

Employee Health Plan Application Form

Employer-Subsidised
(up to R16 000 p/m)

Self-Funding
(Over R16 000 p/m)

Adding
Dependent

1. Employee Number

2. Initials

3. Full Names

4. Surname

5. ID Number

6. Date of Birth

7. Country of Origin

8. Email Address

9. Paypoint

10. Cell Number

10. Province

11. City

12. Postal code

13. Gender

14. Country of Origin

Beneficiaries

1. Initials

2. Full Names

3. Surname

4. ID/ Passport Number

5. Gender

7. Date of birth

9. Physical Address

10. Relation to employee

Beneficiaries

1. Initials

2. Full Names

3. Surname

4. ID/ Passport Number

5. Gender

7. Date of birth

9. Physical Address

10. Relation to employee

Submit to Enrolment & Customer Support

- Email: bonvie@abovax.com
- WhatsApp Chat: 082 820 1984

Document to be included:

- Proof of Bank Account
- 3 Months Bank Statement
- Copy of ID/ Passport for dependents
or
- Copy of unabridged birth certificate
for child dependents

Beneficiaries

1. Initials

2. Full Names

3. Surname

4. ID/ Passport Number

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Please note cut off dates for form submission :

This application form should be submitted to BHealthi Abovax on the 10th of the month, for benefit activation in the following month.

E.g. For example, an employee submitted their application form on the 10th of February 2026, the benefit activation will be in March 2026.

Benefit Activation Date

Employee Signature

Date of signing

Submit to Enrolment & Customer Support

- Email: lancetehp@abovax.com
- WhatsApp Chat: 082 820 1984

Document to be included:

- Copy of ID/ Passport for dependents
or
- Copy of unabridged birth certificate for child dependents
- Copy of Latest Payslip