

# Maternity Program Application



## Contact details

Tel: 0860 002 133 • PO Box 10436, Johannesburg, 2000 • www.sabmas.co.za

## 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.

3Sixty Health (Pty) Ltd, registration number 1978/001109/07, is an accredited administration and managed care service provider responsible for administration of your membership on behalf of the Scheme.

## How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. Please send your signed and completed form to [maternity@sabmas.co.za](mailto:maternity@sabmas.co.za)
3. Please contact 0860 002 133 or email [info@sabmas.co.za](mailto:info@sabmas.co.za) for any queries.

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

### 1. About Yourself (main applicant)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership number	<input type="text"/>				
Tel No.	<input type="text"/>				
Population group:					
<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> White	<input type="checkbox"/> Asian	

### 2. Expectant Mother

#### General Information

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First name(s) (as per identity document)	<input type="text"/>					
Residential / Postal address	<input type="text"/>				Code	<input type="text"/>
Email	<input type="text"/>					
Tel No.	<input type="text"/>					

#### Medical Information

Weight	<input type="text"/>	Height	<input type="text"/>	Smoke	<input type="checkbox"/>	Alcohol consumption	<input type="checkbox"/>	Exercise	<input type="checkbox"/>
Details of any allergies <input type="text"/>									
Do you have any chronic condition <input type="checkbox"/> No									
If yes, please provide details of condition and treatment <input type="text"/>									

### CURRENT PREGNANCY

First day of menstrual cycle  Expected date of delivery Date

Are you experiencing any chronic medical conditions during this pregnancy? Yes  No

If yes, please provide details of condition and treatment

### PAST PREGNANCY/PREGNANCIES

Number of times pregnant  Number of children you have

Have you in the experienced  Miscarriage  Stillbirth  Ectopic pregnancy

Have you previously experienced  Miscarriage  Stillbirth  Ectopic pregnancy

Did you experience any complication during and/or after the birth of your child(ren)?  Yes  No

Did you have any medical condition during your past pregnancy/pregnancies  Yes  No

Did your child(ren) have any complications or medical condition after birth  Yes  No

Did you breastfeed or bottled feed?  Breast  Bottle

### 3. Treating Doctor

Surname  Initials

Practice number

Email

Tel No.

### 4. Scheme Declaration

As SABMAS we are strongly committed to protecting your personal data. We are required by POPIA to explain why and how we collect, use, and disclose your personal information, which may include health and financial information. SABMAS and its administrator (3Sixty Health (Pty) Ltd) will keep your information supplied to us in this application confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for the following purposes:

- a) Administration of your health care option;
- b) Provision of managed care services to you;
- c) Providing relevant information to a contracted third party;
- d) To profile and analyse risk;
- e) For research purposes and;
- f) To comply with legislation.

Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relationship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time, please check our website to inform yourself of any changes.

Member signature

Date

### 5. Broker Details

Broker

Full names

Tel No.

Email