

# LA Health Medical Scheme Application Form 2010



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# Your LA Health application form

## 2010

You need to complete this form when you apply to join LA Health Medical Scheme.

Please tear off this section and keep it until you receive further communication from us about your application.

### Thank you for applying to join LA Health

Thank you for choosing LA Health to look after your health care needs.

**Before you send us this form please make sure your employer has stamped it to indicate that they are aware of your intention to join LA Health.**

### What happens next with your application?

Once you submit your application to us, here is what will happen:

- We capture and check your details.
- If there is any information missing, we will contact you by phone or in writing.
- To finalise your membership we may also speak to your broker about any other requirements.

### When we have accepted your application, you will receive communication from us

- We will SMS your membership number to you when we activate your membership
- We will also send you a new member welcome pack that will include the following items:
  - a welcome letter, which confirms the Benefit Option you have chosen and all other relevant details about your membership
  - your LA Health membership card
  - car stickers with our contact details in case of an emergency
  - a Benefit Brochure, which outlines the benefits available to you.

Once you receive written notification from LA Health Medical Scheme that your application is successful, please cancel your current medical scheme membership as it is illegal to belong to two medical schemes at the same time. If you have not heard from us seven (7) days after submitting your application, please contact your broker.

Broker name:

Telephone number:





## F. OPTION SELECTION

1. LA Keyplus  LA Focus  LA Active  LA Core  LA Comprehensive

Pay Medical Savings Account claims at LA Health Rate  or Cost  (if applicable).

The Medical Savings Account is not available to LA KeyPlus members.

### To be completed if you have selected the LA KeyPlus Option

KeyCare Primary Care Network GPs				
	Name	General practitioner	Practice number	Telephone number
Main applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse/partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Please ensure that the dependant information supplied above is the same as the dependant information in Section D of this form.

In the event that you live far away from where you work or you often need to work in different towns or provinces you may need a second GP.

Please complete the section below if you need a secondary GP allocated to you.

Name	General practitioner	Practice number	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please note:** you can only access day-to-day cover and chronic benefits through the KeyCare network GP(s) chosen above.

## G. BANKING DETAILS (for claims reimbursement and/or contributions)

Bank name	<input type="text"/>	Branch	<input type="text"/>
Account type	<input type="text"/>	Branch code	<input type="text"/>
Name of accountholder	<input type="text"/>	<input type="text"/>	
Account number	<input type="text"/>	Signature of accountholder	<input type="text"/>

## H. HOW DID YOU JOIN US?

How did you join LA Health? Through your broker  your employer or co-worker  on your own

## I. YOUR BROKER DETAILS

Name of broker	<input type="text"/>		
Name of broker house	<input type="text"/>		
Signature of broker	<input type="text"/>	Broker code	<input type="text"/>
Broker's stamp	<input type="text"/>		

Your broker is not employed by the Scheme, but is appointed by you and acts as your representative.

## RULES FOR MEMBERSHIP

Rules for membership are the rights and responsibilities for your membership of the scheme. They may change from time to time but you may ask us for a copy of these rules at any time.

When you sign this application, you confirm that you agree that you and those you apply for will be bound by the rules of the scheme.

Please speak to your broker or us if there is anything you do not understand.

### 1. Acting for others

#### You confirm that you have the right to act for others

By signing this document, you confirm that:

- You have the right to apply for membership and to act for those that you apply for in any matter relating to this application.
- You have received permission from your spouse and any dependants over the age of 21 to act for them in any matter relating to this application.

### 2. Giving Information

#### You must give us true, correct and complete information

To consider your application for membership, the scheme must learn more about you and those you apply for. The information must be true, correct and complete. This includes the details you give us in this application form and in future dealings with us.

We may ask those you apply for who are 21 and older for information and it will be treated as if we had asked you in your role as main member.

#### We may get the information from other relevant sources

To consider an application for membership or a claim for medical expenses, you agree that the scheme can get information about you and those you apply for from other relevant sources, including medical practitioners and brokers.

#### Tell us about changes right away

If any of the information you gave to us changes between the day you sign this document and the day your membership starts, you must tell us in writing what the changes are.

#### When the scheme may cancel

The scheme may cancel any memberships immediately and keep any contributions paid, if you and those you apply for:

- do not give us information that later turns out to be relevant for this application

- give us any information that is not true, correct and complete
- do not tell us about any relevant changes between the day you sign this document and the day cover starts.

### 3. Sharing information and confidentiality

#### When we may share your information

The scheme will keep your information and the information about those you apply for confidential. The scheme may share this information with other relevant parties only if the following two conditions are met:

- The information is needed only to administer the scheme and any claims
  - The parties the scheme shares the information with agree to keep the information confidential.
- If we want to share your information for any other reason, we will do so only with your permission.

#### The scheme may record calls

The scheme may record telephone conversations with you and those you apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

### 4. About becoming a member

#### Resign from your current medical scheme

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from the scheme by letter, email or SMS telling you that you and those you apply for have been accepted as members of LA Health.

#### You must ensure contributions are paid on time

As the main member of the scheme, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month.

### 5. You must repay any medical savings or other debt owing when you leave the scheme

When you become a member, depending on the benefit option you chose, you may have money available in advance through the Medical Savings Account to use for medical expenses during the year. If you leave the scheme before the year is up, you must repay the proportion of medical savings you have used in advance.

Any other debt must also be paid to the scheme.

Signed at

Date

Signature of member



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 **Discovery**

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