

SMILESURE APPLICATION FORM



IMPORTANT

- Complete all sections in BLACK INK.
- Attach a copy of the main applicant's SA ID or passport.
- Incomplete forms will not be accepted.

FOR OFFICE USE ONLY

Membership No.: _____ Inception Date: _____ Approval: _____
Name: _____ Date: _____
Signature: _____ Status (tick): Single Single with children Married Married with children

A – PERSONAL DETAILS OF APPLICANT (Main Member)

(Attach ID/passport copy)

Surname: _____ Title: _____ First Name(s): _____
ID/Passport No.: _____ Date of Birth: _____
Gender: Male Female Marital Status: Married Single Divorced
Tel (W): _____ Cell: _____ Tel (H): _____
Physical Address: _____
Postal Code: _____ Email: _____
Are you or your dependants currently on another medical aid/insurance? Yes No
If yes, provide scheme name: _____

B – EMPLOYMENT DETAILS (if applicable)

Employer Name: _____ Occupation: _____
Employment Date: _____ Physical Address: _____
Postal Code: _____ HR Contact No.: _____
Billing Method: Employer Deduction Debit Order Other: _____
Employer Stamp: _____ Signature: _____ Date: _____

C – DEPENDANTS (if applicable)

(Attach ID/passport copy for each)

Dependant 1 (Spouse/Partner)

Surname: _____ Title: _____ Name(s): _____
ID/Passport No.: _____ Date of Birth: _____ Gender: Male Female

Dependant 2 (Child)

Surname: Title: Name(s):
ID/Passport No.: Date of Birth: Gender: Male Female

Dependant 3 (Child)

Surname: Title: Name(s):
ID/Passport No.: Date of Birth: Gender: Male Female

Dependant 4 (Child)

Surname: Title: Name(s):
ID/Passport No.: Date of Birth: Gender: Male Female

(Add additional pages if more dependants)

D – PLAN SELECTION

SmileSure Standard

Includes day-to-day dental care and emergency relief, including trauma-related treatment.

SmileSure Standard Plan – Single Member Option (R55 per month)

SmileSure Standard Plan – Family Option (R195 per family per month)

SmileSure Enhanced

Includes all SmileSure Standard benefits, with increased benefit limits and higher payouts for both routine and emergency dental treatment.

SmileSure Enhanced Plan – Single Member Option (R65 per month)

SmileSure Enhanced Plan – Family Option (R225 per family per month)

E – PAYMENT DETAILS

Payment Method:

Debit Order Credit Card Employer Deduction (if employer sponsored)

Account Holder Name: ID:

Mobile: Email:

Bank: Account No.: Branch:

Type: First Debit Date: Salary/Income Date:

Signature of Account Holder:

F – DISCLOSURES

SmileSure^[1.1] is underwritten by Guardrisk Insurance Company Limited (1992/001639/06), a licenced non-life insurer ("Guardrisk")

FSP No. 75. and administered by Employee Benefits, a registered and authorised financial services provider FSP No. 46244.

SmileSure and Essential Employee Benefits is insurance based and is NOT a medical aid.

G – APPLICANT DECLARATION

I, _____, apply for myself and my dependants (if any) to be registered on the SmileSure Enhanced Plan, and understand the obligations and conditions.

Signed at: _____ on this _____ day of _____ 20____

Signature:

Email form to: info@eeb.co.za