



**HERITAGE
HEALTH**
We care about your health

INFORMATION REQUIRED
FOR
QUOTATION OF EMPLOYER GROUPS

- Full names of principal member
- Date of Birth of the principal member
- Date of Birth of the spouse
- Number of children under 18
(If children above 18 we will require proof of full-time student)
- Name of current medical aid fund
- Name of option under the medical aid fund
- Current monthly premium or contribution

Alternatively: A copy of the monthly remittance statements on which the contributions are paid to the medical aid fund(s)