

Weight, height and blood pressure reading

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life

Permanent identity/passport number

Date of birth

Financial adviser's name

Broker house code

Permanent identity number

Yes

No

Telephone

Financial adviser code

Telephone

2: Blood pressure

(All readings to be taken in recumbent posture)

Please note: Momentum will not pay for the completion of this form if this form accompanies a UNDERW001 (Confidential medical report).

Height (without shoes) cm

Weight (with clothes) kg

Waist circumference cm

Female insured lives: Are you currently pregnant?

Yes

No

First reading

Time

 : : Systolic/Diastolic / mmHg

If the blood pressure is above 140/90, record a second and third reading every 10 minutes.

Second reading

Time

 : : Systolic/Diastolic / mmHg

Third reading

Time

 : : Systolic/Diastolic / mmHg

Comments:

3: Verification of the identity of the insured life

Medical practitioner's name Initials

Address

Year of first qualifying Telephone

Qualifications

HPC registration number Practice number

I, the undersigned, declare that I have taken due and proper care to verify the true identity of the insured life and have witnessed his/her signature and I have inspected the insured life's:

Identity document

Temporary identity document

South African passport

Foreign passport

Driving licence

Signature of insured life

Signature of medical doctor or registered nurse

Date

Date