

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

Postal code

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 Date

Signature of medical doctor or registered nurse Date

We pay according to the Momentum fixed rate.

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