LA Health
Powered by Discovery

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

Continuation form

Application to change a main member.

How to complete this application form

- This form is to be completed by the person applying to be a main member.
- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please ensure this application is completed in full.
- Fax the completed and signed form to 021 527 1973 or email to ctemployeradmin@discovery.co.za

1. About your employer

Employer name | Date of employment (Y Y Y Y M M D D)
Branch name | Branch number
Employee number | Membership number

2. About the new main member

Starting date of membership for the change to main member (2 0 Y Y M M 0 1)
Membership number
Title | Initials | Surname
First name(s) (as per identity document)
Preferred name | Sex (M F) | Date of birth (Y Y Y Y M M D D)
Marital status
ID or passport number | Country of issue
Telephone (H) | (W)
Cellphone | Fax
Postal address | Residential address
Code | Code
Do you have internet access? Yes ☐ No ☐ | Email type Home ☐ Work ☐
Email address
Preferred means of communicating (where appropriate) Email ☐ Post ☐
In which country do you live?
Preferred language English ☐ Afrikaans ☐ | Occupation
Tax number

Discovery Health (Pty) Ltd administers the LA Health Medical Scheme
95863 08/10

3. About your spouse/partner

Title Initials Surname

First name(s) (as per identity document)

Preferred name Sex M F Date of birth Y Y Y Y M M D D

ID or passport number Country of issue

Telephone (H) (W)

Cellphone Fax

Do you have internet access? Yes ☐ No ☐ Email type Home ☐ Work ☐

Email address

Preferred means of communicating (where appropriate) Email ☐ Post ☐

4. Banking details for your monthly contributions (if applicable)

Please note: we cannot accept credit card details. You can only use a South African bank account.

Bank name Branch

Account number Branch code

Name of account holder

Account holder ID number

Account type Cheque ☐ Transmission ☐ Savings ☐

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder Signature of main member

Please note: if you are using someone else's bank account, the account holder must sign above to confirm this.

5. Banking details for the payment of your claims

Please note: if we do not have these banking details we will send you a cheque.

Same as above? Yes ☐ No ☐ (If No, please complete below)

Bank name Branch

Account number Branch code

Name of account holder

Account holder ID number

Account type Cheque ☐ Transmission ☐ Savings ☐

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder Signature of main member

Please note: if you are using someone else's bank account, the account holder must sign above to confirm this.

6. Your legal declaration

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 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 who you apply for in any matter relating to this application.
- you have received permission from your spouse and any dependants over 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.

6. Your legal declaration *(continued)*

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. This includes information about your health and the health of those you apply for.

When the Scheme may cancel your membership

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 (including about your health and the health of those you apply for) 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 your contributions, and the contributions of those you apply for, are paid on time every month.

5. Repaying medical savings and other debt when you leave

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.

General

I understand that I must not resign from my current medical scheme until I have received written notice of acceptance from LA Health. Once I have received notice of my acceptance from the Scheme, I will cancel my current medical scheme membership as it is illegal to belong to two medical schemes at the same time.

I guarantee that the contents of this application are true, correct and complete.

I agree to tell LA Health in writing of any change in details (including any change in my health or my dependants' health) that may occur between the date of this application form and the activation date of my membership of the Scheme.

Signature of broker _____ on **2** **0** Y Y M M D D

Signature of applying main member _____

7. Broker details

Broker _____ LA Health broker number _____

Broker house _____

Signature of broker _____