Contact us
Tel: 0860 103 933, PO Box 652509, Benmore, 2010, www.lahealth.co.za

Health Declaration

To avoid administration delays, please ensure this form is completed in full.
Fax the completed and signed form to (012)527 1973 or email it to ctemployeradmin@discovery.co.za

Applicant

Title Initials First name(s) (as per identity book)

Surname

Membership number ID number

I, the undersigned, hereby declare that neither my dependants nor I, have suffered any deterioration in health, nor have I or my dependants sought any medical advice or treatment since my LA Health membership was terminated and that we do not intend seeking medical advice or treatment in the next eight weeks. This declaration hereby forms part of my application to join the medical scheme and I understand that any false statement or non-disclosure will render my membership null and void.

If you are unable to sign the above declaration, please supply full details of the changes in your circumstances.

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

Signature of main member

Discovery Health (Pty) Ltd is an authorised financial services provider and administers LA Health Medical Scheme

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