

g	High blood pressure, hypertension (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia)		
h	Problems with the placenta (such as abruptio placentae or placenta previa)		
i	Labor pains more than 3 weeks before my baby was due (preterm or early labor)		
j	Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])		
k	I had to have a blood transfusion		
l	I was hurt in a car accident		

5. If you are currently experiencing any of the above, please tell us which. (Indicate a,b,..) [_____]

MEDICAL DECLARATION (for self and Spouse)

Please indicate by ticking if you or your spouse, are suffering from / being treated for any of the following:

	SELF	SPOUSE
Diabetes		
Cancer		
Hypertension		
Sickle Cell Disease		
Bronchitis or Asthma		
Rheumatic fever		
Malaria		
Tuberculosis		
Hepatitis B		
Any STDs		
Any operation in the last 5 years (C/Section)		

If the answer to any of the above is **YES**, please give details.

.....

SERVICE AGREEMENT

Case Medicare hereby agrees to provide and the Client hereby agrees to utilize the medical services outlined in this package at the Hospital at its above address.

Case Medicare hereby warrants that it will diligently provide such services to the Client to the best of its ability using accepted scientific methods as and when required to do so by the Client.

The Client hereby undertakes to pay for any additional services rendered to him which exceed the financial limits of the contractual terms and benefits.

The Client hereby understands that membership fees are not redeemable 60 days after inception of cover. If termination, for whatever reason occurs within 60 days, membership fees are refundable, less the cost of treatment received by the Client during that period plus an administrative charge of 5% of the membership fee.

Signed by the Client: _____ **Date:** _____

Signed & Stamped by;
Case Medicare _____ **Date:** _____