

5: Benefit grouping details

Please indicate which benefits you would like to take by ticking the applicable box/boxes below:

Benefit option	Add benefit	Remove benefit
Day-to-day benefit	<input checked="" type="checkbox"/>	
Accident and emergency cover	<input type="checkbox"/>	<input type="checkbox"/>
Hospital cash and maternity lump sum benefit	<input type="checkbox"/>	<input type="checkbox"/>
Funeral benefit	<input type="checkbox"/>	<input type="checkbox"/>

6: Employee application acceptance

By signing this form I hereby confirm that I am aware that the requested changes will have a direct impact on the monthly premiums payable in terms of the benefits selected.

Signature of employee	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of employer authorised signatory	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>