

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. Please note a newborn baby is defined as a child of the main member or spouse born into the Scheme.

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

newborn registration form

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 (Family Practitioner) 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

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. I consent with the permission of my dependants that the Scheme may collect, use, process, retain and share my and my dependants Personal Information (PI) for the purpose of providing Medical Scheme benefits and managed healthcare services. This includes the collecting and sharing of my personal information with the Scheme's partners and facilities who are essential to the administration and membership process.*

Signature of principal member

Date

* You can access more details on the Protection of your Personal and Health Information on www.fedhealth.co.za. When you accept these terms and conditions you will allow us to provide your family with the full range of our Medical Scheme services.

