

2. Newborn's details (continued)

2.3 First name/s Surname
ID number
Date of birth When do you want cover to start
Gender
Is your newborn your biological child Yes No or is your newborn adopted or fostered? Yes No
If your newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

3. Parents' details

Parent 1 surname
Parent 1 first name
Parent 2 surname
Parent 2 first name

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

Signed at (town or city) on
Signature of main member

**Please do not sign an incomplete application form
I confirm the information is accurate and complete**

4. Approval from employer

Name
Signature Company stamp
Designation Date

Please register your newborn with the department of Home Affairs within 21 days from birth and give Anglovaal Group Medical Scheme a copy of the birth certificate as soon as possible.