

FAMILY ENROLLMENT FORM

ROTHAUGE HEALTHCARE LIMITED

Principal Member Passport	Spouse s Passport	Child 1 Passport	Child 2 Passport	Child 3 Passport	Child 4 Passport
NOTE: kindly affix recent photograp	hs, following sequence as s	stated.			1
Company Name: <u>TecHopper</u>	Staff ID/Number				
Enrollee Name: Surname	First Name _		Other Name		
Birth Date (DD/MM/YYYY)	Religior	n: N	/larital 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		·	·		
Dependents Details					
SPOUSE			LD 1		
Full Name			Name		
Birth Date (DD/MM/YYYY)			n Date (DD/MM/YYYY)		Sex
Choice of Hospital			ice of Hospital		
Pre-existing conditions			existing conditions		
Occupation		Tele	ephone No		
Telephone No					
CHILD 2			LD 3		
Full Name			Name		
Birth Date (DD/MM/YYYY)			n Date (DD/MM/YYYY)		Sex
Choice of Hospital			ice of Hospital		
Pre-existing conditions			existing conditions		
Telephone No			ephone No		
CHILD 4			CLARATION		
Full Name		·	&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&	•	
Birth Date (DD/MM/YYYY)			all the foregoing answers		
Choice of Hospital			withheld anything with whic		cquainted
Pre-existing conditions			with in order to assess my eligibility for health insurance.		
Telephone No			Are there any additional facts affecting the risk of assurance		
		on y	our health of which the cor	mpany should be made aw	are?
I agree that these and all statements I shall be the basis of this contract.	have made or shall make to tl		No If Yes, S		
Client Signature		Dat	<u>م</u>		