

Becoming an employer contact

Contact details

Tel: 0860 002 133 • www.sabmas.co.za

This is an application form to become an employer contact.

Who we are

SAB Medical Aid (referred to as 'the Scheme'), registration number 1209, is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the Administrator') is a separate company and an authorised financial services provider and is responsible for the administration of your membership on behalf of the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it digitally.
2. Please email this completed and signed form with any supporting documents to membership@sabmas.co.za.
3. To avoid any delays, please make sure that this application is completed in full and signed.

By signing this application, you confirm that the information provided is true and correct.

1. Employer details

Employer name										
Employer number										
Postal address										
☐ Suite	☐ PostNet suite	Box number								
☐ PO Box	☐ Private Bag	Number								
Suburb										
City								Postal code		
Physical address (If your post is delivered to your street address, please complete these details under physical address)										
Unit/Suite number					Complex/Building					
Street number					Street name					
Suburb										
City								Postal code		

2. Employer contact details

Is this a new Employer contact?	Yes ☐	No ☐
Is this a replacement Employer contact?	Yes ☐	No ☐
If yes to replacement of Employer contact, complete the below so the Employer contact that is being replaced can be removed.		
Title		Initials
Surname		
First name(s) (as per identity document)		
ID or passport number		Date of birth

3. Please complete this section for a new Employer contact

Title		Initials		
Surname				
First name(s) (as per identity document)				
Gender	M ☐	F ☐	Date of birth	
ID or passport number				
Telephone		Cellphone		
Email				
Job title				
Signature of Employer applicant			Signature of direct report or manager	
Print name			Print name	
Date			Date	