Application to transfer an existing member to an employer group 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, PO Box 784262, Sandton, 2146, **www.discovery.co.za**, 1 Discovery Place, Sandton, 2196.

Purpose of the form

If you are an existing Discovery Health Medical Scheme main member transferring to another employer, you need to complete this form. This form may only be used if you have had no break in cover between your current membership and joining your new employer. 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 documents and your certificates.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on **www.discovery.co.za** under Medical Aid > Find documents and certificates > Application forms.
- The main applicant must sign and date any changes.
- Email the completed and signed form to **administration@discovery.co.za**.

1. Main policy holder details

Title	
Initials	
First name(s)	
Surname	
Membership number	
Employee number	
Current plan type	
New Plan type (if applicable)	
ID or passport number	
Date of birth	D D M M Y Y Y Y
Telephone (W)	
Cellphone	
Current email	
New email (if applicable)	

2. New employer details

Employer name	PERNOD RICARD	Date of employment	D D M M Y Y Y Y
Employer number	3116434	Effective date of transfer	D D M M Y Y Y Y
Branch name	JOHANNESBURG	Branch number	01

3. Employer warranty (employer contact person to complete)

I acknowledge the transfer of the policy holder to the employer group.

Employer contact name	SANDY MULLER
Designation	PAYROLL MANAGER
Employer contact signature	
Date	D D M M Y Y Y Y

Please note that this form expires on 31/03/2025. Updated forms are always available at www.discovery.co.za under **Medical Aid** > **Find documents and certificates**.

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Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

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4. Rules of membership

When you sign this document, you confirm that you have read and understood the rules of membership and you agree that all information provided on this form is correct. The full set of Scheme Rules is available on **www.discovery.co.za/medical-aid/scheme-rules**. You acknowledge and appoint the financial adviser contracted by your employer from time to time for all matters related to your membership.

Should you not want to appoint the financial adviser contracted by your employer, please contact your employer. The new employer will explain the terms of employment of their company.

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

Signature of main member _____

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