

# Application for registration of newborn baby

Broker House Name: Aon South Africa (Pty) Ltd

Broker House Code: 1004785125

Broker Code: 1020031108

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. It also contains some rules for membership. Please make sure you read and understand the rules.

## What you must do

- Fill in the form in black ink, using one letter per block. Please print clearly.
- Please make sure the main applicant signs this application and dates 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 and understood the rules for membership and agree to them.**

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 baby within 90 days of his or her birth and **cover must start from the date of birth**. If you do not register your baby sooner than 30 days but within 90 days from date of birth, you have to pay backdated contributions. If you are applying after 90 days from birth of your newborn baby or you want the 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".

## 1. Main member's details

Membership number

ID or passport number

Member's surname

Member's name

## 2. Newborn's details

2.1 First name(s)

Surname

ID number

Date of birth         Sex

Is the newborn your biological child? Yes  No  or 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.

2.2 First name(s)

Surname

ID number

Date of birth         Sex

Is the newborn your biological child? Yes  No  or 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.

2.3 First name(s)

Surname

ID number

Date of birth         Sex

Is the newborn your biological child? Yes  No  or 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.

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

If you have a KeyCare Plus or KeyCare Access Plan, you need to choose a GP 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

\* If you live far away from where you work or you often need to work in different towns or provinces, your newborn may need a second GP. Please only choose a second GP if this applies to you.

\*\* 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. Parents' details

Parent 1 surname  Sex of parent 1  M  F

Parent 1 first name

Parent 2 surname  Sex of parent 2  M  F

Parent 2 first name

### 5. 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 to the best of my knowledge and belief.

Signed at (town or city)  on  2  0  Y  Y  M  M  D  D

Signature of main member

The main member must sign and date any changes

### 6. Approval from employer (if applicable)

Name

Signature/  
Company stamp

Designation  Date  Y  Y  Y  Y  M  M  D  D

Please register your newborn with the department of Home Affairs within 21 days from birth and give Discovery Health (Pty) Ltd a copy of the birth certificate as soon as possible. You can obtain a shortened birth certificate from Home Affairs on the same day. A full birth certificate will take about six to eight weeks to issue.

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