



Contact details

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Declaration of medical scheme membership

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Complete this form if you (or your dependants) are or have been a member of any other medical schemes. These details are part of your application to join the Anglovaal Group Medical Scheme.

I, _____, (first and last name) ID number

declare that all my dependants and I previously/currently were/are members of the following medical schemes:

Main member

1. Name of previous medical scheme

Membership number

Date joined

Date ended

Main member

2. Name of previous medical scheme

Membership number

Date joined

Date ended

Main member

3. Name of previous medical scheme

Membership number

Date joined

Date ended

Spouse

1. Name of previous medical scheme

Membership number

Date joined

Date ended

Spouse

2. Name of previous medical scheme

Membership number

Date joined

Date ended

Spouse

3. Name of previous medical scheme

Membership number

Date joined

Date ended

Adult dependant

1. Name of previous medical scheme

Date ended

Membership number

Date joined

Adult dependant

2. Name of previous medical scheme

Date ended

Membership number

Date joined

Adult dependant

3. Name of previous medical scheme

Date ended

Membership number

Date joined

If you have belonged to more than three medical schemes, please attach the details to this declaration.

Please answer the following questions:

1. Are you changing your medical scheme due to a change in employment? Yes No

2. Do you or any of your dependants have a waiting period?
(A waiting period is the time before you can claim for a medical condition.) Yes No

If **yes**, please provide the details:

Name of member or dependant	Condition	Effective dates

3. Do you currently have a late-joiner penalty? Yes No
(A late-joiner penalty is an extra contribution because you joined a medical scheme for the first time after age 35.)

If **yes**, please mark the late-joiner penalty applied: 5% 25% 50% 75%

4. Do any of your dependants currently have a late-joiner penalty? Yes No

If **yes**, please provide the name of the dependant and circle the late-joiner penalty applied:

Name of dependant	Late-joiner penalty			
	5%	25%	50%	75%

I understand and agree that the details above form part of my application for membership of the the Anglovaal Group Medical Scheme. All the information is true, correct and complete.

Signed at (town or city) on

Signature of main applicant The main applicant must sign and date any changes