ROTHAUGE
...for health and wellness

FAMILY ENROLLMENT FORM

Principal Member Passport	Spouse s Passport	Child 1 Passport	Child 2 Passport	Child 3 Passport	Child 4 Passport

NOTE: kindly affix recent photographs, following sequence as stated.

Company Name: TecHopper Staff ID/Number_____

Enrollee Name: Surname _____ First Name _____ Other Name _____

Birth Date (DD/MM/YYYY) _____ Religion: _____ Marital Status: _____ Sex: _____

Job Title: _____ Mobile No: (1) _____ (2) _____

Residential Address: _____

Email: _____ Health Plan type: _____ Genotype & Blood Group: _____

Choice of Hospital: _____

State any Pre-Existing Medical Condition (Diabetics, Hypertension, Sickle cell, Cancer, Kidney Issue, Other&)

_____

_____

Dependents Details

SPOUSE

Full Name_____

Birth Date (DD/MM/YYYY)_____ Sex_____

Choice of Hospital_____

Pre-existing conditions_____

Occupation_____

Telephone No_____

CHILD 1

Full Name_____

Birth Date (DD/MM/YYYY)_____ Sex_____

Choice of Hospital_____

Pre-existing conditions_____

Telephone No_____

CHILD 2

Full Name_____

Birth Date (DD/MM/YYYY)_____ Sex_____

Choice of Hospital_____

Pre-existing conditions_____

Telephone No_____

CHILD 3

Full Name_____

Birth Date (DD/MM/YYYY)_____ Sex_____

Choice of Hospital_____

Pre-existing conditions_____

Telephone No_____

CHILD 4

Full Name_____

Birth Date (DD/MM/YYYY)_____ Sex_____

Choice of Hospital_____

Pre-existing conditions_____

Telephone No_____

DECLARATION

I, &&&&&&&&&&&&&&&&&&the assured, do hereby declare

that all the foregoing answers are true, that I have not concealed

nor withheld anything with which the assurer should be acquainted

with in order to assess my eligibility for health insurance.

Are there any additional facts affecting the risk of assurance

on your health of which the company should be made aware?

Yes_____ No _____ If Yes, State details: &&&&&&&&&&&

I agree that these and all statements I have made or shall make to the assurer or to its medical examiner(s) in connection with this or previous proposal(s) shall be the basis of this contract.

Client Signature _____ Date _____

ROTHAUGE HEALTHCARE LIMITED