

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66, www.discovery.co.za, PO Box 784262, Sandton, 2146,
1 Discovery Place, Sandton, 2196.

Purpose of the form

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. This document is valid for 90 days from date of signing it. Make reference to the footnote that indicates the expiry date of the form. Download the latest version of all forms from www.discovery.co.za, under Medical Aid > Find important documents and certificates.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be physically signed by the main member and cannot be signed digitally. The main member must sign and date any changes.
- Email the completed and signed form to application@discovery.co.za.
- Please attach a copy of the birth certificate for your newborn baby.

When you sign this application, you confirm that you have read, understood and agree to the terms and conditions for membership, which is available on request.

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 your newborn has been accepted and what will happen next.

Please note:

For us to accept your newborn baby without any conditions you must register your newborn or newly adopted baby within 90 days of his or her birth or adoption and cover must start from date of birth or adoption. You will have to pay increased contributions from the first day of the month following the month of birth or adoption, and benefits will accumulate from the date of birth or adoption. If you are applying after 90 days from birth or adoption of your baby or you want 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 Discovery Health Medical Scheme."

1. Main member's details

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>				
Preferred name	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/>
ID Number	<input type="text"/>	Membership number	<input type="text"/>		

2. Newborn's details

1. First name Surname
 ID number Gender M F
 Date of birth - -
 Is the newborn your biological child? Yes No Is the newborn adopted or fostered? Yes No
 If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2. First name Surname
 ID Number Gender M F
 Date of birth - -
 Is the newborn your biological child? Yes No Is the newborn adopted or fostered? Yes No
 If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

3. First name Surname
 ID Number Gender M F
 Date of birth - -
 Is the newborn your biological child? Yes No Is the newborn adopted or fostered? Yes No
 If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

3. Please only select a GP if you have a KeyCare Plus or KeyCare Start Plan

If you have a KeyCare Plus or KeyCare Start Plan, you need to choose a GP from the KeyCare GP Network 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.

*If you are on the KeyCare Plus plan and you live far away from where you work or you often need to work in different towns or provinces, your newborn may need a second GP.

Newborn name**	GP name	Practice number	Second GP name*	Practice number
		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>

**Please make sure that the information you give above is the same as the information in section 2 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.

4. Parents' details

Parent one Surname
 First name(s) (as per identity document)
 Preferred name Gender M F Date of birth
 Parent two Surname
 First name(s) (as per identity document)
 Preferred name Gender M F Date of birth

5. Declaration

I, (first name and surname), the main member, request that the newborn(s) on this form be added to my health plan as a registered dependant(s). I also confirm that all the information given here is true and correct to the best of my knowledge and belief.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of main member

The main member must sign and date any changes.



Please only sign if information is true, complete and correct.

6. Approval from employer (if applicable)

Name

SIGNATURE/COMPANY STAMP

Designation

Date

D	D	M	M	Y	Y	Y	Y
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