

## 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	stated.				
Company Name: <u>TecHopper</u>	Staff ID/Number					
Enrollee Name: Surname	First Name _		Other Name			
Birth Date (DD/MM/YYYY)	Religion	n: N	Marital Status:	Sex:		
Job Title:	Mobile No: (1) _		(2)			
Residential Address:						
Email:		Health Plan type:	Genotype 8	Blood Group:		
Choice of Hospital:						
State any Pre-Existing Medical Condition		·	·			
Dependents Details						
SPOUSE		СНІ	LD 1			
Full Name		Full	Name			
Birth Date (DD/MM/YYYY)	Sex	Birth	n Date (DD/MM/YYYY)		Sex	
Choice of Hospital		Cho	ice of Hospital			
Pre-existing conditions		Pre-	existing conditions			
Occupation		Tele	ephone No			
Telephone No						
CHILD 2		СНІ	LD 3			
Full Name		Full	Name			
Birth Date (DD/MM/YYYY)	Sex	Birth	n Date (DD/MM/YYYY)		Sex	
Choice of Hospital		Cho	ice of Hospital			
Pre-existing conditions		Pre	existing conditions		_	
Telephone No		Tele	ephone No			
CHILD 4		DEC	CLARATION			
Full Name		1, &8	8888888888888888888	the assured, do hereby de	clare	
Birth Date (DD/MM/YYYY)	Sex	that	all the foregoing answers a	are true, that I have not co	ncealed	
Choice of Hospital		nor	nor withheld anything with which the assurer should be acquainted			
Pre-existing conditions		with	with in order to assess my eligibility for health insurance.			
Telephone No		Are	there any additional facts a	affecting the risk of assurar	nce	
		on y	on your health of which the company should be made aware?		are?	
		Yes	No If Yes, S	State details: &&&&&&&&	&&	
I agree that these and all statements I shall be the basis of this contract.	have made or shall make to t	he assurer or to its medica	l examiner(s) in connection	with this or previous propo	osal(s)	
Client Signature		Date	ے			