Application for registration of newborn baby 2024

Discovery Health Medical Scheme

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, 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.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, **www.discovery.co.za**, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

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 biological newborn or newly adopted baby on your Discovery Health Medical Scheme membership. This form is applicable for new born babies up until the age of three months. This document is valid for 90 days from date of signing it. Make reference to the footnote that indicates the expiry date of the form. Download the latest version of all forms from **www.discovery.co.za**, under Medical Aid > Find important documents and certificates.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally. You can access a list of the approved digital signatures from www.discovery.co.za, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main member. The main member must sign and date any changes.
- Provision is made in this form to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.
- Email the completed and signed form to **application@discovery.co.za**.
- Please attach a copy of the birth certificate for your newborn baby.

When you sign this application, you also accept our terms and conditions for membership 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 of the outcome of your application 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 Discovery Health Medical Scheme." Download the latest version of all forms from **www.discovery.co.za**, under Medical Aid > Find important documents and certificates.

1. Main member's details

Title | Initials

First name(s)

Surname

Date of birth D D M M Y Y Y Y

ID or passport number | Membership number

2. Newborn's details

1. First name(s) | Surname

ID or passport number | Gender ☐ M ☐ F

Race | African ☐ | Coloured ☐ | Indian/Asian ☐ | White ☐ | Other ☐ | Do not want to disclose race ☐

Date of birth | D D M M Y Y Y Y

Is the newborn your biological child? ☐ Yes ☐ No | Is the newborn adopted ? ☐ Yes ☐ No

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

2. First name(s) | Surname

ID or passport number | Gender ☐ M ☐ F

Race | African ☐ | Coloured ☐ | Indian/Asian ☐ | White ☐ | Other ☐ | Do not want to disclose race ☐

Date of birth | D D M M Y Y Y Y

Is the newborn your biological child? ☐ Yes ☐ No | Is the newborn adopted ? ☐ Yes ☐ No

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

3. First name(s) | Surname

ID or passport number | Gender ☐ M ☐ F

Race | African ☐ | Coloured ☐ | Indian/Asian ☐ | White ☐ | Other ☐ | Do not want to disclose race ☐

Date of birth | D D M M Y Y Y Y

Is the newborn your biological child? ☐ Yes ☐ No | Is the newborn adopted ? ☐ Yes ☐ No

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

3. Please only select a GP if you have a KeyCare Plus or KeyCare Start Plan

If you are on KeyCare Plus or KeyCare Start 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

**Please make sure that the information you give above is the same as the information in section 2 of this form.

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

4. Declaration

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.

Signed at (town or city) on D D M M Y Y Y Y

Signature of main member

The main member must sign and date any changes.

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

5. Approval from employer (Please complete only if applicable to your employer group)

Name SANDY MULLER

SIGNATURE/COMPANY STAMP

Designation PAYROLL MANAGER Date D D M M Y Y Y Y