



RAND WATER

Medical Aid Membership Details Update

Dear Member

Please provide the Scheme with the following so we may update your Personal Details

Medical Aid Number _____ Board Number _____

Principal Member Name _____

Principal Member Surname _____

Site : _____

Residential Address : _____

Postal Address : _____

E-mail Address Work : _____

Home : _____

Phone Number Work : _____

Home : _____

Cell : _____

NB Please attach copies of ID /Birth Certificate, including that of dependents if applicable
If you've changed banking details, please attach letter from the bank with your new banking details

Please return the above to the Medical Aid via:

E-mail : RWMED@randwater.co.za or

Fax : 011 682 0671 or

Paper : Medical Aid Department or Medical Aid Box at Reception

Yours Faithfully

Rand Water Medical Aid Scheme