

# MedicAlert® APPLICATION FORM

## HOW TO BECOME A MEMBER?

Please complete this form and *mail with your payment* to:

MedicAlert, P O Box 4841, Cape Town, 8000. Print or type clearly.

For more information call Medic Alert on (021) 425-7328 or fax (021) 425-6654

MEMBERSHIP No.( IF APPLICABLE) ..... YES NO  
 SURNAME ..... INITIALS .....  
 HOME ADDRESS ..... TITLE .....  
 .....  
 POSTAL ADDRESS .....  
 .....  
 PHONE: HOME ( ) ..... WORK ( ) .....  
 E-MAIL ADDRESS .....  
 CELL No. ....  
 BIRTH DATE ..... ID NUMBER .....  
 DOCTOR'S NAME .....  
 DOCTOR'S PHONE No. ....  
 MEDICAL AID .....  
 MEMBERSHIP No. ....  
 HOSPITAL PLAN .....  
 MEMBERSHIP No. ....  
 PREFERRED HOSPITAL .....  
 HOSPITAL FOLDER No.....

## EMERGENCY CONTACTS (FRIEND, RELATIVE)

SURNAME ..... INITIALS ..... TITLE .....  
 POSTAL ADDRESS .....  
 .....  
 PHONE: HOME ( ) ..... WORK ( ) .....  
 CELL No. ....

## ADDITIONAL PERSON TO CONTACT (preferably not at same address)

SURNAME ..... INITIALS ..... TITLE .....  
 HOME PHONE ( ) .....  
 WORK PHONE ( ) .....  
 CELL No. ....

## MEDICAL CONDITIONS & MEDICATION TO BE ENGRAVED ON DISC

.....  
 .....  
 .....

# Medical Aid details on emblem: Yes No

RECORDS ONLY: .....

# Medical Aid details frequently change, and thus would require a new emblem (at member's cost) if details are engraved. The alternative wording would be *On Medical Aid*, and the details kept on our database.

Engraving space is limited by size of emblem. Small bracelet: 60 spaces. Large bracelet: 90 spaces. Necklace: 95 spaces. Dog tag: 114 spaces. Always leave one space between words.

## JOINING/MEMBERSHIP FEES

R190 Joining fee R60 annually TOTAL R

**NB** Joining fee includes first stainless steel emblem (mark size below), PVC wallet card & first year's membership fee.

Platinum R160 pm Classic R180 pa TOTAL R

## EMBLEM ORDER FORM

Select your style of emblem by crossing the block that matches the code. In the event of a change taking place as far as emblems and chains are concerned, any payment received reflecting the old price will be taken on account and the balance owing will be requested.

### • Stainless steel

A1 Small B/let A2 Large B/let TOTAL R

A3 Neck TOTAL R

1, 2 and 3 are R125 for Re-issue (Includes PVC card)

A5 New Dogtag (Single) Additional R30 TOTAL R

A6 New Dogtag (Double) Additional R45 TOTAL R

### • Sterling Silver

B1 Small arm disc R292 Disc & chain R462 TOTAL R

B2 Large arm disc R448 Disc & chain R638 TOTAL R

B3 Neck disc R286 Disc & chain R457 TOTAL R

B4 Charm Bracelet Disc only R220

Small link R374 Large link R555 TOTAL R

### • Gold [9 carat] {Prices subject to change, due to fluctuation in gold price}

C1 Small disc R1175 Disc with chain R2270 TOTAL R

C2 Large disc R1680 Disc with chain R2950 TOTAL R

C3 Neck disc R1280 Disc with chain R2530 TOTAL R

C4 Charm Bracelet Disc only R840

Small link R1890 Large link R2675 TOTAL R

**All gold & silver discs are sent per Speed Post/Courier after processing. Kindly add R65.00 to your remittance for posting and handling in S.A. only. Please contact our office for costs to other countries. (For gold & silver bracelets, please specify total length - including disc - of bracelet required)**

### • Velcro Straps (Recommended for Sports) and Ambrace – Please add Postage

Velcro and stainless steel R170 Velcro Only R45 R

Ambrace and steel disc R170 Ambrace Only R45 R

PVC Wallet Card only R25 R

Postage R

MED-e-KEY R90 (Please add postage) R

DONATION R

TOTAL R

For safe delivery of stainless steel emblems, it is advisable to pay for Registered Post (R30.00) or Speed Post /Courier (R65.00). Please add this to your order

Please allow 2 – 3 weeks for delivery.

