 3 mocondition-specific waiting period. While in the waiting period the scheme will not pay for an	onth wating period which could include or exclude PMB and or 12 month my benefits.
I herewith give consent to RI Financial Managem Services to be able to provide me with related se	nent Services (PTY) Ltd to provide my information to Optivest Health ervice.
Signed on (Date) (Place	ce) (Year)
Signature of Main member	

