

FAMILY ENROLLMENT FORM

Client Signature _______
ROTHAUGE HEALTHCARE LIMITED

Principal Member Passport	Spouse s Passport	Child 1 Passport	Child 2 Passport	Child 3 Passport	Child 4 Passpor
NOTE: kindly affix recent photograp	ohs, following sequence as s	tated.			
Company Name: _ TecHopper _			Staff ID/Numb	per	
inrollee Name: Surname		First Name	Other Name		
irth Date (DD/MM/YYYY)	Religion		Marital Status:		
ob Title:	Mobile No: (1) _		(2)		
esidential Address:					
mail:		Health Plan type:	Genotype	& Blood Group:	
hoice of Hospital:					
state any Pre-Existing Medical Condition	ion (Diabetics, Hypertension, S	Sickle cell, Cancer, Kidr	ney Issue, Other&)		
Pependents Details					
POUSE		C	CHILD 1		
ıll Name		F	Full Name		
rth Date (DD/MM/YYYY)	Sex	E	Birth Date (DD/MM/YYYY)		Sex
noice of Hospital		C	Choice of Hospital		
e-existing conditions		F	Pre-existing conditions		
ccupation		Т	Telephone No		
elephone No					
HILD 2		C	CHILD 3		
ıll Name		F	Full Name		
rth Date (DD/MM/YYYY)	Sex	E	Birth Date (DD/MM/YYYY)		Sex
noice of Hospital		C	Choice of Hospital		
re-existing conditions		F	Pre-existing conditions		
elephone No		Т	Telephone No		
HILD 4			DECLARATION		
ıll Name		I,	, &&&&&&&&&&&&&&&&&&&&&&&&	&the assured, do hereby d	eclare
rth Date (DD/MM/YYYY)	Sex	th	hat all the foregoing answers	s are true, that I have not c	oncealed
noice of Hospital		n	nor withheld anything with wh	nich the assurer should be	acquainted
e-existing conditions	with in order to assess my eligibility			gibility for health insurance).
To existing conditions		Δ	Are there any additional facts	affecting the risk of assura	ance
elephone No			on your health of which the c	ompany should be made a	ware?