

Application for registration of newborn baby 2018



Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Purpose of the form

Thank you for deciding to register your newborn baby on your Discovery Health Medical Scheme membership. This document is an application form to register your newborn baby on your Discovery Health Medical Scheme membership.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally by using Microsoft Word.
- All relevant sections must be physically signed by the main applicant and cannot be signed digitally. The main applicant must sign and date any changes.
- Fax the completed and signed form to **011 539 3000** or email it to **application@discovery.co.za**.
- Please attach a copy of the birth certificate for your newborn baby.

When you sign this application, you confirm that you have read, understood and agree to the rules for membership, which can be found on www.discovery.co.za

If you have any questions, please let us or your financial adviser know. Once we have assessed your application, we will let you know if your newborn has been accepted and what will happen next.

Please note:

For us to accept your newborn baby without any conditions you must register your newborn or newly adopted baby within 90 days of his or her birth or adoption and cover must start from date of birth or adoption. You will have to pay increased contributions from the first day of the month following the month of birth or adoption, and benefits will accumulate from the date of birth or adoption. If you are applying after 90 days from birth or adoption of your baby or you want cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the Scheme. You will need to complete a different application called "Application to add a dependant to the Discovery Health Medical Scheme."

Please register your newborn with the department of Home Affairs within 21 days from birth and give Discovery Health Medical Scheme a copy of the birth certificate as soon as possible.

1. Main member's details

Title _____ Initials _____ Surname _____
First name(s) (as per identity document) _____
Preferred name _____ Gender ☐ M ☐ F Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

ID or passport number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Membership number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2. Newborn's details

1. First name _____ Surname _____
ID number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Gender ☐ M ☐ F Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Is the newborn your biological child? ☐ Yes ☐ No Is the newborn adopted or fostered? ☐ Yes ☐ No
If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2. First name _____ Surname _____
ID number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Gender ☐ M ☐ F Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Is the newborn your biological child? ☐ Yes ☐ No Is the newborn adopted or fostered? ☐ Yes ☐ No
If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

DHMSNB06

3. First name _____ Surname _____

ID number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Gender ☐ M ☐ F Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Is the newborn your biological child? ☐ Yes ☐ No Is the newborn adopted or fostered? ☐ Yes ☐ No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

If you have a KeyCare Plus or KeyCare Access Plan, you need to choose a GP from the KeyCare GP Network for your newborn as it may be different from the GP(s) you or your dependants previously chose. Please fill in the details of the GP you have chosen for your newborn below.

Newborn name**	GP name	Practice number								Second GP name*	Practice number							
		N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N
		N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N
		N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N
		N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N
		N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N

Please note: you can only access day-to-day cover and chronic benefits through the KeyCare general practitioner(s) you chose above.

Parent 1 Surname

First name(s) (as per identity document)

Preferred name

Gender ☐ M ☐ F

Date of birth

Y

Y

Y

Y

M

M

D

D

Parent 2 Surname

First name(s) (as per identity document)

Preferred name

Gender ☐ M ☐ F

Date of birth

Y

Y

Y

Y

M

M

D

D

I, _____ (first name and surname), the main member, request that the newborn(s) on this form be added to my health plan as a registered dependant(s). I also confirm that all the information given here is true and correct to the best of my knowledge and belief.

Signature of main applicant _____ The main applicant must sign and date any changes.

! Please only sign if information is true, complete and correct.

Name _____

Designation _____ Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

DHMSNB06