**IMPORTANT:** By accepting membership of MedicAlert, you authorise MedicAlert® to release information in emergencies or to healthcare personnel whom you designate.

.....  
 Signature of member Date

Created July 2009

For over 40 years, MedicAlert® has been protecting people throughout South Africa from tragic and fatal mistakes in emergencies with their world-renowned MedicAlert® bracelet. By having your medical conditions engraved on your bracelet (and also on our database), doctors are forewarned of your medical conditions before they treat you and therefore mistakes are prevented.

**TO JOIN MedicAlert®**

Your MedicAlert® membership provides you with a personally engraved emblem with your personal membership and access to your medical records. The cost of joining is R190, which includes all services and your first year's subscription. An annual fee of R60 is charged to maintain a 24-hour hotline service and updating of your records when necessary.

**For Added Value:**

**MedicAlert Platinum\***

- 24-hr response, treatment & transportation by road and/or by air ambulance to the closest most appropriate medical facility
- Hospitalisation due to accidental injury
- Guaranteed admission into Mediclinic Hospitals
- Limited to R200 000 hospitalisation @ NHRPL Associated Services
- Out-patient benefit up to R10 000
- Only available to those under the age of 75.
- Only R160.00 per month

**MedicAlert Classic\***

- Medical transportation for any medical emergency to closest appropriate medical facility
- Access to 24-hr Emergency Contact Centre, including Trauma line, medical advice, Crisis counseling, etc.
- Only R180 annually

- Please contact the MedicAlert office for full details

**For more information regarding:**

Organ Donation – Call 0800 22 66 11 toll-free  
 Bone Marrow Donation – Call 021 404 6445  
 Living Will – Call 031 266 8511

CHEQUE    P.O.    CREDIT CARD  BANK DEPOSIT (Details below)
TOTAL AMOUNT ENCLOSED    R <input style="width: 100px;" type="text"/>

**Banking Details:**

ABSA , Heerengracht , Cape Town  
 Branch Code (for online banking): 632005  
 Account Number: 405 539 2303  
 Account Name: MedicAlert

Use your membership number or Name & Area of residence as the reference & fax copy with application form.

**DEBIT ORDER**

In order to assure automatic renewal of your Medic Alert membership, please complete the debit order details below: **(Please note: Debit orders should not be used for payment of discs, as there is a delay of at least a month in processing, due to bank procedures).**

**AUTHORISATION FOR DIRECT DEBIT**

I ..... the undersigned, hereby authorise Medic Alert to debit my current, savings or transmission account as set out below.

I furthermore understand and accept the following conditions in respect of this authorisation.

1. That my account be debited with ..... on the 1<sup>st</sup>/15<sup>th</sup> day of .....(month) annually.
2. This authorisation will continue until we receive written notification to discontinue.
3. I undertake to keep Medic Alert informed regarding changes to my account at all times.

**BANKING DETAILS (COMPLETE IN BLOCK LETTERS)**

NAME OF BANK/BUILDING SOCIETY.....  
 BRANCH NAME.....  
 BRANCH CODE (6 DIGITS).....  
 TYPE OF ACCOUNT (I.E. CURRENT/SAVINGS/ TRANSMISSION)  
 .....  
 ACCOUNT NUMBER.....

Please attach a cancelled cheque for bank identification purposes

..... Date .....

<b>CREDIT CARD DETAILS</b>	
VISA    MASTER	
CARD No.	
EXPIRY DATE	SECURITY CODE
STRAIGHT	BUDGET (No. of months .....)
AMOUNT TO BE DEDUCTED	R <input style="width: 100px;" type="text"/>
SIGNATURE .....	

MedicAlert is a Section 21 Company  
 Registration No. 2002/008563/08  
 PBO No. 930 013 464

**ORGAN DONOR REGISTRATION FORM**  
**OPTIONAL FOR VOLUNTEER DONOR**

Please fill in and return to Medic Alert after discussing your decision with your next-of-kin.

I, the undersigned ..... do hereby donate any of the organs or tissue indicated hereunder, to any hospital or medical institution after my death, for the furtherance of medical science in transplant or any other surgery, for any of the purposes referred to in Section 4(1) of the Human Tissues Act, No 65 of 1963.

**MARK WITH AN 'X'**

Heart	Skin	Lungs
Liver	Kidneys	Bone
Cornea	Pancreas	Pacemaker

Signed at..... this ..... day of ..... yr ....

Witnesses 1 ..... 2 .....

Signature of donor.....