



**Contact details** 

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## **Declaration of medical scheme membership**

## Who we are

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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. \_, (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 ioined Date ended Y Y Y Y M M D D Main member 2. Name of previous medical scheme Membership number Date joined Y M M D D Date ended Y Y Y M M D Main member 3. Name of previous medical scheme Membership number Date joined M M D D Date ended Y Y Y Y M M D Spouse 1. Name of previous medical scheme Membership number Date joined M D D Date ended Y Y Y W M D D Spouse 2. Name of previous medical scheme Membership number Date joined M M D Date ended M M D Υ **Spouse** 3. Name of previous medical scheme Membership number Date joined M D Date ended

Adult dependant				
Name of previous medical scheme	Men	nbership number		Date joined
				Y Y Y Y M M D D
Date ended				
Y Y Y M M D D				
Adult dependant				
Name of previous medical scheme  Date ended	Men	nbership number		Date joined   Y Y Y M M D D
Y Y Y M M D D				
Adult dependant 3. Name of previous medical scheme	Men	nbership number		Date joined
7. Name of previous medical screme				Y Y Y M M D D
Date ended				
Y Y Y M M D D				
If you have belonged to more than three medi	cal schemes, nlease a	attach the details to this d	eclaration	
Please answer the following questions:	odi concinico, picaco c	attaon the dotalle to this d	oolaration.	
Are you changing your medical scheme due	e to a change in empl	oyment? Yes □	No 🗌	
	vaiting period?	,		
2. Do you or any of your dependants have a v		_	No 🗆	
		_		
<ol><li>Do you or any of your dependants have a way (A waiting period is the time before you car</li></ol>		ondition.) Yes		PS
<ol><li>Do you or any of your dependants have a very (A waiting period is the time before you can lf yes, please provide the details:</li></ol>	claim for a medical c	ondition.) Yes	No 🗌	PS .
<ol><li>Do you or any of your dependants have a very (A waiting period is the time before you can lf yes, please provide the details:</li></ol>	claim for a medical c	ondition.) Yes	No 🗌	PS .
Do you or any of your dependants have a v     (A waiting period is the time before you car     If yes, please provide the details:     Name of member or dependant	claim for a medical c	ondition.) Yes	No 🗌	PS
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