

newborn registration form

It is very important that you submit this form to Fedhealth within 30 days of your baby's date of birth. Failure to do this may result in underwriting being applied.

Email completed form to update@fedhealth.co.za or fax to Fedhealth membership (011) 671-3647

SECTION 1 DETAILS OF PRINCIPAL MEMBER

First name/s: _____ Initials and surname: _____

Membership no: _____

SECTION 2 REGISTRATION OF NEWBORN BABY

Date of birth: _____ Gender: _____

Initials: _____ First name/s: _____ Surname: _____

ID/passport number: _____

A notification of birth (received from the hospital) or a copy of the birth certificate is required

Maxima Basis, Maxima Basis^{Grid}, Maxima Saver, Maxima Saver^{Grid}, Maxima EntrySaver, Maxima Dynamic Saver and Blue Door Plus members are required to nominate a FP from the Fedhealth network for themselves and their dependants. Please note that only visits to a nominated FP will be covered on these options. For a list of FPs on the Fedhealth network visit www.fedhealth.co.za, click on member tools and you will find the FP locator button on the page. For a list of FPs on the Blue Door Plus FP network, please contact the Customer Contact Centre on 0860 002 153.

NOMINATED FP DETAILS

Name	Practice number	Contact details

SECTION 3 EMPLOYER INFORMATION

Name of employer: _____ Division code: _____

Dept. name: _____ Fedhealth paypoint code: _____

Employee number: _____ Dependants subsidised: yes no

The above details have been noted and contributions will be adjusted in terms of the scheme rules on

and include arrears, if applicable.

Total current contribution: R _____ Total new contribution: R _____

Arrears (if applicable): R _____ Name of medical scheme/ salary administrator: _____

Designation: _____

Signature: _____ Date signed:

COMPANY STAMP

SECTION 4 DECLARATION BY PRINCIPAL MEMBER

I declare that to the best of my knowledge the information provided above is true and correct.

Signature of principal member

Date



Contact us on: **0860 tel arc / 0860 835 272**, P.O. Box 1874, Parklands, 2121, www.aon.co.za
 FSB number: 20555; CMS number: ORG895

Acknowledgement of appointment

I hereby authorise Aon South Africa (Pty) Ltd to be my duly appointed Broker with immediate effect.

My ID and membership number

I have also been informed of the commission due to Aon, payable by the medical scheme as part of my monthly contribution, is 3% of the contribution to a maximum of R80.00 excl. Vat per month. I have further been issued with a Statutory Notice and Section 13 certificate.

Signed at (town or city) on yy/mm/dd

Signature

Permission to make certain information available to Aon South Africa (Pty) Ltd

I give consent for the disclosure of information about me.

Membership number
 Medical Scheme Aon Broker Code
 Title Initials Surname
 First name(s) (as per identity document)
 ID or passport number

To clarify this, the following information will be made available:

Personal examples	Benefit examples	Financial examples	Medical examples
Membership number Date of birth ID number Postal and e-mail Address Contact details Physical address Telephone numbers	Plan type Medical Savings Account amounts available Medical Savings Account choice Scheme Rate or Cost Current Medical Savings Account spent Limits Waiting period: details Wellness benefits Self-payment Gap Above Threshold Benefit	Tax certificate and tax reports Banking details Total contribution and breakdown	Chronic indicator Chronic condition PMB Chronic condition details Confirmation of claims paid (excluding amount and paid from where) Claims transaction history Hospital procedures Procedures codes Procedures done in doctor's rooms paid from Hospital Benefit

I hereby also authorise Aon South Africa (Pty) Ltd to provide me with any products that they consider appropriate to me.

Yes No

Signed at (town or city) on yy/mm/dd

Signature