

## Application for registration of newborn baby

Thank you for deciding to register your newborn baby on your Discovery Health Medical Scheme membership. This document is an application form to register your newborn baby on your Discovery Health Medical Scheme membership. It also contains some rules for membership. Please make sure you read and understand the rules.

### What you must do

Please go through these steps:

**Step 1:** Fill in the form in black ink, using one letter per block. Please print clearly.

**Step 2:** Please make sure the main applicant signs this application and dates any changes

**Step 3:** Fax the completed and signed form to **011 539 3000** or email it to **application@discovery.co.za**

**Step 4:** Please attach a copy of the birth certificate for your newborn baby.

**When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.**

If you have any questions, please let us or your financial adviser know. Once we have assessed your application, we will let you know if you have been accepted and what will happen next.

### Please note:

For us to accept your newborn baby without any conditions you must register your newborn baby within 90 days of his or her birth and cover must start from the date of birth. If you do not register your baby from the day he or she is born, you have to pay backdated contributions.

If you are applying after 90 days from birth of your newborn baby or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the scheme. You will need to complete a different application called "Application to add a dependant to the Discovery Health Medical Scheme".

### 1. Main member's details

Membership number

ID or passport number

Member's surname

Member's name

### 2. Please only select a GP if you have a KeyCare Plus Plan

If you have a KeyCare Plus Plan, you need to choose a GP for your newborn as it may be different from the GP(s) you or your dependants previously chose. Please fill in the details of the GP you have chosen for your newborn below.

Newborn name	GP name	Practice number	Second GP name*	Practice number

\* If 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 only choose a second GP if this applies to you.

\*\* Please make sure that the information you give above is the same as the information in section 3 of this form.

**Please note:** you can only access day-to-day cover and chronic benefits through the KeyCare general practitioner(s) you chose above.

